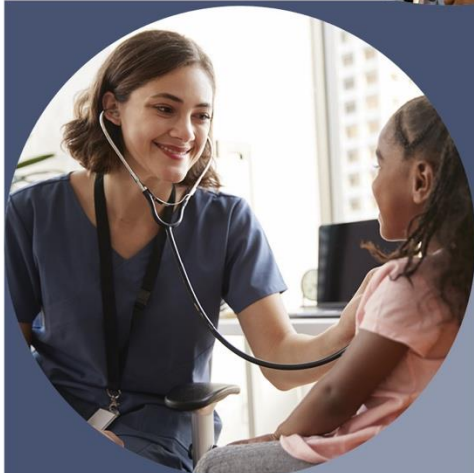**TECHNICAL REPORT**

Managed Care Organizations External Quality Review

Calendar Year 2020

MassHealth
Massachusetts Executive Office
of Health & Human Services

Table of Contents

Section 1:

Introduction

SECTION 1. INTRODUCTION

BOSTON MEDICAL CENTER HEALTHNET PLAN (BMCHP)

Boston Medical Center HealthNet Plan is headquartered in Charlestown. Its corporate parent is Boston Medical Center Health System, Inc. It received a "Commendable" accreditation from the National Committee on Quality Assurance (NCQA). It has a regional presence in the Berkshires, the Pioneer Valley, Cape Cod, and the Central, Boston Metro, Northeast, and Southeast regions. BMCHP's behavioral health partner is Beacon Health Options. More information is available at www.bmchp.org/Shop-Health-Plans/MassHealth.

TUFTS HEALTH PUBLIC PLANS (THPP)

Tufts Health Public Plans' MassHealth managed care organization, Tufts Health Together, is headquartered in Watertown. Its corporate parent is Tufts Health Plan, Inc. Accredited by NCQA, the plan has also received NCQA Medicaid Certification. Tufts Health Together's enrollment area is statewide. More information is available at https://tuftshealthplan.com/member/tufts-health-together-plans/tufts-health-together-plans.

Exhibit 1.1. MassHealth Managed Care Organization Membership

Managed Care Organization	Membership as of December 31, 2019	Percent of Total MCO Population
Tufts Health Public Plans	60,619	57.44%
BMC HealthNet Plan	44,924	42.56%
Total	**105,543**	

Membership provided by the MCO.

Section 2:
Executive Summary

SECTION 2. EXECUTIVE SUMMARY

INTRODUCTION

The Balanced Budget Act of 1997 was an omnibus legislative package enacted by the United States Congress with the intent of balancing the federal budget by 2002. Among its other provisions, this expansive bill authorized states to provide Medicaid benefits (except to special needs children) through managed care plans. Regulations were promulgated, including those related to the quality of care and service provided by managed care plans to Medicaid beneficiaries. An associated regulation requires that an External Quality Review Organization (EQRO) conduct an analysis and evaluation of aggregated information on quality, timeliness, and access to the healthcare services that a managed care plan or its contractors furnish to Medicaid recipients. In Massachusetts, the Commonwealth entered into an agreement with Kepro to perform EQR services related to its contracted managed care plans.

The EQRO is required to submit a technical report to the state Medicaid agency, which in turn submits the report to the Centers for Medicare & Medicaid Services (CMS). It is also posted to the Medicaid agency website.

SCOPE OF THE EXTERNAL QUALITY REVIEW PROCESS

Kepro conducted the following external quality review activities for MassHealth Managed Care Organizations (MCOs) in the CY 2020 review cycle:

- Validation of three performance measures, including an Information Systems Capability Assessment;
- Validation of two Performance Improvement Projects (PIPs); and
- Validation of network adequacy.

Compliance validation must be conducted by the EQRO on a triennial basis. MCO compliance validation is scheduled to be conducted in 2021.

To clarify reporting periods, EQR Technical Reports that have been produced in calendar year 2020 reflect 2019 quality performance. References to HEDIS® 2019 performance reflect data collected in 2019. Performance Improvement Project reporting is inclusive of activities conducted in CY 2020.

The Massachusetts Medicaid managed care organizations are Boston Medical Center HealthNet Plan (BMCHP) and Tufts Health Public Plans' Tufts Health Together.

PERFORMANCE MEASURE VALIDATION & INFORMATION SYSTEMS CAPABILITY ASSESSMENT

Exhibit 2.1. Performance Measure Validation Process Overview

Topic	Description
Objectives	To assess the accuracy of performance measures reported by the managed care plan in accordance with 42 CFR § 438.358(b)(ii) and to determine the extent to which the managed care plan follows state specifications and reporting requirements.
Technical methods of data collection and analysis	Kepro's Lead Performance Measure Validation Auditor conducted this activity in accordance with 42 CFR § 438.358(b)(ii).
Data obtained	Each Managed Care Organization submitted its HEDIS Final Audit Report, the NCQA Roadmap, the plans' NCQA IDSS worksheets, and follow-up documentation as requested by the auditor.
Conclusions	Kepro's validation review of the selected performance measures indicates that MCO measurement and reporting processes were fully compliant with specifications and were methodologically sound.

The Performance Measure Validation process assesses the accuracy of performance measures reported by the managed care plan. It determines the extent to which the managed care plan follows state specifications and reporting requirements. In 2020, Kepro conducted Performance Measure Validation in accordance with CMS EQR Protocol 2 on three measures that were selected by MassHealth and Kepro. The measures validated were as follows:

- Controlling High Blood Pressure (CBP);
- Asthma Medication Ratio (AMR); and
- Childhood Immunization Status (CIS): Combination 2.

The focus of the Information Systems Capability Assessment is on components of MCO information systems that contribute to performance measure production. This is to ensure that the system can collect data on enrollee and provider characteristics and on services furnished to enrollees through an encounter data system or other methods. The system must be able to ensure that data received from providers are accurate and complete and that the accuracy and timeliness of reported data are verified; that the data has been screened for completeness, logic, and consistency; and that service information is collected in standardized formats to the extent feasible and appropriate.

Kepro determined that both managed care organizations followed specifications and reporting requirements and produced valid measures.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

Exhibit 2.2. Performance Improvement Project Validation Process Overview

Topic	Description
Objectives	To assess overall project methodology as well as the overall validity and reliability of the Performance Improvement Project (PIP) methods and findings to determine confidence in the results.
Technical methods of data collection and analysis	Performance Improvement Projects were validated in accordance with § 438.330(b)(i).
Data obtained	Managed Care Organizations submitted two PIP reports in 2020, the Final Implementation Progress Report (March 2020) and the Final Implementation Annual Report (September 2020). They also submitted related supporting documentation.
Conclusions	Based on its review of MCO Performance Improvement Projects, Kepro did not discern any issues related to quality of care or the timeliness of or access to care.

MassHealth MCOs are required to conduct two Performance Improvement Projects (PIPs) annually, one from each of the following domains:

Domain 1: *Behavioral Health* - Promoting well-being through prevention, assessment, and treatment of mental illness including substance use and other dependencies; and

Domain 2: *Population and Community Needs Assessment and Risk Stratification* - Identifying and assessing priority populations for health conditions and social determinant factors with the most significant size and impact and developing interventions to address the appropriate and timely care of these priority populations.

In late-2018, the plans submitted proposed topics for two-year projects to MassHealth for its review and approval and initiated their implementation in 2019. The plans proposed and MassHealth approved the following Performance Improvement Projects.

Domain 1: Behavioral Health
- Improving Follow Up After Hospitalization for a Mental Illness (BMCHP)
- Improving Behavioral Health Screening for Adolescent Members (Tufts Health Together)

Domain 2: Population and Community Needs Assessment and Risk Stratification
- Improving Asthma Control and Medication Adherence Among the MassHealth Population (BMCHP)
- Utilize Health-Related Social Needs Assessment Screening to Improve Pediatric Members' Health Outcomes (Tufts Health Together)

Kepro evaluates each PIP to determine whether the organization selected, designed, and executed the projects in a manner consistent with CMS EQR Protocol 3, "Performance Improvement Project Validation." The Kepro technical reviewer assesses project methodology. The medical director evaluates the clinical soundness of the interventions. The review considers the plan's performance in the areas of problem definition, data analysis, measurement, improvement strategies, and outcomes. Recommendations are offered to the plan.

Based on its review of the MassHealth MCO PIPs, Kepro did not discern any issues related to any plan's quality of care or the timeliness of or access to care. Recommendations made were plan-specific.

NETWORK ADEQUACY VALIDATION

Exhibit 2.3. Network Adequacy Validation Process Overview

Topic	Description
Objectives	The Network Adequacy Validation process assesses a managed care plan's compliance with the time and distance standards established by MassHealth. CMS has not published a formal protocol for this external quality review activity.
Technical methods of data collection and analysis	Quest Analytics enterprise network adequacy validation solution was used to compile and analyze network information provided by the Managed Care Organizations.
Data obtained	MCOs provided Excel worksheets containing demographic information about their provider network.
Conclusions	BMC HealthNet Plan received an overall score of 83.1, the aggregate score of the plan's network adequacy results based on the average across all specialties. The Tufts Health Public Plans received an overall score of 75.5. Network deficiencies represent a combination of actual network gaps and health plan failure to submit the required data.

Network Adequacy Validation assesses a managed care plan's ability to provide its members with an adequate number of in-network providers at a reasonable distance from their homes. MassHealth sets forth time and distance standards as well as threshold provider to member ratios to ensure access to timely care. Both MCOs demonstrated network strengths. Certain areas, such as Behavioral Health Outpatient and Psychiatric Inpatient services for adolescents, was strong for both MCO plans. There are, however, many opportunities for the plans to implement to strengthen the provider network to improve medical care for Medicaid members. Neither MCO plan submitted complete provider data for this analysis, resulting in lower scores for various services. Incomplete data could be the result of plan inability to collect these data, or the plan lack of understanding of the expectations or of compliance aspect to this evaluation.

QUALITY STRATEGY EVALUATION

States operating Medicaid managed care programs under any authority must have a written quality strategy for assessing and improving the quality of health care and services furnished by managed care plans. States must also conduct an evaluation of the effectiveness of the quality strategy and update the strategy as needed, but no less than once every three years.

The first MassHealth Quality Strategy was published in 2006. An updated version, the MassHealth Comprehensive Quality Strategy, focused not only on fulfilling managed care quality requirements but on improving the quality of managed care services in Massachusetts, was submitted to CMS in November 2018. As is required by CMS, the strategy will be updated in 2021 and will be made available to the public on the MassHealth website.

In 2020, MassHealth asked Kepro to evaluate the effectiveness of this strategy and this evaluation is in process. The final report will be posted to the MassHealth website as it becomes available.

HIGH-LEVEL RECOMMENDATIONS

Kepro has included in its 2020 Technical Reports several recommendations to MassHealth for how it can target the goals and objectives in the Comprehensive Managed Care Quality Strategy to better support improvement in the quality, timeliness, and access to health care services. In addition to the managed care plan-specific recommendations made throughout this Technical Report, Kepro offers the following recommendations to MassHealth.

1. **Expand the Network Adequacy Validation Scope of Work.**

The first of MassHealth's Quality Strategy Objectives is that members receive information that is "clear, engaging, timely, accessible, and culturally and linguistically appropriate to [its] members and providers." A foundational element in culturally and linguistically appropriate care is the inclusion of non-English-speaking providers in managed care plan provider networks. Kepro's

network adequacy analytic tool, Quest, can report on number of these providers. While in 2020, some managed care plans did provide this information, this was not universal. Going forward, Kepro recommends that the non-English-speaking capabilities of all managed care plans be analyzed.

Kepro found some providers with de-activated NPI numbers were in managed care plan provider directory as evidenced by a search on the plan's website. While not of a significant number, Kepro suggests that network adequacy validation be expanded to include validation of provider directory information.

2. **Require managed care plans to conduct closer oversight of network adequacy and availability.**

Not directly related to the Quality Strategy, but fundamental to the delivery of quality, accessible, and timely care, network adequacy is a foundation of managed care. Across all managed care plans, Kepro did not find strong evidence of processes for evaluating appointment access against the MassHealth standards for services such as symptomatic and non-symptomatic office visits and urgent care. Managed care plans lacked a process to address appointment access concerns with providers. While accessibility of services is an opportunity for improvement for all managed care plans, Kepro found that plans were not completely clear on the expectations for access to services related to compliance thresholds. Kepro recommends that MassHealth more closely monitor network oversight activities.

3. **Continue to support and reinforce the importance of conducting performance improvement projects using a rigorous project methodology.**

MassHealth's Quality Strategy puts forth a focus on quality improvement activities related to chronic disease management and behavioral health. An analysis undertaken by Kepro showed a correlation between a strong project management approach and an improvement in project performance indicators. To ensure that the investment in PIP-related resources is sound, Kepro recommends that MassHealth continue to require that managed care plans conduct well-executed projects. Kepro welcomes the opportunity to continue to provide managed care plan project-based staff with technical assistance, especially as it relates to the measurement of intervention effectiveness.

4. **Foster cross-plan learning about performance improvement project strategies.**

In the most recent Quality Improvement Cycle, ten MassHealth managed care plans conduct performance improvement projects related to depression. To decrease redundancy and maximize the potential for success, Kepro recommends that a mechanism be instituted for plans conducting similar improvement activities be provided an opportunity for a synergistic sharing of lessons learned. 2020's Racial Disparity Learning Collaborative will provide valuable lessons learned for future work in this area.

5. **Improve the quality of race, ethnicity, and language data provided to the managed care plans.**

A key MassHealth Quality Strategy goal is the identification and resolution of health disparities to provide equitable care.   From conducting population analyses to designing interventions, managed care plans feel challenged by the quality of REL data they receive from MassHealth. A shared concern is the overwriting of plan REL updates by the MassHealth enrollment files. Kepro strongly encourages MassHealth to resolve this issue as these data are required to better measure and address disparities in care and access.

Section 3:

Performance Measure Validation
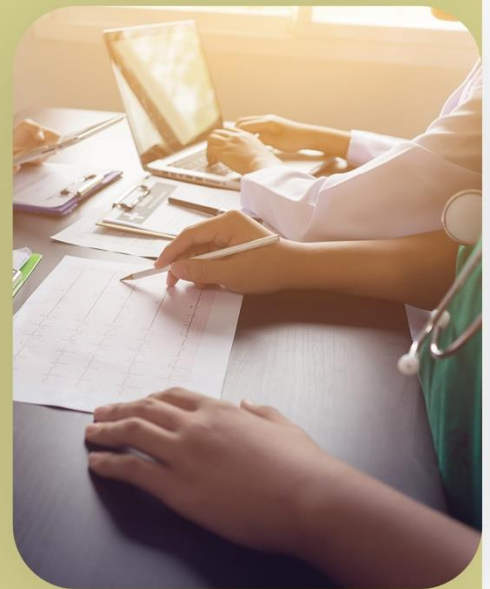
SECTION 3. PERFORMANCE MEASURE VALIDATION & INFORMATION SYSTEMS CAPABILITY ANALYSIS

PERFORMANCE MEASURE VALIDATION METHODOLOGY

The Performance Measure Validation (PMV) process assesses the accuracy of performance measures reported by the managed care plan. It determines the extent to which the managed care plan follows state specifications and reporting requirements. In addition to validation processes and the reported results, Kepro evaluates performance trends in comparison to national benchmarks. Kepro validates three performance measures annually for MCOs.

Historically, the Performance Measure Validation process has consisted of a desk review of documentation submitted by the plan, notably the NCQA HEDIS Final Audit Report. The HEDIS Audit addresses an organization's:

- Information practices and control procedures;
- Sampling methods and procedures;
- Data integrity;
- Compliance with HEDIS specifications;
- Analytic file production; and
- Reporting and documentation.

The first part of the audit is a review of an organization's overall information systems capabilities for collecting, storing, analyzing, and reporting health information. The plan must demonstrate its ability to process medical, member and provider information as this is the foundation for accurate HEDIS reporting. It must also show evidence of effective systems, information practices, and control procedures for producing and using information in core business functions. Also reviewed are the plan-prepared HEDIS Roadmaps, which describe any organizational information management practices that affect HEDIS reporting. The Final Audit Report contains the plan's results for measures audited.

Kepro's Lead Reviewer recommended the validation of the following measures:

Exhibit 3.1. Performance Measures Validated in 2020

HEDIS® Measure Name and Abbreviation	Measure Description
Controlling High Blood Pressure (CBP) *Rationale for Selection: Variation in plan performance*	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
Asthma Medication Ratio (AMR) *Rationale for Selection: Variation in plan performance*	The percentage of members 5–64 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 during the measurement year.
Childhood Immunization Status (CIS): Combination 2 *Rationale for Selection: Very high plan performance*	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); and one chicken pox (VZV) vaccines by their second birthday.

Kepro's MCO PMV audit methodology assesses both the quality of the source data that feed into the PMV measure under review and the accuracy of the calculation. Source data review includes evaluating the plan's data management structure, data sources, and data collection methodology. Measure calculation review includes reviewing the logic and analytic framework for determining the measure numerator, denominator, and exclusion cases, if applicable.

For 2020 Performance Measure Validation, MCOs submitted the documentation that follows.

Exhibit 3.2. Documentation Submitted by MCOs

Document Reviewed	Purpose of Review
HEDIS 2020 Roadmap	Reviewed to assess health plan systems and processes related to performance measure production.
2020 HEDIS Final Audit Report	Reviewed to determine if there were any underlying process issues related to HEDIS measure production.
HEDIS 2020 IDSS	Used to compile rates for comparison to prior years' performance and industry standard benchmarks.

Note: HEDIS® 2020 rates reflect the calendar year 2019 measurement period.

COMPARATIVE ANALYSIS

The tables that follow contain the criteria against which performance measures are validated as well as Kepro's determination as to whether the plans met these criteria. Results are presented for both plans reviewed to facilitate comparison across plans. In 2020, Kepro validated three measures that were recommended by the Lead Performance Measurement Validation Reviewer. The results of the validation follow.

Exhibit 3.3. Performance Measure Validation Worksheets

Performance Measure Validation: Controlling High Blood Pressure (CBP)

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid

Rating Categories: Met, Needs Improvement, Not Met, Not Applicable (N/A)
Comments apply only if review element is rated needs improvement or not met.

Review Element	BMCHP	Tufts
DENOMINATOR		
Population		
Medicaid population was appropriately segregated from other product lines.	Met	Met
Members 18-85 years of age or older as of December 31 of the measurement year.	Met	Met
Members were continuously enrolled during the measurement year, with no more than a one-month gap.	Met	Met
Members who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year (count services that occur over both years). Visit type need not be the same for the two visits. Any of the following code combinations meet criteria: • Outpatient visit with any diagnosis of hypertension. • A telephone visit with any diagnosis of hypertension. • An online assessment with any diagnosis of hypertension Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit. Identify outpatient telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient visit.	Met	Met
Geographic Area		
Includes only those Medicaid enrollees served in MCO's reporting area.	Met	Met
NUMERATOR – BLOOD PRESSURE RATE		
Counting Clinical Events		
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	Met

Review Element	BMCHP	Tufts
Data sources used to calculate the numerators (e.g., claims files, medical records, provider files, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.	Met	Met
Members had evidence of adequately controlled blood pressure as documented through either administrative data or medical record review.	Met	Met
Data Quality		
Based on the IS assessment findings, the data sources used were accurate.	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met
Proper Exclusion Methodology in Administrative Data		

Exclude members who meet any of the following criteria:
 	
• Members 66–80 years of age as of December 31 of the measurement year with frailty and advanced illness. Members must meet *both* of the following frailty and advanced illness criteria to be excluded:
 	
  1. At least one claim/encounter for frailty during the measurement year.
 	
  2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 	
• At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
  1. Identify all acute and nonacute inpatient stays.
  2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
  3. Identify the discharge date for the stay.
• At least one acute inpatient encounter with an advanced illness diagnosis.
• At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:
  1. Identify all acute and nonacute inpatient stays.
  2. Exclude nonacute inpatient stays.
  3. Identify the discharge date for the stay.
• A dispensed dementia medication.
 	
Members 81 years of age and older as of December 31 of the measurement year with frailty during the measurement year.
	Met	Met

Hybrid Measure		
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	Met
If the hybrid method was used, the MCO passed the NCQA Final Medical Record Review Overread component of the HEDIS 2019 Compliance Audit (as CBP was rotated back to the HEDIS 2019 rate).	Met	Met
SAMPLING		
Unbiased Sample		
As specified in the NCQA specifications, systematic sampling method was utilized, if sampling occurred.	Met	Met
Sample Size		
After exclusions, the sample size was equal to 1) 411, 2) the appropriately reduced sample size, which used the current year's administrative rate or preceding year's reported rate, or 3) the total population.	Met	Met

Review Element	BMCHP	Tufts
Proper Substitution Methodology in Medical Record Review		
Excluded only members for whom MRR revealed 1) contraindications that correspond to the codes listed in appropriate specifications as defined by NCQA, or 2) data errors, if applicable.	Met	Met
Substitutions were made for properly excluded records and the percentage of substituted records was documented, if applicable.	Met	Met

Performance Measure Validation: Childhood Immunization Status (CIS) – Combination 2

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid

Rating Categories: Met, Needs Improvement, Not Met, Not Applicable (N/A)

Review Element	BMCHP	Tufts
DENOMINATOR *Population*		
Medicaid population was appropriately segregated from other product lines.	Met	Met
Children who turn 2 years of age during the measurement year and were enrolled with the MCO on their second birthday.	Met	Met
Children enrolled 12 months prior to their second birthday with no more than a one-month gap in enrollment during this time period.	Met	Met
NUMERATOR – COMBINATION 2 *Counting Clinical Events*		
Standard codes listed in the NCQA specifications or properly mapped internally developed codes were used.	Met	Met
Data sources and decision logic used to calculate the numerator (e.g., claims files, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.	Met	Met
Members meeting the measure requirements for DTap, IPV, MMR, HiB, HepB, and VZV vaccinations.	Met	Met
Data Quality		
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met
Proper Exclusion Methodology in Administrative Data		
Exclude children who had a contraindication for a specific vaccine only if administrative data do not indicate that the contraindicated immunization was rendered in its entirety. (Optional exclusion).	Met	Met
Medical Record Review Documentation Standards		
Record abstraction tool required notation of all key numerator fields for Combination 2.	Met	Met
Data Quality		
The eligible population was properly identified.	Met	Met
Based on the IS assessment findings, data sources used for this numerator were accurate.	Met	Met

Review Element	BMCHP	Tufts
Hybrid Measure		
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	Met
If the hybrid method was used, the MCO passed the NCQA Final Medical Record Review Overread component of the HEDIS 2019 Compliance Audit (as CIS was rotated back to the HEDIS 2019 rate).	Met	Met
SAMPLING		
Unbiased Sample		
As specified in the NCQA specifications, systematic sampling method was utilized.	Met	Met
Sample Size		
After exclusions, the sample size was equal to 1) 411, 2) the appropriately reduced sample size, which used the current year's administrative rate or preceding year's reported rate, or 3) the total population.	Met	Met
Proper Substitution Methodology in Medical Record Review		
Excluded only members for whom MRR revealed 1) contraindications that correspond to the codes listed in appropriate specifications as defined by NCQA, or 2) data errors.	Met	Met
Substitutions were made for properly excluded records and the percentage of substituted records was documented.	Met	Met

Performance Measure Validation: Asthma Medication Ratio (AMR)

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid

Rating Categories: Met, Needs Improvement, Not Met, Not Applicable (N/A)
Comments apply only if review element is rated needs improvement or not met.

Review Element	BMCHP	Tufts
DENOMINATOR *Population*		
Medicaid population was appropriately segregated from other product lines.	Met	Met

Identify members as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years*.*
 	
• At least one ED visit, with a principal diagnosis of asthma.
• At least one acute inpatient encounter with a principal diagnosis of asthma ***without*** telehealth.
• At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim. To identify an acute inpatient discharge:
  1. Identify all acute and nonacute inpatient stays.
  2. Exclude nonacute inpatient stays.
  3. Identify the discharge date for the stay.
• At least four outpatient visits, observation visits, telephone visits or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma ***and*** at least two asthma medication dispensing events for any controller or reliever medication. Visit type need not be the same for the four visits. Use all the medication lists in the tables below to identify asthma controller and reliever medications.
• At least four asthma medication dispensing events for any controller or reliever medication. Use all the medication lists in the tables below to identify asthma controller and reliever medications.
	Met	Met

A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year).	Met	Met
Geographic Area		
Includes only those Medicaid enrollees served in the MCO's reporting area.	Met	Met
Age and Sex: *Enrollment Calculation*		
Ages 5–64 as of December 31 of the measurement year.	Met	Met
A pharmacy benefit is required during the measurement year.	Met	Met

Review Element	BMCHP	Tufts
Continuous enrollment during the measurement year and the year prior to the measurement year, with no more than a 1-month gap in coverage during each year. Enrollment is required on December 31 of the measurement year.	Met	Met
Data Quality		
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met
Proper Exclusion Methodology in Administrative		

Exclude members who met any of the following criteria:
• Members who had no asthma controller or reliever medications dispensed during the measurement year.
• Members who had any diagnosis from any of the following value sets, any time during the member's history through December 31 of the measurement year:
   — Emphysema Value Set.
   — Other Emphysema Value Set.
   — COPD Value Set.
   — Obstructive Chronic Bronchitis Value Set.
   — Chronic Respiratory Conditions Due to Fumes or Vapors Value Set.
   — Cystic Fibrosis Value Set.
   — Acute Respiratory Failure Value Set.
	Met	Met

NUMERATOR		
Administrative Data: Counting Clinical Events		
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	Met
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.	Met	Met
Data sources used to calculate the numerator (e.g., claims files, provider files, and pharmacy records, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.	Met	Met
The number of members who have a medication ratio of 0.50 or greater during the measurement year for the ratio between Asthma Controller Medications and Asthma Reliever Medications.	Met	Met

RESULTS

Exhibit 3.4. MCO Controlling High Blood Pressure (CBP)

MCO	HEDIS 2020	NCQA Medicaid Quality Compass 2020 Percentile Comparison
BMCHP	63.3%	Between 50 and 66
THPP	71.1%	Between 75 and 90

Exhibit 3.5. MCO Childhood Immunization Status (CIS): Combination 2

MCO	HEDIS 2020	NCQA Medicaid Quality Compass 2020 Percentile Comparison
BMCHP	77.4%	Between 66 and 75
THPP	77.4%	Between 66 and 75

Exhibit 3.6. MCO Asthma Medication Ratio (AMR)

MCO	HEDIS 2020	NCQA Medicaid Quality Compass 2020 Percentile Comparison
BMCHP	53.6%	Between 10 and 25
THPP	53.6%	Between 10 and 25

INFORMATION SYSTEMS CAPABILITY ASSESSMENT

CMS regulations require that each managed care plan also undergo an annual Information Systems Capability Assessment. The focus of the review is on components of MCO information systems that contribute to performance measure production. This is to ensure that the system can collect data on enrollee and provider characteristics and on services furnished to enrollees through an encounter data system or other methods. The system must be able to ensure that data received from providers are accurate and complete and verify the accuracy and timeliness of reported data; screen the data for completeness, logic, and consistency; and collect service information in standardized formats to the extent feasible and appropriate.   The findings for both BMCHP and THPP were "acceptable," as defined by HEDIS audit standards.

Exhibit 3.7. Results of Information Systems Capability Analysis

Criterion	BMCHP	THPP
Adequate documentation, data integration, data control, and performance measure development	Acceptable	Acceptable
Claims systems and process adequacy; no non-standard forms used for claims	Acceptable	Acceptable
All primary and secondary coding schemes captured	Acceptable	Acceptable
Appropriate membership and enrollment file processing	Acceptable	Acceptable
Appropriate appeals data systems and accurate classification of appeal types and appeal reasons	Acceptable	Acceptable
Adequate call center systems and processes	Acceptable	Acceptable
Required measures received a "Reportable" designation	Acceptable	Acceptable

CONCLUSION

Kepro did not identify any significant issues related to the results of the Performance Measure Validation process. Performance measure results were determined to be valid and information systems supported the calculation of accurate measures.

PLAN-SPECIFIC PERFORMANCE MEASURE VALIDATION AND INFORMATION SYSTEM CAPABILITY ASSESSMENT

Kepro has leveraged CMS Worksheet 2.14, *A Framework for Summarizing Information About Performance Measures,* to report managed care plan-specific 2020 performance measure validation activities. As is required by CMS, Kepro has identified managed care plan and project strengths as evidenced through the validation process as well as follow up to 2020 recommendations. Kepro's Lead Performance Measure Validation Auditor assigned a validation confidence rating that refers to Kepro's overall confidence that the calculation of the performance measure adhered to acceptable methodology.

BOSTON MEDICAL CENTER HEALTHNET (BMCHP)

1. Overview of Performance Measure

Managed Care Plan (MCP) name: **Boston Medical Center HealthNet Plan**

Performance measure name: **Controlling High Blood Pressure (CBP)**

Measure steward:
- ☐ Agency for Healthcare Research and Quality (AHRQ)
- ☐ Centers for Disease Control and Prevention (CDC)
- ☐ Centers for Medicare & Medicaid Services (CMS)
- ☒ National Committee for Quality Assurance (NCQA)
- ☐ The Joint Commission (TJC)
- ☐ No measure steward, developed by state/EQRO
- ☐ Other measure steward (specify) _____

Is the performance measure part of an existing measure set? (check all that apply)
- ☒ HEDIS®
- ☒ CMS Child or Adult Core Set
- ☐ Other (specify) _____

What data source(s) was used to calculate the measure? (check all that apply)
- ☒ Administrative data (describe) NCQA-approved data sources
- ☒ Medical records (describe) See below
- ☐ Other (specify)

If the hybrid method was used, describe the sampling approach used to select the medical records:

NCQA hybrid systematic sampling methodology, with NCQA hybrid sample size reduction logic followed.
- ☐ Not applicable (hybrid method not used)

Definition of denominator (describe): Members 18-85 years of age

Definition of numerator (describe): Members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Program(s) included in the measure: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

Measurement period (start/end date) January 1, 2019 – December 31, 2019

In early-2020, CMS determined that the COVID-19 pandemic was affecting key aspects of HEDIS hybrid data collection. The collection of medical records was compromised by plans' inability to access charts from provider offices for abstraction due to nationwide social-distancing requirements and work-at-home orders. NCQA therefore allowed plans to rotate their hybrid rates back to their previous reporting year hybrid rates if the plan chose to do so. BMCHP chose to rotate the two PMV hybrid measures under evaluation (*Controlling High Blood Pressure* and *Childhood Immunization Status: Combination 2*) back to the HEDIS 2019 reported rates.

2. Performance Measure Results

Numerator	260
Denominator	411
Rate	63.3%

3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).   There were no deviations from NCQA HEDIS technical specifications.
Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.   ☐ Not applicable (ISCA not reviewed)
Describe any findings from medical record review that affected the reliability or validity of the performance measure results.   Inovalon's software was used to produce the produce the measure. BMCHP conducted the medical record reviews. BMCHP had mature processes in place for medical record abstraction activities and demonstrated adequate processes for inter-rater reliability and on-going quality monitoring throughout the medical record review process. No issues were identified with medical record review.   ☐ Not applicable (medical record review not conducted)
Describe any other validation findings that affected the accuracy of the performance measure calculation.   None.
Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of performance measure calculation: None identified.

1. Overview of Performance Measure

Managed Care Plan (MCP) name: **Boston Medical Center HealthNet Plan**	
Performance measure name: **Controlling High Blood Pressure (CBP)**	

Measure steward:
- ☐ Agency for Healthcare Research and Quality (AHRQ)
- ☐ Centers for Disease Control and Prevention (CDC)
- ☐ Centers for Medicare & Medicaid Services (CMS)
- ☒ National Committee for Quality Assurance (NCQA)
- ☐ The Joint Commission (TJC)
- ☐ No measure steward, developed by state/EQRO
- ☐ Other measure steward (specify) _____

Is the performance measure part of an existing measure set? (check all that apply)
- ☒ HEDIS®
- ☒ CMS Child or Adult Core Set
- ☐ Other (specify) _____

What data source(s) was used to calculate the measure? (check all that apply)
- ☒ Administrative data (describe) NCQA-approved data sources
- ☒ Medical records (describe) See below
- ☐ Other (specify)

If the hybrid method was used, describe the sampling approach used to select the medical records:

NCQA hybrid systematic sampling methodology, with NCQA hybrid sample size reduction logic followed.

☐ Not applicable (hybrid method not used)

Definition of denominator (describe): Members 18-85 years of age

Definition of numerator (describe): Members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Program(s) included in the measure: ☐ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☒ Medicaid and CHIP

Measurement period (start/end date) January 1, 2019 – December 31, 2019

In early-2020, CMS determined that the COVID-19 pandemic was affecting key aspects of HEDIS hybrid data collection. The collection of medical records was compromised by plans' inability to access charts from provider offices for abstraction due to nationwide social-distancing requirements and work-at-home orders. NCQA therefore allowed plans to rotate their hybrid rates back to their previous reporting year hybrid rates if the plan chose to do so. BMCHP chose to rotate the *Controlling High Blood Pressure* back to the HEDIS 2019 reported rates.

2. Performance Measure Results

Numerator	260
Denominator	411
Rate	63.3%

3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).

There were no deviations from NCQA HEDIS technical specifications.

Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

Claims and Encounter Data. BMCHP processed claims using the Facets system. All necessary fields were captured for HEDIS reporting. Standard coding was used and there was no used of non-standard codes. Lab claims were processed internally, using standard codes. The plan had a high rate of both electronic claims submission and auto-adjudication. BMCHP had adequate quality control and monitoring of claims processing. BMCHP received encounters on a weekly basis from both its PBM, Envision Rx, and its behavioral health vendor, Beacon Health Options. The plan maintained adequate oversight of both Beacon and Envision Rx. There were no issues identified with claims or encounter data processing.

Enrollment Data. BMCHP processed Medicaid enrollment data using the Facets system. All necessary enrollment fields were captured for HEDIS reporting. BMCHP received a daily 834 file from MassHealth. The plan had adequate data quality monitoring and reconciliation processes, including the ability to combine data for members with more than one member ID using a master member ID. There were no issues identified with the plan's enrollment processes.

Supplemental Data. BMCHP used a lab results supplemental data source. BMCHP provided all required supplemental data source documentation. There were no concerns or issues identified with the use of the lab results supplemental data source.

Data Integration. BMCHP's performance measure rates were produced using Inovalon software. Data from the transaction system were loaded to the plan's data warehouse on a daily basis. Vendor data feeds were loaded into the warehouse weekly. BMCHP had adequate processes to track completeness and accuracy of data transfer into the warehouse. Data were then formatted into Inovalon-compliant extracts and loaded into the measure production software. Data load and reject reports were thoroughly reviewed. Inovalon's repository structure was compliant. HEDIS measure report production was managed effectively. The Inovalon software was compliant with regard to development, methodology, documentation, revision control, and testing. Preliminary rates were compared to prior years' and monthly rates produced throughout the measurement year. Any discrepancies were thoroughly analyzed to ensure rate accuracy. BMCHP maintains adequate oversight of its vendor, Inovalon. There were no issues identified with data integration processes.

Source Code. BMCHP used NCQA-certified Inovalon HEDIS software to produce performance measures. Inovalon received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

☐ Not applicable (ISCA not reviewed)

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

BMCHP conducted the medical record reviews and had mature processes in place for medical record abstraction activities and demonstrated adequate processes for inter-rater reliability and on-going quality monitoring throughout the medical record review process. No issues were identified with medical record review.

☐ Not applicable (medical record review not conducted)

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None identified.

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of performance measure calculation: None identified.

1. Overview of Performance Measure

Managed Care Plan (MCP) name: **Boston Medical Center HealthNet Plan**
Performance measure name**: Asthma Medication Ratio (AMR)**

Measure steward: ☐ Agency for Healthcare Research and Quality (AHRQ)   ☐ Centers for Disease Control and Prevention (CDC)   ☐ Centers for Medicare & Medicaid Services (CMS)   ☒ National Committee for Quality Assurance (NCQA)   ☐ The Joint Commission (TJC)   ☐ No measure steward, developed by state/EQRO   ☐ Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply)   ☒ HEDIS®   ☒ CMS Child or Adult Core Set   ☐ Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply)   ☒ Administrative data (describe) HEDIS auditor-approved data sources   ☐ Medical records (describe) _____   ☐ Other (specify) _____
If the hybrid method was used, describe the sampling approach used to select the medical records: ☒ Not applicable (hybrid method not used)
Definition of denominator (describe): Members 5–64 years of age
Definition of numerator (describe): Members identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Program(s) included in the measure: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☐ Medicaid and CHIP
Measurement period (start/end date)   January 1, 2019 – December 31, 2019

2. Performance Measure Results

Numerator	682
Denominator	1273
Rate	53.6%

3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).   There were no deviations from the 2020 HEDIS Technical Specifications.

Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

Claims and Encounter Data. BMCHP processed claims using the Facets system. All necessary fields were captured for HEDIS reporting. Standard coding was used and there was no used of non-standard codes. Lab claims were processed internally, using standard codes. The plan had a high rate of both electronic claims submission and auto-adjudication. BMCHP had adequate quality control and monitoring of claims processing. BMCHP received encounters on a weekly basis from both its PBM, Envision Rx, and its behavioral health vendor, Beacon Health Options. The plan maintained adequate oversight of both Beacon and Envision Rx. There were no issues identified with claims or encounter data processing.

Enrollment Data. BMCHP processed Medicaid enrollment data using the Facets system. All necessary enrollment fields were captured for HEDIS reporting. BMCHP received a daily 834 file from MassHealth. The plan had adequate data quality monitoring and reconciliation processes, including the ability to combine data for members with more than one member ID using a master member ID. There were no issues identified with the plan's enrollment processes.

Supplemental Data. BMCHP used a lab results supplemental data source. BMCHP provided all required supplemental data source documentation. There were no concerns or issues identified with the use of the lab results supplemental data source.

Data Integration. BMCHP's performance measure rates were produced using Inovalon software. Data from the transaction system were loaded to the plan's data warehouse on a daily basis. Vendor data feeds were loaded into the warehouse weekly. BMCHP had adequate processes to track completeness and accuracy of data transfer into the warehouse. Data were then formatted into Inovalon-compliant extracts and loaded into the measure production software. Data load and reject reports were thoroughly reviewed. Inovalon's repository structure was compliant. HEDIS measure report production was managed effectively. The Inovalon software was compliant with regard to development, methodology, documentation, revision control, and testing. Preliminary rates were compared to prior years' and monthly rates produced throughout the measurement year. Any discrepancies were thoroughly analyzed to ensure rate accuracy. BMCHP maintains adequate oversight of its vendor, Inovalon. There were no issues identified with data integration processes.

Source Code. BMCHP used NCQA-certified Inovalon HEDIS software to produce performance measures. Inovalon received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

☐ Not applicable (ISCA not reviewed)

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

☒ Not applicable (medical record review not conducted)

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None identified.

Validation rating: ☒ High confidence   ☐ Moderate confidence ☐ Low confidence ☐ No confidence

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EQRO recommendations for improvement of performance measure calculation:

Recommendations and Opportunities: Continue quality improvement initiatives for the *Asthma Medication Ratio* measure, which ranks below the 25th percentile compared to the 2020 NCQA Medicaid Quality Compass.

Update on 2019 Recommendations
Kepro is required by CMS to determine the status of recommendations made in the previous reporting year.

- 2019 recommendation: Implement quality improvement initiatives to improve performance on the Timeliness of Prenatal Care measure. Activity associated with Covid-19 limited BMCHP's ability to address the PCC measure in 2020.

TUFTS HEALTH PUBLIC PLANS (THPP)

1. Overview of Performance Measure

Managed Care Plan (MCP) name: **Tufts Health Together**
Performance measure name: **Controlling High Blood Pressure (CBP)**
Measure steward: ☐ Agency for Healthcare Research and Quality (AHRQ) ☐ Centers for Disease Control and Prevention (CDC) ☐ Centers for Medicare & Medicaid Services (CMS) ☒ National Committee for Quality Assurance (NCQA) ☐ The Joint Commission (TJC) ☐ No measure steward, developed by state/EQRO ☐ Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply) ☒ HEDIS® ☒ CMS Child or Adult Core Set ☐ Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply) ☒ Administrative data (describe) NCQA-approved data sources ☒ Medical records (describe) See below ☐ Other (specify)
If the hybrid method was used, describe the sampling approach used to select the medical records: THPP used the NCQA hybrid systematic sampling methodology with NCQA hybrid sample size reduction logic followed. ☐ Not applicable (hybrid method not used)
Definition of denominator (describe): Members 18-85 years of age
Definition of numerator (describe): Members who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
Program(s) included in the measure: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☐ Medicaid and CHIP
Measurement period (start/end date) January 1, 2018 – December 31, 2018 In early-2020, CMS determined that the COVID-19 pandemic was affecting key aspects of HEDIS hybrid data collection. The collection of medical records was compromised by plans' inability to access charts from provider offices for abstraction due to nationwide social-distancing requirements and work-at-home orders. NCQA therefore allowed plans to rotate their hybrid rates back to their previous reporting year hybrid rates if the plan chose to do so. THPP chose to rotate the *Controlling High Blood Pressure* to HEDIS 2019 reported rates.

2. Performance Measure Results

Numerator	272
Denominator	411
Rate	71.1%

3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).

There were no deviations from NCQA HEDIS technical specifications.

Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

Claims and Encounter Data. THPP processed claims using the Monument Xpress system. All necessary fields were captured for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. Tufts only accepted claims submitted on standard claims forms. Most claims were submitted electronically to THPP and there were adequate monitoring processes in place, including daily electronic submission summary reports, to identify issues. THPP had robust claims editing and coding review processes. THPP processed all claims within Monument Xpress except for pharmacy claims which were handled by its pharmacy benefit manager, CVS Caremark. Pharmacy claims data were received on a regular basis from the pharmacy vendor and there were adequate processes in place to monitor pharmacy encounter volume by month. There were no concerns identified with data completeness or with claims or encounter data processing.

Enrollment Data. Tufts processed Medicaid enrollment data, using Monument Xpress. All necessary enrollment fields are captured for HEDIS reporting. Medicaid enrollment data in an 834 format were received daily from the state and processed by THPP. The daily file included additions, changes, and terminations. Enrollment data were loaded into THPP's Monument Xpress system. THPP also received a full monthly refresh file and conducted reconciliation between Monument Xpress and the state file. Monument Xpress retained Medicaid identification (ID) numbers and the plan assigned a unique Monument Xpress system ID. THPP had adequate data quality monitoring and reconciliation processes. There were no issues identified with enrollment processes.

Supplemental Data. THPP used multiple supplemental data sources, including EMR data. THPP provided all required supplemental data source documentation. There were no concerns or issues identified with the use of these supplemental data sources.

Data Integration. All performance measure rates were produced using Cotiviti's software which received measure certification from NCQA for all measures under the scope of the review. Data from the transaction system were loaded to THPP's data warehouse and refreshed monthly. Vendor data feeds were loaded into the warehouse upon receipt. Data were then formatted into Cotiviti-compliant extracts and loaded into the measure production software. THPP had adequate processes to track completeness and accuracy of data at each transfer point. Preliminary rates were thoroughly reviewed by the plan. There were no issues identified with data integration processes for the measures under review. Data transfers to the Cotiviti repository from source transaction systems were accurate. File consolidations, derivations, and extracts were accurate. Cotiviti's repository structure was compliant. HEDIS measure report production was managed effectively. The Cotiviti software was compliant with regard to development, methodology, documentation, revision control, and testing. Preliminary rates were reviewed and any variances investigated. THPP maintains adequate oversight of its vendor, Cotiviti. There were no issues identified with data integration processes.

Source Code. THPP used NCQA-certified Cotiviti HEDIS software to produce performance measures. Cotiviti received NCQA measure certification to produce the CBP performance measure. There were no source code issues identified for the measures under review.

☐ Not applicable (ISCA not reviewed)

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

For HEDIS 2019, Tufts used GDIT's MedCapture software to produce the *Controlling Blood Pressure (CBP)* hybrid measure. The plan retrieved and abstracted the medical records. GDIT's data abstraction tools and training materials were compliant with HEDIS technical specifications. Tufts had mature processes in place for medical record abstraction activities and demonstrated adequate processes for inter-rater reliability and on-going quality monitoring throughout the medical record review process. No issues were identified with medical record review.

☐ Not applicable (medical record review not conducted)

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None.

Validation rating: ☒ High confidence   ☐ Moderate confidence ☐ Low confidence ☐ No confidence

EQRO recommendations for improvement of performance measure calculation:

None identified.

1. Overview of Performance Measure

Managed Care Plan (MCP) name: **Tufts Health Together**
Performance measure name: **Childhood Immunization Status (CIS): Combination 2**

Measure steward:
- ☐ Agency for Healthcare Research and Quality (AHRQ)
- ☐ Centers for Disease Control and Prevention (CDC)
- ☐ Centers for Medicare & Medicaid Services (CMS)
- ☒ National Committee for Quality Assurance (NCQA)
- ☐ The Joint Commission (TJC)
- ☐ No measure steward, developed by state/EQRO
- ☐ Other measure steward (specify) _____

Is the performance measure part of an existing measure set? (check all that apply)
- ☒ HEDIS®
- ☐ CMS Child or Adult Core Set
- ☐ Other (specify) _____

What data source(s) was used to calculate the measure? (check all that apply)
- ☒ Administrative data (describe) NCQA-approved data sources
- ☒ Medical records (describe) Described below.
- ☐ Other (specify) NCQA-defined hybrid method

If the hybrid method was used, describe the sampling approach used to select the medical records:

THPP used NCQA hybrid systematic sampling methodology, with NCQA hybrid sample size reduction logic followed.

- ☐ Not applicable (hybrid method not used)

Definition of denominator (describe): Children 2 years of age

Definition of numerator (describe): Children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); and one chicken pox (VZV) vaccines by their second birthday.

Program(s) included in the measure: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☐ Medicaid and CHIP

Measurement period (start/end date) January 1, 2019 – December 31, 2019

In early-2020, NCQA determined that the COVID-19 pandemic was affecting key aspects of HEDIS hybrid data collection. The collection of medical records was compromised by plans' inability to access charts from provider offices for abstraction due to nationwide social-distancing requirements and work-at-home orders. NCQA therefore allowed plans to rotate their hybrid rates back to their previous reporting year hybrid rates if the plan chose to do so. THPP chose to rotate the *Childhood Immunization Status: Combination 2* to the HEDIS 2019 reported rates.

2. Performance Measure Results

Numerator	312
Denominator	403
Rate	77.4%

3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).

There were no deviations from NCQA HEDIS technical specifications.

Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

Claims and Encounter Data. THPP processed claims using the Monument Xpress system. All necessary fields were captured for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. Tuifts only accepted claims submitted on standard claims forms. Most claims were submitted electronically to THPP and there were adequate monitoring processes in place, including daily electronic submission summary reports, to identify issues. THPP had robust claims editing and coding review processes. THPP processed all claims within Monument Xpress except for pharmacy claims which were handled by its pharmacy benefit manager, CVS Caremark. Pharmacy claims data were received on a regular basis from the pharmacy vendor and there were adequate processes in place to monitor pharmacy encounter volume by month. There were no concerns identified with data completeness or with claims or encounter data processing.

Enrollment Data. Tufts processed Medicaid enrollment data, using Monument Xpress. All necessary enrollment fields are captured for HEDIS reporting. Medicaid enrollment data in an 834 format were received daily from the state and processed by THPP. The daily file included additions, changes, and terminations. Enrollment data were loaded into THPP's Monument Xpress system. THPP also received a full monthly refresh file and conducted reconciliation between Monument Xpress and the state file. Monument Xpress retained Medicaid identification (ID) numbers and the plan assigned a unique Monument Xpress system ID. THPP had adequate data quality monitoring and reconciliation processes. There were no issues identified with enrollment processes.

Supplemental Data. THPP used multiple supplemental data sources, including EMR data. TPHP provided all required supplemental data source documentation. There were no concerns or issues identified with the use of these supplemental data sources.

Data Integration. All performance measure rates were produced using Cotiviti's software which received measure certification from NCQA for all measures under the scope of the review. Data from the transaction system were loaded to THPP's data warehouse and refreshed monthly. Vendor data feeds were loaded into the warehouse upon receipt. Data were then formatted into Cotiviti-compliant extracts and loaded into the measure production software. THPP had adequate processes to track completeness and accuracy of data at each transfer point. Preliminary rates were thoroughly reviewed by the plan. There were no issues identified with data integration processes for the measures under review. Data transfers to the Cotiviti repository from source transaction systems were accurate. File consolidations, derivations, and extracts were accurate. Cotiviti's repository structure was compliant. HEDIS measure report production was managed effectively. The Cotiviti software was compliant with regard to development, methodology, documentation, revision control, and testing. Preliminary rates were reviewed and any variances investigated. THPP maintains adequate oversight of its vendor, Cotiviti. There were no issues identified with data integration processes.

Source Code. THPP used NCQA-certified Cotiviti HEDIS software to produce performance measures. Cotiviti received NCQA measure certification to produce the CBP performance measure. There were no source code issues identified for the measures under review.

☐ Not applicable (ISCA not reviewed)

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

For HEDIS 2019, Tufts used GDIT's MedCapture software to produce the *Childhood Immunization Status (CIS): Combination 2* hybrid measures. The plan retrieved and abstracted the medical records. GDIT's data abstraction tools and training materials were compliant with HEDIS technical specifications. THPP had mature processes in place for medical record abstraction activities and demonstrated adequate processes for inter-rater reliability and on-going quality monitoring throughout the medical record review process. No issues were identified with medical record review.

☐ Not applicable (medical record review not conducted)

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None identified.

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence

EQRO recommendations for improvement of performance measure calculation:

None identified.

1. Overview of Performance Measure

Managed Care Plan (MCP) name: **Tufts Health Together**
Performance measure name**: Asthma Medication Ratio (AMR)**

Measure steward: ☐ Agency for Healthcare Research and Quality (AHRQ) ☐ Centers for Disease Control and Prevention (CDC) ☐ Centers for Medicare & Medicaid Services (CMS) ☒ National Committee for Quality Assurance (NCQA) ☐ The Joint Commission (TJC) ☐ No measure steward, developed by state/EQRO ☐ Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply) ☒ HEDIS® ☒ CMS Child or Adult Core Set ☐ Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply) ☒ Administrative data (describe) HEDIS auditor-approved data sources ☐ Medical records (describe) _____ ☐ Other (specify) _____
If the hybrid method was used, describe the sampling approach used to select the medical records: ☒ Not applicable (hybrid method not used)
Definition of denominator (describe): Members 5–64 years of age
Definition of numerator (describe): Members identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Program(s) included in the measure: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☐ Medicaid and CHIP
Measurement period (start/end date)   January 1, 2019 – December 31, 2019

2. Performance Measure Results

Numerator	895
Denominator	1620
Rate	53.6%

3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation). Tufts did not deviate from the 2020 HEDIS Technical Specifications.

Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

Claims and Encounter Data. THPP processed claims using the Monument Xpress system. All necessary fields were captured for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. Tufts only accepted claims submitted on standard claims forms. Most claims were submitted electronically to THPP and there were adequate monitoring processes in place, including daily electronic submission summary reports, to identify issues. THPP had robust claims editing and coding review processes. THPP processed all claims within Monument Xpress except for pharmacy claims which were handled by its pharmacy benefit manager, CVS Caremark. Pharmacy claims data were received on a regular basis from the pharmacy vendor and there were adequate processes in place to monitor pharmacy encounter volume by month. There were no concerns identified with data completeness or with claims or encounter data processing.

Enrollment Data. Tufts processed Medicaid enrollment data, using Monument Xpress. All necessary enrollment fields are captured for HEDIS reporting. Medicaid enrollment data in an 834 format were received daily from the state and processed by THPP. The daily file included additions, changes, and terminations. Enrollment data were loaded into THPP's Monument Xpress system. THPP also received a full monthly refresh file and conducted reconciliation between Monument Xpress and the state file. Monument Xpress retained Medicaid identification (ID) numbers and the plan assigned a unique Monument Xpress system ID. THPP had adequate data quality monitoring and reconciliation processes. There were no issues identified with enrollment processes.

Supplemental Data. THPP used multiple supplemental data sources, including EMR data. THPP provided all required supplemental data source documentation. There were no concerns or issues identified with the use of these supplemental data sources.

Data Integration. All performance measure rates were produced using Cotiviti's software which received measure certification from NCQA for all measures under the scope of the review. Data from the transaction system were loaded to THPP's data warehouse and refreshed monthly. Vendor data feeds were loaded into the warehouse upon receipt. Data were then formatted into Cotiviti-compliant extracts and loaded into the measure production software. THPP had adequate processes to track completeness and accuracy of data at each transfer point. Preliminary rates were thoroughly reviewed by the plan. There were no issues identified with data integration processes for the measures under review. Data transfers to the Cotiviti repository from source transaction systems were accurate. File consolidations, derivations, and extracts were accurate. Cotiviti's repository structure was compliant. HEDIS measure report production was managed effectively. The Cotiviti software was compliant with regard to development, methodology, documentation, revision control, and testing. Preliminary rates were reviewed and any variances investigated. THPP maintains adequate oversight of its vendor, Cotiviti. There were no issues identified with data integration processes.

Source Code. THPP used NCQA-certified Cotiviti HEDIS software to produce performance measures. Cotiviti received NCQA measure certification to produce the CBP performance measure. There were no source code issues identified for the measures under review.

☐ Not applicable (ISCA not reviewed)

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

☒ Not applicable (medical record review not conducted)

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None identified.

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence

EQRO recommendations for improvement of performance measure calculation:
None identified.

Action Taken on 2019 Recommendations Made:
- Not Applicable.

Strengths:
- THPP ranks above the 75th percentile compared to the 2020 NCQA Medicaid Quality Compass for the *Controlling High Blood Pressure* measure.
- THPP used an NCQA-certified vendor.
- THPP used many supplemental data sources for HEDIS reporting.

Section 4:

Performance Improvement Project Validation
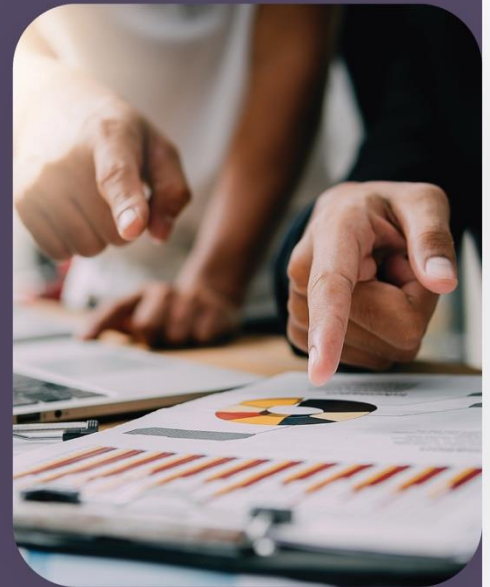
SECTION 4. PERFORMANCE IMPROVEMENT PROJECT VALIDATION

THE PERFORMANCE IMPROVEMENT PROJECT LIFE CYCLE

In 2018, MassHealth introduced a new approach to conducting Performance Improvement Projects (PIPs). In the past, plans submitted their annual project report in July to permit the use of the project year's HEDIS data. Kepro's evaluation of the project was not complete until October. Plans received formal project evaluations ten months or more after the end of the project year. The lack of timely feedback made it difficult for the plans to make changes in interventions and project design that might positively affect project outcomes.

To permit more real-time review of Performance Improvement Projects, MassHealth adopted a two-stage approach.

Baseline/Initial Implementation Period: Calendar Year 2019

Planning Phase: *January 2019 - March 2019*
During this period, the MCOs developed detailed plans for interventions. MCOs conducted a population analysis, a literature review, and root cause and barrier analyses, all of which contributed to the design of appropriate interventions. MCOs reported on this activity in March 2019. These reports described planned activities, performance measures, and data collection plans for initial implementation. Plans were subject to review and approval by MassHealth and Kepro.

Initial Implementation: March 2019 - December 2019
Incorporating feedback received from MassHealth and Kepro, the MCOs undertook the implementation of their proposed interventions. The MCOs submitted a progress report in September. In this report, the MCOs provided baseline data for the performance measures that had been previously approved by MassHealth and Kepro.

Final Implementation Period: Calendar Year 2020

Final Implementation Progress Reports: *March 2020*
MCOs submitted another progress report that described current interventions, short-term indicators and small tests of change, and performance data as applicable. They also assessed the results of the project, including success and challenges.

Final Implementation Annual Report: September 2020
MCOs submitted a second annual report that described current interventions, intervention effectiveness, and performance data as applicable. They assessed the results of the project, including success and challenges, and described plans for the final quarter of the initiative.

Each of these reports was reviewed by Kepro. The 2020 Progress and Annual Reports are discussed herein. Each project was evaluated to determine whether the organization selected, designed, and executed the projects in a manner consistent with CMS EQR Protocol 1. Kepro also determined whether the projects achieved or are likely to achieve favorable results. Kepro distributed detailed evaluation criteria and instructions to the MCOs to support their efforts.

The PIP review is a four-step process:

1) **PIP Questionnaire**. Plans submit a completed reporting questionnaire for each PIP. This questionnaire is stage-specific. In 2020, plans submitted a Project Update (March) and a report on Project Results report (September). The Progress Update report asked for a description of stakeholder involvement; an update to project goals, if any; the status of intervention implementation and any barriers experienced; and plans for going forward. The Project Results report included a description of the strategies used to ensure the cultural competence of interventions; an updated population analysis; an analysis of intervention outcome effectiveness; the remeasurement of identified performance indicators; status and barriers; and a description of lessons learned by the project team.

2) **Desktop Review**. A desktop review is conducted for each PIP. The Technical Reviewer and Medical Director review the PIP questionnaire and any supporting documentation submitted by the plan. Working collaboratively, they identify issues requiring clarification as well as opportunities for improvement. The focus of the Technical Reviewer's work is the structural quality of the project. The Medical Director's focus is on proposed or implemented clinical interventions.

3) **Conference with the Plan.** The Technical Reviewer and Medical Director meet telephonically with representatives of the plan to obtain clarification on identified issues as well as to offer recommendations for improvement. The plan is offered the opportunity to resubmit the PIP questionnaire within 10 calendar days, although it is not required to do so.

4) **Final Report.** The reviewer assesses the plan's performance in the areas of problem definition, analysis, measurement, improvement strategies, and outcome effectiveness analysis. The Medical Director documents his or her findings and, in collaboration with the Technical Reviewer, develops recommendations. Kepro evaluates an MCO's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. The findings of the Technical Reviewer and Medical Director are synthesized into a final report to MassHealth and the MCO.

PERFORMANCE IMPROVEMENT PROJECT TOPICS

MassHealth MCOs are required to conduct two Performance Improvement Projects (PIPs) annually, one from each of the following domains:

Behavioral Health - Promoting well-being through prevention, assessment, and treatment of mental illness including substance use and other dependencies; and

Population and Community Needs Assessment and Risk Stratification - Identifying and assessing priority populations for health conditions and social determinant factors with the most significant size and impact and developing interventions to address the appropriate and timely care of these priority populations.

In Calendar Year 2020, Managed Care Organizations continued work on the following Performance Improvement Projects.

Domain 1: Behavioral Health
- Improving Follow Up After Hospitalization for a Mental Illness (BMCHP)
- Improving Behavioral Health Screening for Adolescent Members (Tufts Health Together)

Domain 2: Population and Community Needs Assessment and Risk Stratification
- Improving Asthma Control and Medication Adherence Among the MassHealth Population (BMCHP)
- Utilize Health-Related Social Needs Assessment Screening to Improve Pediatric Members' Health Outcomes (Tufts Health Together)

Based on its review of the MassHealth managed care organizations' Performance Improvement Projects, Kepro did not discern any issues related to any plan's quality of care or the timeliness of or access to care.

COMPARATIVE ANALYSIS

<u>Interventions</u>
MassHealth Managed Care Organizations used a wide variety of approaches to address their project goals.

Exhibit 4.1. Intervention Approach

Intervention Approach	Number of Interventions
Care Management	2
Member Education	3
Provider Education	2
Screening and Assessment	1
Technology	2

<u>Performance Improvement Project Ratings</u>

Exhibit 4.2. Average PIP Score by Rating Component

Rating Component	Behavioral Health PIPs	Chronic Disease Management PIPs
Updates to Project Topic and Scope	91.5%	100%
Population Analysis Update	100%	100%
Assessing Intervention Outcomes	87%	85.5%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Remeasurement Performance Indicator Rates	100%	100%
Conclusions and Lessons Learned	96%	96.5%

As stated previously, individual standards are rated either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. The chart that follows depicts the final rating score of each project MCO and domain.

Exhibit 4.3. MCO PIP Ratings by Project Domain

2020 MCO PIP Ratings by Project Domain
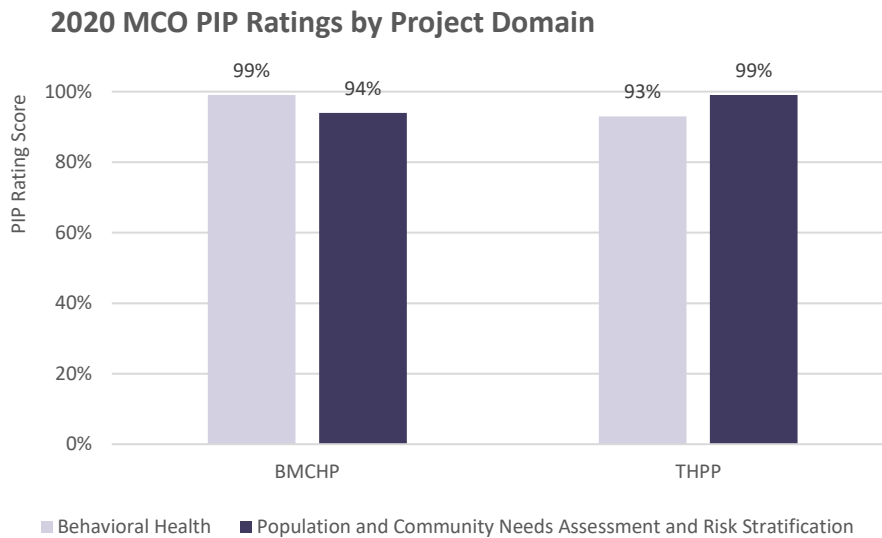
Both managed care organizations, in fact all MassHealth managed care plans, struggled with the requirement to evaluate intervention effectiveness. Kepro is hopeful that the learning from the 2018 – 2020 quality cycle will contribute to improvements in this area in the next quality cycle.

Based on its review of the MassHealth MCO Performance Improvement Projects, Kepro did not discern any issues related to any plan's quality of care or the timeliness of or access to care.

PLAN-SPECIFIC PERFORMANCE IMPROVEMENT PROJECTS

Performance Improvement Project Summaries

As required by CMS, Kepro is providing project-specific summaries using CMS Worksheet Number 1.11 from EQR Protocol Number 1, Validating Performance Improvement Projects. The PIP Aim Statement is taken directly from the managed care plan's report to Kepro as are the Improvement Strategies or Interventions. Performance indicator data was taken from this report as well. Kepro calculated statistical significance for results using the Z test. Kepro validated each of these projects, meaning that it reviewed all relevant parts of each PIP and made a determination as to its validity. The PIP Technical Reviewer assigned a validation confidence rating, which refers to Kepro's overall confidence that the PIP adhered to acceptable methodologies for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement or the potential for improvement. Recommendations offered were taken from the Reviewers' rating forms. As is required by CMS, Kepro has identified managed care plan and project strengths as evidenced in the PIP.

DOMAIN 1: BEHAVIORAL HEALTH

BMC HEALTHNET PLAN: IMPROVING SEVEN-DAY FOLLOW UP AFTER HOSPITALIZATION FOR A MENTAL ILLNESS (FUH)

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan (BMCHP) Managed Care Organization
PIP Title: Improving Seven-Day Follow Up After Hospitalization for a Mental Illness (FUH)
PIP Aim Statement: *Member-Focused* • Improve member access to mental health resources for education and guidance; • Improve follow-up by removing barriers, e.g. lack of transportation, and addressing racial-ethnic disparities in outpatient follow-up following acute treatment for mental health illness; and • Improve member knowledge surrounding transportation benefits, behavioral health appointment coverage, and the associated costs. *Provider-Focused* • Improve care coordination and hand off between inpatient and outpatient settings; • Improve provider just-in-time knowledge of member discharges; and • Improve providers' understanding of the importance of scheduling timely follow-up visits within seven days of discharge.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☐ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☒ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS or pregnant women (please specify): All Members
Programs: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only ☐ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Not applicable.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) BMCHP educated high-volume inpatient facilities about the importance of scheduling follow-up visits within seven days of discharge. BMCHP reviewed these facilities discharge protocols and assessed for adherence to plan and care team notification protocols.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
BMCHP partnered with the Coordinated Care Network (CCN) to deploy CCN care coordinators to facilitate discharge planning with inpatient staff. The care coordinator meets face-to-face with the member while they are in the hospital, and in collaboration with hospital staff, determines the most appropriate services for the member. An appointment is scheduled prior to discharge. The member is sent text message reminders of the appointment that stress the importance of follow-up care. In light of the changing delegation relationship between Beacon Health Options and BMCHP, a revised work flow was developed and responsibilities were assigned.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Follow-Up within seven days after hospitalization for a mental illness (FUH) NCQA 0576	2018	568/1188 47.81%	2019 ☐ Not applicable—PIP is in planning or implementation phase, results not available	370/803 46.07%	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
"Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

Validation phase (check all that apply): ☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year ☒ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence

EQRO recommendations for improvement of PIP: None identified.

Exhibit 4.4. BMCHP FUH Rate
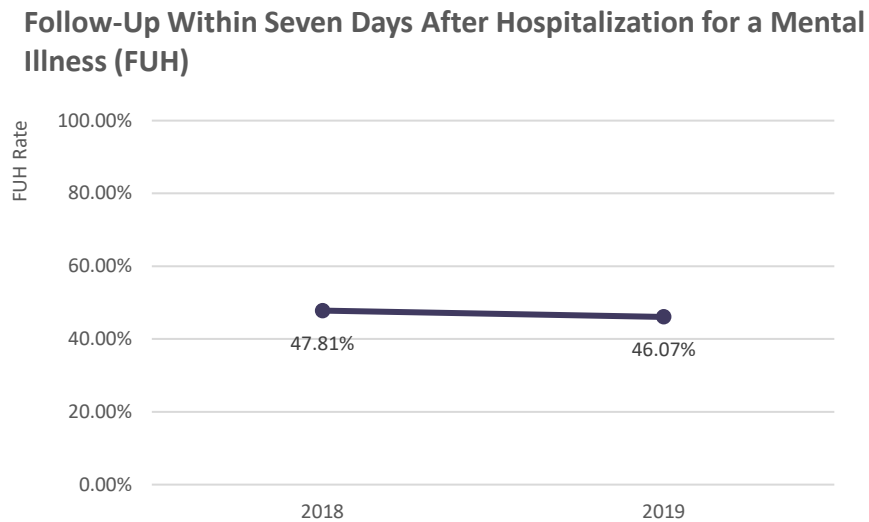
Follow-Up Within Seven Days After Hospitalization for a Mental Illness (FUH)

Performance Improvement Project Rating Score

Kepro evaluates an MCO's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP received a rating score of 99% on this PIP.

Exhibit 4.5. BMCHP Behavioral Health PIP Rating

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Population Analysis and Participant Engagement	2	6	6	100%
Update to PIP Topic and Goals	3	9	9	100%
Progress in Implementing Interventions	4.0	24.0	23	96%
Performance Indicator Data Collection	5	15	15	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	5	15	15	100%
Measurement Indicator Performance Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**27**	**93**	**92**	**99%**

Plan & Project Strengths

- BMCHP highlighted the value of feedback from stakeholders as it can provide insights into proposed communications and their value.
- BMCHP held regular meetings throughout 2019 to discuss difficulties encountered and share process metrics, including the number of members identified for outreach.
- BMCHP comprehensively presented results of the assessment of intervention outcomes.

Follow Up to 2019 Recommendations

No recommendations were offered in 2019.

TUFTS HEALTH PUBLIC PLANS: IMPROVING BEHAVIORAL HEALTH SCREENING FOR ADOLESCENT MEMBERS

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Public Plans Managed Care Organization
PIP Title: Improving Behavioral Health Screening for Adolescent Members

PIP Aim Statement:

Member-Focused
- Increase rates of behavioral health screening among adolescent members aged 13-17 years old; and
- Increase member understanding of the benefit of behavioral health screening.

Provider-Focused
- Increase behavioral health screening conducted by primary care providers (PCPs);
- Improve PCP knowledge and awareness about administering behavioral health screenings and the importance of follow-up behavioral health services if applicable and when appropriate; and
- Educate providers about workflows in high-performing offices that assist in screening completion.

Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply)
☐ State-mandated (state required plans to conduct a PIP on this specific topic)
☐ Collaborative (plans worked together during the planning or implementation phases)
☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state)
☒ Plan choice (state allowed the plan to identify the PIP topic)

Target age group (check one):
☒ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☐ Both adults and children
*If PIP uses different age threshold for children, specify age range here:

Target population description, such as duals, LTSS or pregnant women (please specify): Adolescent Members (aged 13-17 members)

Programs: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☐ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

An article was posted to the member page of the website that discusses the importance of behavioral health screening.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

THPP Medical Directors telephoned primary care providers identified as high-performing to learn of any best practices used in their offices. A survey was administered to primary care providers which provided an opportunity for them to offer feedback on screening practices and barriers to administration. A mailing was directed to low-performing primary care providers. THPP plans to reissue this survey including questions about knowledge of behavioral health resources.

An article was placed in the provider newsletter that discusses the importance of behavioral health screening and follow up.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
Not applicable.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
The rate of behavioral health screenings completed at a well-child visit for 13-17 year-old members at or 180 days before or after the visit. NCQA 0418	2018	2692/ 2896 92.96	2019 ☐ Not applicable—PIP is in planning or implementation phase, results not available	2604/2761 94.31	☐ Yes ☒ No	☒ Yes ☐ No Specify P-value: ☐ <.01 ☒ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
Validation phase (check all that apply): ☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year ☒ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence
EQRO recommendations for improvement of PIP: THPP described what it "will" do to evaluate this intervention. Much of what is described is acceptable, but THPP needs to present its intervention effectiveness evaluation as the data apply to 2019 intervention activities. Kepro advises a more direct evaluation of the impact of the educational materials, such as pre- and post-testing or a survey completed by providers to ensure the educational materials are the source of improvement.

Exhibit 4.6. THPP Behavioral Health Screenings Rate

Rate of Behavioral Health Screenings Completed at a Well-Child Visit for 13-17 Year-Old Members At or 180 days Before or After the Visit

(Line chart: Behavioral Health Screenings Rate — 2018: 92.96%, 2019: 94.31%; y-axis from 0.00% to 100.00%)

Performance Improvement Project Rating Score

Kepro evaluates an MCO's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. THPP received a rating score of 93% on this PIP.

Exhibit 4.7. THPP Behavioral Health PIP Rating

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Population Analysis and Participant Engagement	2	6	6	100%
Update to PIP Topic and Goals	4	12	10	83%
Progress in Implementing Interventions	4.0	12.0	9.3	78%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	1	3	3	100%
Performance Indicator Parameters	3	9	9	100%
Measurement Indicator Performance Rates	5	15	15	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**23**	**69.0**	**64.3**	**93%**

Plan and Project Strengths

THPP's population analysis is commendable for both its design and its analysis of multiple factors associated with behavioral screening for adolescents. THPP relates the risk of medical comorbidities to other SDOH issues, including school and social impairments, as well as issues related to lifestyle (diet, exercise, sleep, and stress). These are important findings that contribute to a broader perspective on the health and wellness of its adolescent member population.

THPP is commended for more creatively engaging providers to resolve the operational challenges of this project for practice workflows, especially given the constraints imposed by the Covid-19 pandemic.

THPP has listed several "lessons learned" that evolved from its experiences in managing this PIP. These lessons appear to support the ongoing strengthening of this project going forward. Kepro particularly endorses THPP's generate " … better and more consistent data collection and analysis…," as well as performing " … data collection and analysis more frequently so that actions can be taken on a more emergent timeframe."

DOMAIN 2: POPULATION AND COMMUNITY NEEDS ASSESSMENT AND RISK STRATIFICATION

BMC HEALTHNET PLAN (BMCHP): IMPROVING ASTHMA CONTROL AND MEDICATION ADHERENCE AMONG THE MASSHEALTH POPULATION

1. General PIP Information

Managed Care Plan (MCP) Name: BMC HealthNet Plan (BMCHP) Managed Care Organization
PIP Title: Improving Asthma Control and Medication Adherence among the MassHealth Population
PIP Aim Statement: *Member-Focused* • Improve adherence to asthma controller medications by members identified with persistent asthma per HEDIS specifications; and • Improve member awareness of the difference between asthma controller and rescue medications. *Provider-Focused* • Improve identification of members with asthma that are not adherent with asthma controller medications; • Identify members that utilize the emergency room or inpatient services due to poor asthma control; and • Improve coordination of care between providers caring for members with asthma.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☐ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☒ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as duals, LTSS or pregnant women (please specify): All BMCHP Members
Programs: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☐ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) BMCHP has implemented a member education program that includes an expanded texting program for members who opt in. It is recruiting staff to conduct outreach to members with asthma that are not taking their controller medications. BMCHP's plan to deploy Community Health Workers to conduct home visits was suspended due to competing priorities. The Plan intends to collaborate with community-based asthma home visit programs. In addition, BMCHP plans to collaborate with high-volume, low-performing pharmacies to improve member asthma medication adherence.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)
Not applicable.
MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
BMCHP enhanced its provider Asthma Treatment Advisory Report (ATAR) to include information about member treatment non-adherence and asthma-related inpatient or emergency department utilization. This enhanced report is distributed to providers who have agreed to receive the reports by email.

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
The rate of members with asthma that have a medication ratio of 0.50 or greater. NCQA 1800	2018	122/240 50.83%	2019 ☐ Not applicable—PIP is in planning or implementation phase, results not available	93/190 48.95%	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
The rate of members with asthma that have achieved a proportion of days covered of at least 75% for the asthma controller medications. NCQA 1799	2018	65/182 35.71%	2019 ☐ Not applicable—PIP is in planning or implementation phase, results not available	48/136 35.29%	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

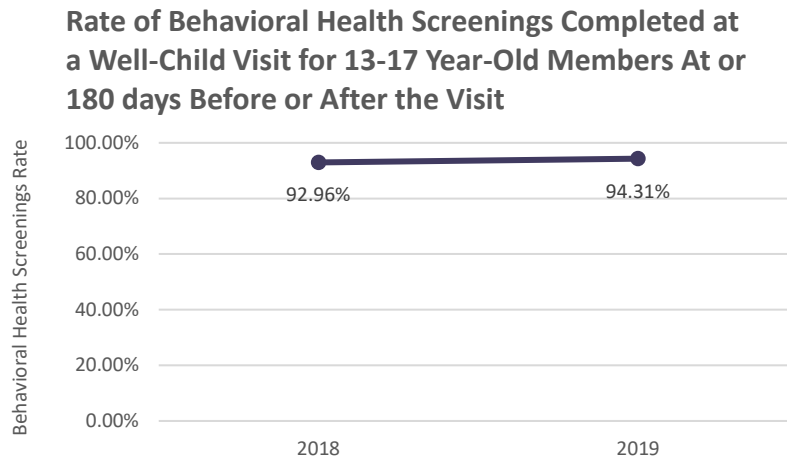| |
|---|
| **Was the PIP validated?** ☒ Yes ☐ No
 "Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations. |
| **Validation phase (check all that apply):**
 ☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year
 ☒ First remeasurement   ☐ Second remeasurement ☐ Other (specify):

 Validation rating: ☐ High confidence ☐ Moderate confidence ☒ Low confidence ☐ No confidence
 "Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement. |
| **EQRO recommendations for improvement of PIP:**

 BMCHP states that, due to the competing priorities associated with Covid-19, it is not possible to provide conclusions about any of the activities initiated during 2019. Kepro recommends an intervention effectiveness analysis be conducted retrospectively to inform future initiatives. |

Exhibit 4.8. BMCHP Asthma Rates

Asthma Medication Ratio Rate
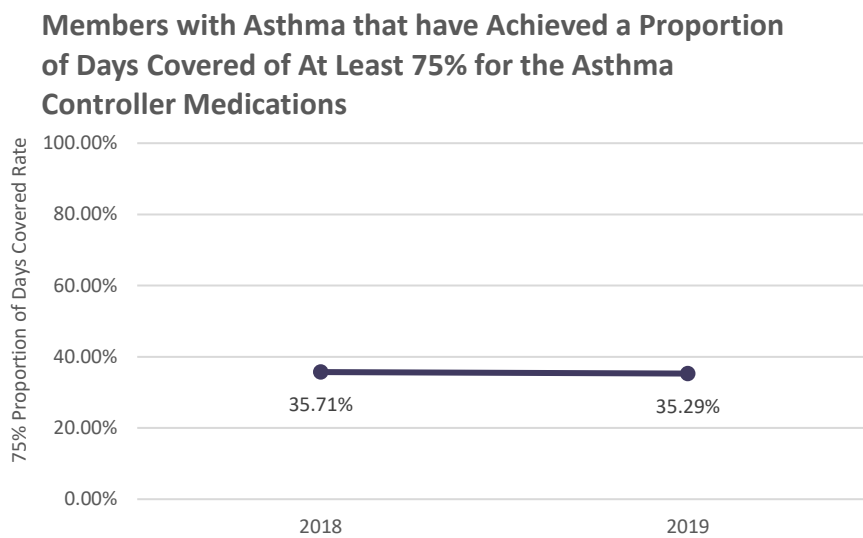
Members with Asthma That Have a Medication Ratio of 0.50 or Greater

Proportion of Days Covered of At Least 75% Rate

Members with Asthma that have Achieved a Proportion of Days Covered of At Least 75% for the Asthma Controller Medications

Performance Improvement Project Rating Score

Kepro evaluates an MCO's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. BMCHP received a rating score of 94% on this PIP.

Exhibit 4.9. BMCHP Population and Community Needs Assessment and Risk Stratification PIP Rating

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Population Analysis and Participant Engagement	2	6	6	100%
Update to PIP Topic and Goals	3	9	9	100%
Progress in Implementing Interventions	4.0	24.0	19	79%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	5.0	15.0	15	100%
Measurement Indicator Performance Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**24**	**84**	**79**	**94%**

Plan and Project Strengths

BMCHP reported plans to continue collaborating with Pharmacy to design and launch a process to trigger outreach calls from the Plan's pharmacists to providers with members who were numerator non-compliant with the asthma measures and/or members utilizing the emergency room or inpatient due to poor asthma control.

Follow Up to 2019 Recommendations

No recommendations were offered in 2019.

TUFTS HEALTH PUBLIC PLANS: UTILIZE HEALTH-RELATED SOCIAL NEEDS ASSESSMENT SCREENING TO IMPROVE PEDIATRIC MEMBERS' HEALTH OUTCOMES

1. General PIP Information

Managed Care Plan (MCP) Name: Tufts Health Public Plans (THPP) Managed Care Organization
PIP Title: Utilize Health-Related Social Needs Assessment Screening to Improve Pediatric Members' Health Outcomes

PIP Aim Statement: *Member-Focused* • Increase the member response rate to the Health Needs Assessment screening; • Identify and refer members with Social Determinants of Health (SDoH) needs to appropriate community resources; • Improve member's access to nutritional food and weight management education and resources; and • Leverage screening results to help stratify members for care management services and support maximize member's health care status and independence. *Provider-Focused* • Increase provider knowledge and training about Health Needs Assessment screening; • Improve provider knowledge about community resources available to members; and • Increase provider counseling for nutrition and physical activity for children and adolescent members.
Was the PIP state-mandated, collaborative, statewide, or plan choice? (check all that apply) ☐ State-mandated (state required plans to conduct a PIP on this specific topic) ☐ Collaborative (plans worked together during the planning or implementation phases) ☐ Statewide (the PIP was conducted by all MCOs and/or PIHPs within the state) ☒ Plan choice (state allowed the plan to identify the PIP topic)
Target age group (check one): ☒ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☐ Both adults and children *If PIP uses different age threshold for children, specify age range here: Aged 3 – 17 years
Target population description, such as duals, LTSS or pregnant women (please specify):
Programs: ☒ Medicaid (Title XIX) only   ☐ CHIP (Title XXI) only   ☐ Medicaid and CHIP

2. Improvement Strategies or Interventions (Changes tested in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Community Outreach Staff make telephonic outreach calls to the family of members who answered yes to at least one of the identified survey questions targeting weight management and nutrition counseling needs. Members are referred to Good Measures, a personalized nutrition coaching program, and community-based resources, e.g., food pantries, as indicated.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) THPP conducted provider education about weight management and nutrition counseling. Information about the Good Measures program was also offered. THPP plans to share a list of community resources with providers to broaden their awareness of access to healthy foods to enable conversation related to weight management and nutrition.

MCP-focused interventions/System changes (MCP/system change interventions are aimed at changing MCP operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) On a monthly cycle, ELIZA (a natural language processing computer program) deploys Interactive Voice Response (IVR) outreach to households with a new pediatric member. The PIP workgroup recognized that some of the questions in the HNA screening survey was organized and phrased in a way that made it difficult for a member to navigate and this may have contributed to member survey fatigue. The group worked with the product team at THPP to reevaluate and modify HNA screening questions to improve survey experience.	

3. Performance Measures and Results

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Number of members who responded to at least 1 health-related question in the HNA survey. EOHHS	2018	2281/ 20,079 11.4%	2019 ☐ Not applicable—PIP is in planning or implementation phase, results not available	634/4324 14.7%	☒ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): p < 0.005
The rate of members aged 3-17 and 364 days whose body mass index (BMI) percentile is documented in their electronic medical record. EOHHS	2018	104/116 89.7%	2019 ☐ Not applicable—PIP is in planning or implementation phase, results not available	104/116 89.7%	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
The rate of members aged 3-17 and 364 days with counseling for nutrition or a referral for nutrition education documented in their electronic medical record. EOHHS	2018	102/116 87.9%	2019 ☐ Not applicable—PIP is in planning or implementation phase, results not available	102/116 87.9%	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
The rate of members aged 3-17 and 364 days with counseling for physical activity or a referral for physical activity documented in their electronic medical record. EOHHS	2018	90/116 77.6%	2019 ☐ Not applicable—PIP is in planning or implementation phase, results not available	90/116 77.6%	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

4. PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

Validation phase (check all that apply):
☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year
☒ First remeasurement ☐ Second remeasurement ☐ Other (specify):

Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence
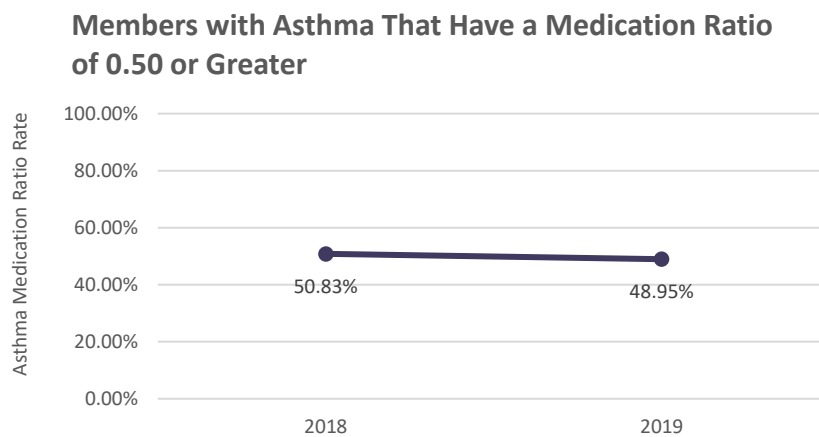
Exhibit 4.10. THPP HRSN Rates

HNA Survey Rate
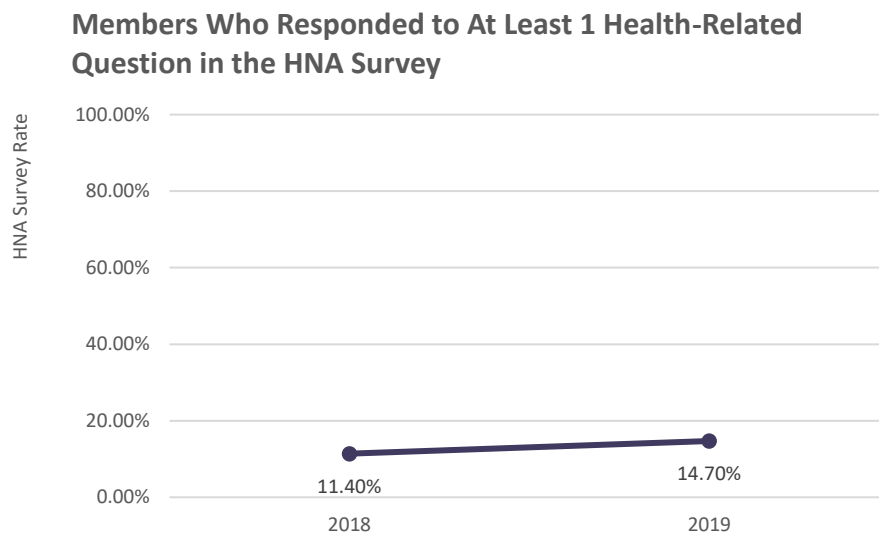
Members Who Responded to At Least 1 Health-Related Question in the HNA Survey

BMI Percentile Rate

Members 3-17 with a Documented BMI Percentile in their Electronic Medical Record

Nutrition Counseling Rate

Members 3-17 with Nutrition Counseling or Education Referral Documentation in their Electronic Medical Record

Physical Activity Rate

Members 3-17 with Physical Activity Counseling or Referral Documented in their Electronic Medical Record
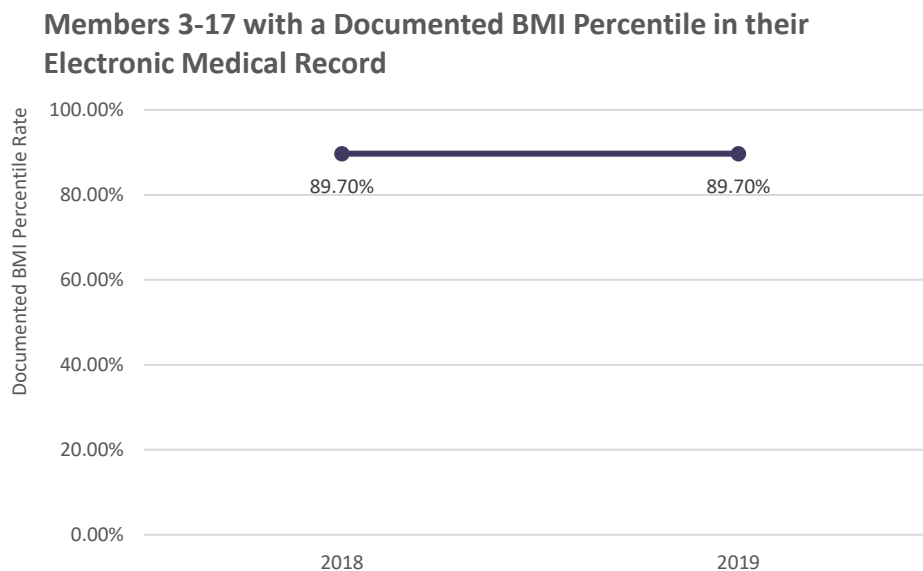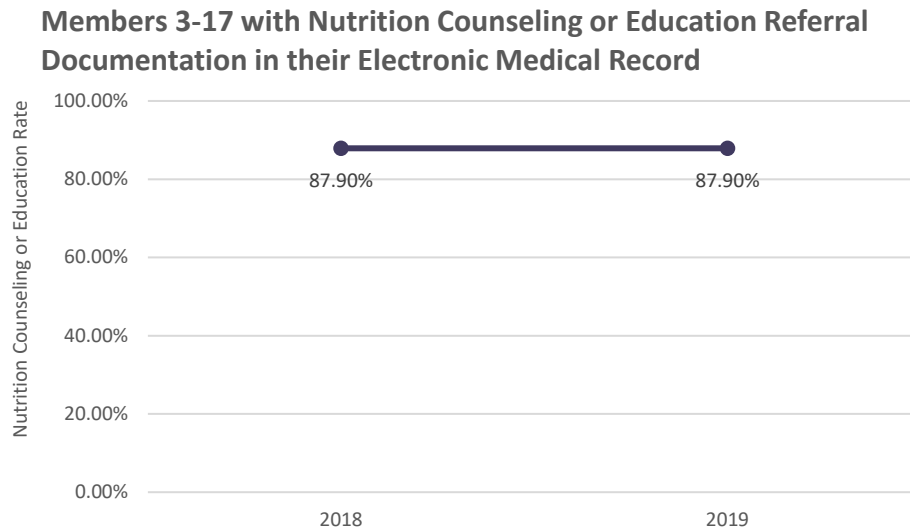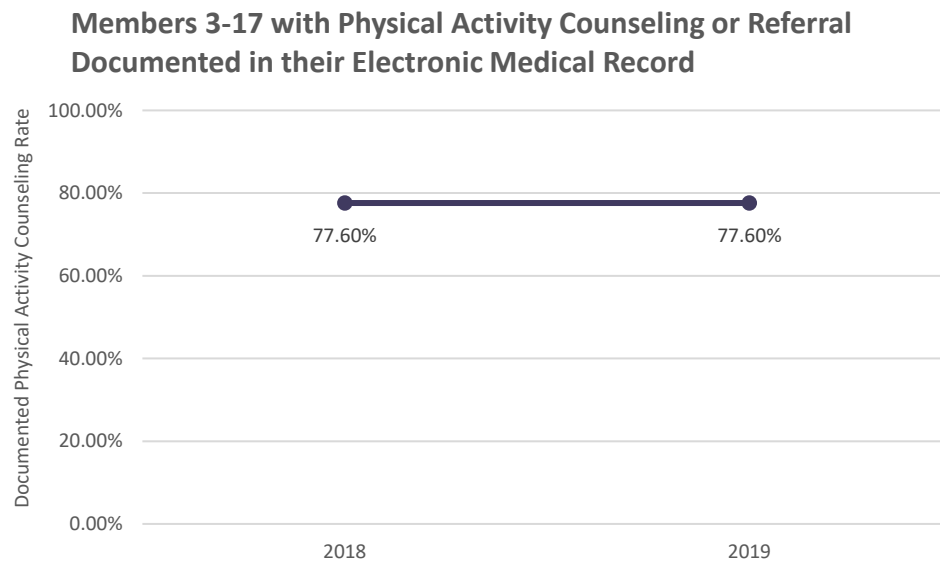
Performance Improvement Project Score

Kepro evaluates an MCO's performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. THPP received a rating score of 99% on this PIP.

Exhibit 4.11. THPP Population and Community Needs Assessment and Risk Stratification PIP Rating

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Population Analysis and Participant Engagement	2	6	6	100%
Update to PIP Topic and Goals	4	12	12	100%
Progress in Implementing Interventions	4.0	12.0	11.0	92%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	3	9	9	100%
Performance Indicator Parameters	3.8	11.4	11.4	100%
Performance Indicator Performance Rates	5	15	15	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**25.8**	**77.4**	**76.4**	**99%**

Plan and Project Strengths
- THPP is commended for drilling down on members with comorbidities with respect to responding to the HNA screening protocol.
- Kepro commends THPP for using pediatric member counts before and after ELIZA IVR implementation, which documents the increase in the pediatric HRN screening rate from 2018(11.4%) to 2019 (14.7%).
- Kepro commends THPP for soliciting feedback from care managers, members, and their designees about the HNA survey via ELIZA IVR.
- Kepro commends THPP for recognizing the importance of HNA screening and providing members with SDOH support. Kepro commends the multiple strategies outlined that involves members, staff and community resources.
- Kepro commends THPP for ensuring the methodology adequately measures the impact of the intervention.

Section 5:

Network Adequacy Validation

SECTION 5: NETWORK ADEQUACY VALIDATION

INTRODUCTION

The concept of Network Adequacy revolves around a managed care plan's ability to provide its members with an adequate number of in-network providers located within a reasonable distance from the member's home. Insufficient or inconvenient access points can create gaps in healthcare. To avoid such gaps, MassHealth stipulates contractually required time and distance standards as well as threshold member to provider ration to ensure access to timely care.

In 2020, MassHealth, in conjunction with its EQRO contractor, Kepro, initiated an evaluation process to identify the strengths of the health plan's provider networks, as well as to offer recommendations for bridging network gaps. This process of evaluating a plan's network is termed Network Adequacy Validation. While this type of evaluation and reporting is not required by CMS at this time, the Commonwealth of Massachusetts was strongly encouraged by CMS to incorporate this activity as an annual process evaluation, as it will be required in the future.

Kepro entered into an agreement with Quest Analytics to use its enterprise system to validate MassHealth managed care plan network adequacy. Quest's system analyzes and reports on network adequacy. The software also reports on National Provider Identifier (NPI) errors, and exclusion from participation in CMS programs.

Using Quest, Kepro has analyzed the current performance of the plans based on the time and distance standards that the state requires, while also identifying gaps in coverage by geographic area and specialties. The program also provides information about all available providers should network expansion be required. This information is based on a list of all licensed physicians from the Massachusetts Board of Registration in Medicine that Kepro obtained. These suggestions will help close gaps and provide Medicaid members with improved access to timely healthcare, the primary goal.

REQUEST OF PLAN

To build this software tool, MassHealth requested a complete data set from each MCO plan, which included the following data points:

- Facility or Provider Name;
- Address Information;
- Phone Number; and
- NPI Information.

For the MCO plans, this request applied to the following areas of service:

- PCPs and ObGyns;
- Hospital Rehabilitation, Urgent;
- Specialists;
- Behavioral Health Services; and
- Pharmacies.

It's important to note that no information regarding beneficiaries was requested from the plans. The goal of Network Adequacy is to ensure that every health plan offers adequate access to care for the plan's entire service area. When measuring access to care using only existing membership, that dataset may not always be representative of the entire service area. Additionally, measuring only existing membership does not account for future growth or expansion of existing service areas. Therefore, MassHealth, performed the network adequacy reviews using a representative set of population points, 3% of the population, distributed throughout the service area based on population patterns. This methodology allowed MassHealth to ensure each carrier was measured consistently against the same population distribution and that the entire service area has adequate access to care within the prescribed time and distance criteria.

TIME AND DISTANCE STANDARDS

For Medicaid members to receive appropriate access to care for medical services, MassHealth requires the MCO plans adhere to certain time and distance standards. The MCO plans are required to meet a time and distance standard but are not required to meet both. For example, the standard for Urgent Care Medical Facilities is within a 15 miles radius from the member's home OR no more than 30 minutes travel time from the member. It's important to note that for some specialties, the time and distance standards vary based on the county CMS designation, i.e., large metro, metro, or micro. The following map shows the county designations for reference.

Exhibit 5.1. Map of Massachusetts County Designations
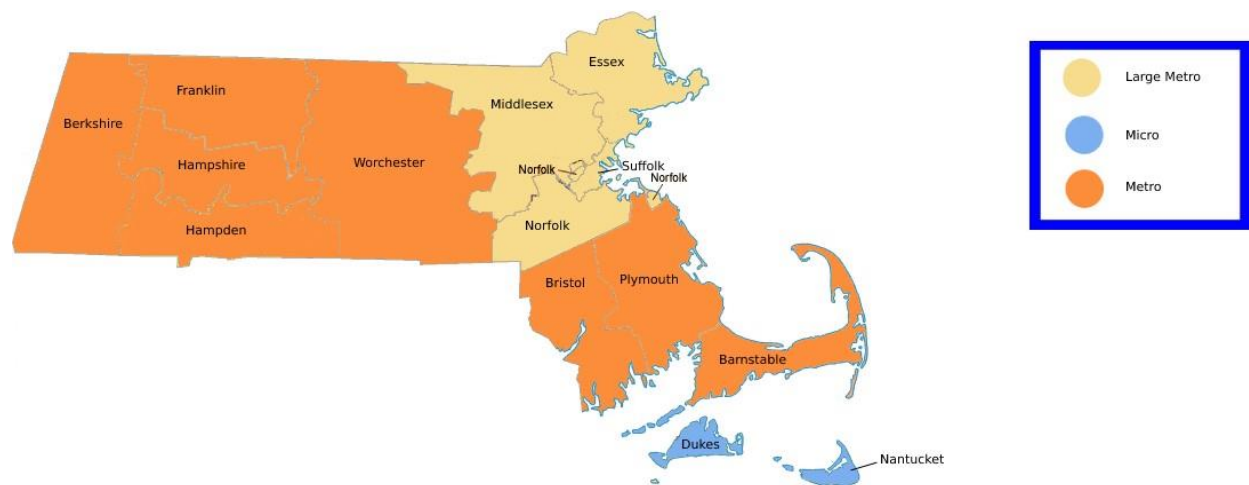
The standards for all medical services are outlined below, according to grouping and specialty.

BEHAVIORAL HEALTH DIVERSIONARY SERVICES:

MassHealth requires a time and distance of 30 miles <u>or</u> 30 minutes. These standards apply to all specialties outlined in the chart that follows:

Exhibit 5.2. Behavioral Health Diversionary Specialties

BH Diversionary Specialties	
CBAT-ICBAT-TCU	Program of Assertive Community Treatment
Clinical Support Services for Substance Use Disorders (Level 3.5)	Psychiatric Day Treatment
Community Support Program	Recovery Coaching
Intensive Outpatient Program	Recovery Support Navigators
Monitored Inpatient Level 3.7	Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)
Partial Hospitalization Program	Structured Outpatient Addiction Program

BEHAVIORAL HEALTH INPATIENT SERVICES:

There are four specialties in this provider group, i.e., Managed Inpatient Level 4, Adult Psychiatric Inpatient, Adolescent Psychiatric Inpatient, and Child Psychiatric Inpatient. MassHealth defines a 60-mile or 60-minute standard for these services.

BEHAVIORAL HEALTH INTENSIVE COMMUNITY TREATMENT SERVICES:

There are three specialties in this provider group, i.e., In-Home Behavioral Services, In-Home Therapy Services, and Therapeutic Monitoring Services. MassHealth's access standard is 30 miles or 30 minutes for these services.

BEHAVIORAL HEALTH OUTPATIENT SERVICES:

MassHealth requires all three specialties in this category to follow a time and distance standard of 30 miles or 30 minutes. Plans are required to have two Opioid Treatment Specialty providers within this standard.

MEDICAL FACILITY SERVICES:

Each of the three specialties in this category have a different time and distance standard. These three specialties are outlined in the chart that follows. It is important to note that providers are required to meet the time standard or the distance, not both.

Exhibit 5.3. Medical Facility Specialties and Required Standards

Specialty	Time (Minutes)	Distance (Miles)
Acute Inpatient Hospital	40	20
Rehabilitation hospital	60	30
Urgent care services	30	15

PHARMACY SERVICES:

A network Pharmacy must be available within 15 miles or 30 minutes from a member's home.

PRIMARY CARE SERVICES:

With only two specialties in this category, MassHealth requires both to follow a standard of 15 miles or 30 minutes. The state also requires a specific ratio for primary care providers, which are outlined in the chart that follows:

Exhibit 5.4. Primary Care Specialties and Required Ratios

Specialty	Ratio
Adult PCP	1:200 adult PCPs
Pediatric PCP	1:200 pediatricians

SPECIALTY SERVICES:

MassHealth requires all specialties in the following chart adhere to a time and distance standard of 20 miles or 40 minutes:

Exhibit 5.5. Specialty Services

Specialty	
Allergy and Immunology	Oncology - Medical, Surgical
Anesthesiology	Oncology - Radiation/Radiation Oncology
Audiology	Ophthalmology
Cardiology	Oral Surgery
Cardiothoracic Surgery	Orthopedic Surgery
Chiropractor	Pathology
Dermatology	Physiatry, Rehabilitative Medicine
Emergency Medicine	Plastic Surgery
Endocrinology	Podiatry
ENT/Otolaryngology	Pulmonology
Gastroenterology	Radiology
General Surgery	Rheumatology
Hematology	Urology
Infectious Diseases	Vascular Surgery
Nephrology	Psych APN (PCNS or CNP)
Neurology	Psychiatry
Neurosurgery	Psychology
Nuclear Medicine	

One specialty has different requirements, as well as a ratio set by the state. These standards are outlined in the chart that follows:

Exhibit 5.6. OB/GYN Specialty Standard Requirements

Specialty	Ratio	Time (Minutes)	Distance (Miles)
Ob/Gyn	1:500 female >/= 10 yo	30	15

EVALUATION METHOD

The Quest system depicts the results of the evaluation using a certain color scheme to identify strong areas and gaps in service, as well as ease in comparing the plans. These colors will be referenced throughout this report. The following chart describes the colors used and description.

Exhibit 5.7. Results Color Scheme

Color	Description
Green	Meets all time and distance (Access) and provider to member ratio (Servicing Provider) Requirements
Yellow	Meets either the Access requirements or the Servicing Provider requirements, but is not meeting both requirements
Red	Meets neither the Access nor Servicing Provider requirements

The following chart depicts the overall scores that each plan received, which is the aggregate score of the plan's networks adequacy results based on the average across all specialties. The highest score possible is a 100.0. BMCHP received an overall score of 83.1, and Tufts received an overall score of 75.5.

Exhibit 5.8. Plan Adequacy Scores

MCO Adequacy Score Comparison

BMCHP: 83.1
Tufts: 75.5
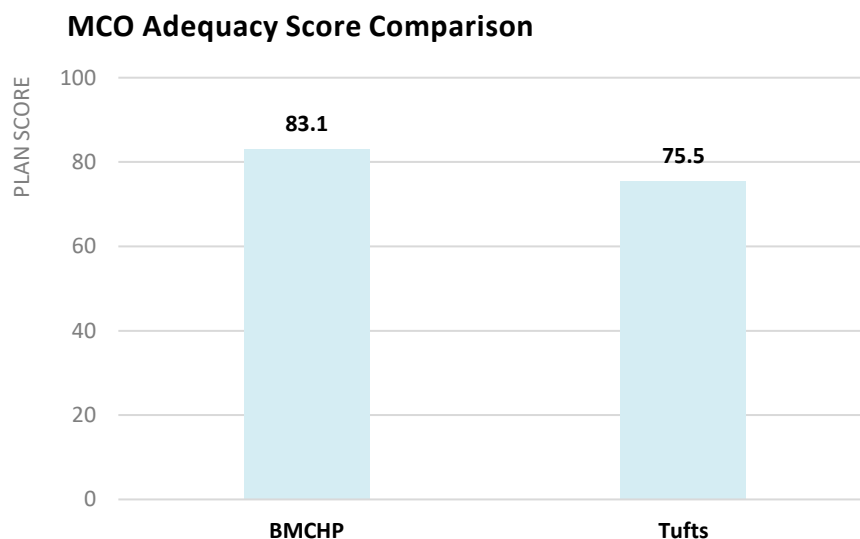
RESULTS BY PLAN

BOSTON MEDICAL CENTER HEALTHNET PLAN

BMCHP services all 14 counties in Massachusetts. The BMCHP MCO plan received an overall score of **83.1**, the aggregate score of the plan's network adequacy results based on the average across all specialties. This score wheel indicates multiple percentages, outlined in the bullets:

Exhibit 5.9. BMCHP Adequacy Score

83.1
Adequacy

Viewing service area results for
14 counties in 1 state
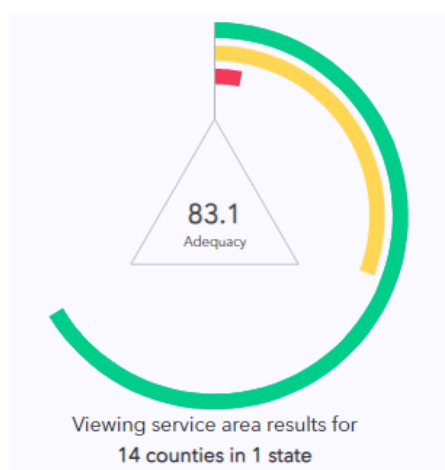
- The **green** bar indicates that 66.30% fully meet the adequacy requirements.

- The **yellow** bar indicates that 30.70% meet only the servicing provider requirements.

- The **red** bar indicates that 3.00% do not meet any adequacy requirements.

The following section includes breakdowns of the network adequacy evaluation by specialty.

STRENGTHS

BMCHP received a **100**, or a **Green** score, in multiple service areas. One service in the Specialist category, two services in the Behavioral Health Diversionary category, one service in the Behavioral Health Outpatient category, and three services in the Behavioral Health Inpatient category received this score. The following chart depicts the specific areas in which the plan received **Green** scores.

Exhibit 5.10. Services with a 100 score

Specialists	BH Diversionary		BH Outpatient
Psychology	Recovery Coaching	Recovery Support Navigators	BH Outpatient
BH Inpatient			
Psych Inpatient Adolescent	Psych Inpatient Adult		Psych Inpatient Child

AREAS FOR IMPROVEMENT

Certain areas and services are not currently meeting the time and distance standards. The charts that follow designate the health services and counties where certain requirements have not been met. Directly following are preliminary findings from the data.

Exhibit 5.11. Various Gaps in Service

County	Primary Care		BH Inpatient	BH Intensive Community Treatment (CBHI)		
	Adult PCP	Pediatric PCP	Managed Inpatient Level 4	In-Home Behavioral Services	In-Home Therapy Services	Therapeutic Mentoring Services
Barnstable	Red	Red	Green	Yellow	Yellow	Yellow
Berkshire	Yellow	Yellow	Green	Green	Green	Green
Bristol	Yellow	Green	Green	Green	Green	Green
Dukes	Green	Yellow	Green	Green	Green	Green
Essex	Green	Green	Green	Yellow	Yellow	Yellow
Franklin	Yellow	Green	Green	Green	Green	Green
Hampden	Yellow	Green	Green	Green	Green	Green
Hampshire	Yellow	Yellow	Green	Green	Green	Green
Middlesex	Yellow	Green	Green	Green	Green	Green
Nantucket	Yellow	Green	Red	Yellow	Yellow	Yellow
Norfolk	Green	Yellow	Green	Green	Green	Green
Plymouth	Yellow	Yellow	Green	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green
Worcester	Green	Yellow	Green	Green	Green	Green

County	BH Outpatient		Medical Facility			Pharmacy
	Applied Behavioral Analysis	Opioid Treatment Programs*	Acute Inpatient Hospital	Rehab Hospital	Urgent Care Services	Retail Pharmacies
Barnstable	Green	Red	Yellow	Green	Yellow	Green
Berkshire	Green	Red	Yellow	Yellow	Yellow	Yellow
Bristol	Green	Red	Green	Green	Green	Green
Dukes	Green	Red	Yellow	Green	Yellow	Green
Essex	Green	Red	Green	Green	Yellow	Green
Franklin	Green	Red	Green	Yellow	Yellow	Green
Hampden	Green	Red	Green	Green	Yellow	Yellow
Hampshire	Green	Red	Green	Yellow	Yellow	Yellow
Middlesex	Green	Red	Green	Green	Yellow	Green
Nantucket	Yellow	Red	Green	Yellow	Red	Green
Norfolk	Green	Red	Green	Green	Green	Green
Plymouth	Green	Red	Green	Green	Green	Green
Suffolk	Green	Red	Green	Green	Green	Green
Worcester	Green	Red	Green	Yellow	Yellow	Green

*No plan data were submitted for this specialty. Kepro is unable to discern whether there are no network providers or this is a data omission.

The following four tables are all the gaps in provider networks for the Specialist category.

Exhibit 5.12. Specialist Service Gaps

County	Allergy and Immunology	Anesthesiology	Audiology	Cardiology	Cardiothoracic Surgery	Chiropractor	Dermatology	Emergency Medicine
Barnstable	Yellow	Yellow	Yellow	Green	Yellow	Green	Green	Green
Berkshire	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Yellow
Bristol	Green	Yellow	Yellow	Yellow	Green	Green	Green	Green
Dukes	Yellow	Yellow	Green	Yellow	Yellow	Green	Green	Green
Essex	Yellow	Green	Yellow	Green	Green	Green	Yellow	Green
Franklin	Yellow	Green	Yellow	Green	Green	Green	Green	Green
Hampden	Yellow	Green	Yellow	Green	Green	Green	Yellow	Green
Hampshire	Yellow	Green	Yellow	Green	Green	Green	Yellow	Green
Middlesex	Green	Green	Yellow	Green	Green	Green	Green	Green
Nantucket	Yellow	Green	Yellow	Green	Green	Yellow	Yellow	Green
Norfolk	Green	Green	Green	Green	Green	Green	Green	Green
Plymouth	Green	Green	Green	Green	Green	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Yellow	Green	Yellow	Green	Green	Green	Yellow	Green

County	Endocrinology	ENT / Otolaryngology	Gastroenterology	General Surgery	Hematology	Infectious Diseases	Nephrology	Neurology
Barnstable	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Berkshire	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow
Bristol	Green	Green	Green	Green	Green	Green	Green	Green
Dukes	Yellow	Green	Green	Yellow	Yellow	Yellow	Yellow	Yellow
Essex	Green	Yellow	Green	Green	Green	Green	Green	Yellow
Franklin	Green	Yellow	Green	Green	Green	Green	Green	Green
Hampden	Green	Yellow	Green	Green	Green	Green	Yellow	Green
Hampshire	Green	Yellow	Green	Green	Green	Green	Green	Green
Middlesex	Green	Green	Green	Green	Green	Green	Green	Green
Nantucket	Green	Green	Green	Green	Green	Green	Yellow	Green
Norfolk	Green	Green	Green	Green	Green	Green	Green	Green
Plymouth	Green	Green	Green	Green	Green	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Green	Yellow	Green	Green	Yellow	Yellow	Yellow	Yellow

County	Nuclear Medicine	OBGYN	Oncology - Medical	Oncology - Radiation	Ophthalmology	Oral Surgery	Orthopedic Surgery	Pathology	Physiatry
Barnstable	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Berkshire	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Bristol	Yellow	Green	Green	Green	Green	Yellow	Green	Green	Green
Dukes	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Essex	Yellow	Green	Green	Green	Green	Green	Green	Green	Yellow
Franklin	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Yellow	Yellow
Hampden	Yellow	Yellow	Green	Yellow	Green	Green	Green	Green	Green
Hampshire	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green
Middlesex	Green	Green	Green	Green	Green	Green	Green	Green	Green
Nantucket	Red	Green	Green	Green	Green	Green	Green	Green	Yellow
Norfolk	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
Plymouth	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Yellow	Yellow

County	Plastic Surgery	Podiatry	Psych APN	Psychiatry	Pulmonology	Radiology	Rheumatology	Urology	Vascular Surgery
Barnstable	Yellow	Green	Green	Green	Yellow	Yellow	Yellow	Yellow	Yellow
Berkshire	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow
Bristol	Green	Green	Green	Green	Green	Green	Green	Green	Green
Dukes	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Essex	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow
Franklin	Yellow	Green	Green	Green	Yellow	Yellow	Yellow	Green	Yellow
Hampden	Green	Green	Green	Green	Yellow	Green	Green	Yellow	Yellow
Hampshire	Yellow	Green	Green	Green	Yellow	Green	Yellow	Yellow	Yellow
Middlesex	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
Nantucket	Yellow	Green	Green	Green	Green	Yellow	Green	Green	Yellow
Norfolk	Green	Green	Green	Green	Green	Green	Green	Green	Green
Plymouth	Green	Green	Green	Green	Green	Green	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Yellow	Green	Green	Green	Green	Green	Green	Green	Yellow

The following table are the gaps in provider networks for the Behavioral Health Diversionary category.

Exhibit 5.13. BH Diversionary Service Gaps

County	CBAT	Clinical Support Services for SUD	Community Support Program	Intensive Outpatient Program	Monitored Inpatient Level 3.7	Partial Hospitalization Program	Program of Assertive Community Treatment	Psychiatric Day Treatment	Residential Rehab Services for SUD	Structured Outpatient Addiction Program
Barnstable	Yellow	Green	Green	Green	Green	Green	Red	Yellow	Yellow	Green
Berkshire	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Red	Yellow	Yellow	Yellow
Bristol	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green
Dukes	Yellow	Green	Green	Green	Green	Green	Red	Yellow	Green	Green
Essex	Green	Green	Yellow	Green	Green	Green	Yellow	Green	Yellow	Green
Franklin	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green
Hampden	Green	Green	Green	Yellow	Green	Green	Yellow	Green	Green	Green
Hampshire	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green
Middlesex	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Nantucket	Yellow	Red	Yellow	Yellow	Red	Yellow	Red	Red	Red	Yellow
Norfolk	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green
Plymouth	Green	Green	Green	Green	Green	Green	Yellow	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Green	Green	Green	Green	Green	Green	Yellow	Green	Yellow	Green

FINDINGS

- The plan submitted no Opioid Treatment Program data. BMCHP received a red score for this category.
- Barnstable County is not meeting any Primary Care service requirements, while a majority of the other counties are only meeting the servicing provider requirements.
- All requirements in all counties are being met For Managed Inpatient Level 4 and Applied Behavior Analysis with the exception of Nantucket county, which is not meeting any requirements for Managed Inpatient Level 4 and only servicing provider requirements for Applied Behavioral Analysis.
- Four counties are meeting all Urgent Care Service requirements.
- Nantucket County has the most gaps in Behavioral Health Diversionary services in the network, with only the two services that received a score of 100 meeting all requirements. Berkshire County closely follows with three services meeting all requirements.
- Two counties are meeting all Program of Assertive Community Treatment requirements, i.e., Middlesex and Suffolk.
- While a majority of Specialty Services have gaps in the network, only one specialty in one county is not meeting any requirements, i.e., Nuclear Medicine in Nantucket County. All other services have gaps in the servicing provider requirements.
- Berkshire and Dukes counties currently have the most gaps in care for Specialty Services.
- Oral Surgery and Nuclear Medicine are meeting all requirements in two counties only. All other counties are only meeting the servicing provider requirements, except for Nantucket County for Nuclear Medicine, which is not meeting any requirements.
- Chiropractic Services, , Emergency Medicine, Psych APN, and Psychiatry are meeting all requirements in all counties except one.

TUFTS HEALTH PLAN

This plan services all counties except for Dukes and Nantucket counties. The Tufts MCO plan received an overall score of **75.5**, the aggregate score of the plan's network adequacy results based on the average across all specialties. This score wheel indicates multiple percentages, outlined in the bullets:

Exhibit 5.14. Tufts Adequacy Score

75.5
Adequacy

Viewing service area results for
12 counties in 1 state
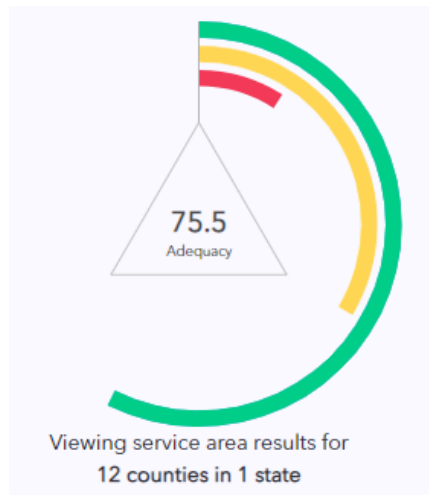
- The **green** bar indicates that 57.40% fully meet the adequacy requirements.

- The **yellow** bar indicates that .40% meet only the access requirements.

- The **yellow** bar also indicates that 33.10% meet only the servicing provider requirements.

- The **red** bar indicates that 9.10% do not meet any adequacy requirements.

STRENGTHS

Tufts received a **100,** or a **Green** score, in multiple service areas. One service in the Behavioral Health Inpatient category, one service in the Behavioral Health Diversionary category, one service in the Behavioral Health Outpatient category, and two services in the Specialist category received this score. The following chart depicts the specific areas in which the plan received **Green** scores.

Exhibit 5.15. Services with a 100 score

BH Inpatient	BH Diversionary	BH Outpatient
Psych Inpatient Adolescent	Structured Outpatient Addiction Program	BH Outpatient
Specialists		
Emergency Medicine	Psychiatry	

AREAS FOR IMPROVEMENT

Certain areas and services are not currently meeting the time and distance standards. The charts that follow designate the health services and counties where certain requirements have not been met.

Exhibit 5.16. Various Gaps in Service

The following table depicts the gaps in provider networks, shown by color rating (green, yellow, red).

County	Primary Care		BH Inpatient			BH Intensive Community Treatment (CBHI)		
	Adult PCP	Pediatric PCP	Managed Inpatient Level 4	Psych Inpatient Adult	Psych Inpatient Child	In-Home Behavioral Services	In-Home Therapy Services	Therapeutic Mentoring Services
Barnstable	green	green	yellow	yellow	yellow	yellow	yellow	yellow
Berkshire	yellow	yellow	red	green	yellow	yellow	green	green
Bristol	green	green	yellow	green	green	green	green	green
Essex	green	green	green	green	green	yellow	green	green
Franklin	green	green	yellow	green	green	yellow	green	green
Hampden	yellow	green	green	green	yellow	green	green	green
Hampshire	yellow	yellow	yellow	green	green	yellow	green	green
Middlesex	green	green	green	green	green	green	green	green
Norfolk	green	green	green	green	green	green	green	green
Plymouth	green	yellow	green	green	green	green	green	green
Suffolk	green	green	green	green	green	green	green	green
Worcester	green	yellow	green	green	green	yellow	green	green

County	BH Outpatient		Medical Facility			Pharmacy
	Applied Behavioral Analysis	Opioid Treatment Programs*	Acute Inpatient Hospital	Rehab Hospital	Urgent Care Services	Retail Pharmacies
Barnstable	yellow	red	yellow	yellow	yellow	green
Berkshire	yellow	red	yellow	yellow	yellow	yellow
Bristol	green	red	green	green	yellow	green
Essex	green	red	green	green	yellow	green
Franklin	green	red	yellow	yellow	yellow	green
Hampden	green	red	green	green	yellow	green
Hampshire	green	red	yellow	green	yellow	yellow
Middlesex	green	red	green	green	yellow	green
Norfolk	green	red	green	green	green	green
Plymouth	green	red	green	green	yellow	green
Suffolk	green	red	green	green	green	green
Worcester	green	red	green	yellow	yellow	green

*No plan data were submitted for this specialty. Kepro is unable to discern whether there are no network providers or this is a data omission.

The following tables depict the gaps in provider networks for the Specialist category.

Exhibit 5.17. Specialty Service Gaps

County	Allergy and Immunology	Anesthesiology	Audiology	Cardiology	Cardiothoracic Surgery	Chiropractor	Dermatology	Endocrinology
Barnstable	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Yellow
Berkshire	Yellow	Yellow	Green	Yellow	Yellow	Green	Yellow	Green
Bristol	Green	Green	Green	Green	Yellow	Green	Green	Green
Essex	Yellow	Green	Green	Green	Green	Green	Green	Green
Franklin	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Green
Hampden	Yellow	Green	Green	Green	Green	Green	Yellow	Green
Hampshire	Yellow	Yellow	Green	Green	Yellow	Green	Yellow	Green
Middlesex	Green	Green	Green	Green	Green	Green	Green	Green
Norfolk	Green	Green	Green	Green	Yellow	Green	Green	Green
Plymouth	Green	Green	Green	Green	Green	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Yellow	Green	Yellow	Green	Yellow	Yellow	Yellow	Green

County	ENT / Otolaryngology	Gastroenterology	General Surgery	Hematology	Infectious Diseases	Nephrology	Neurology	Neurosurgery
Barnstable	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow
Berkshire	Yellow	Yellow	Green	Yellow	Yellow	Green	Yellow	Yellow
Bristol	Green	Green	Green	Green	Green	Green	Green	Green
Essex	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow
Franklin	Yellow	Green	Green	Yellow	Yellow	Green	Green	Yellow
Hampden	Yellow	Green	Green	Green	Green	Green	Green	Yellow
Hampshire	Yellow	Green	Green	Yellow	Yellow	Green	Green	Yellow
Middlesex	Green	Green	Green	Green	Green	Green	Green	Yellow
Norfolk	Green	Green	Green	Green	Green	Green	Green	Green
Plymouth	Green	Green	Green	Green	Green	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Yellow	Green	Green	Green	Green	Yellow	Green	Yellow

County	Nuclear Medicine	OBGYN	Oncology - Medical	Oncology - Radiation	Ophthalmology	Oral Surgery	Orthopedic Surgery	Pathology	Physiatry
Barnstable	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Berkshire	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Yellow
Bristol	Yellow	Green	Green	Green	Green	Yellow	Green	Green	Green
Essex	Yellow	Green	Green	Yellow	Green	Green	Green	Yellow	Yellow
Franklin	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Green	Yellow	Yellow
Hampden	Yellow	Yellow	Green	Yellow	Green	Yellow	Yellow	Green	Green
Hampshire	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Green	Yellow	Green
Middlesex	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
Norfolk	Green	Green	Green	Green	Green	Green	Yellow	Green	Green
Plymouth	Yellow	Green	Green	Green	Green	Green	Yellow	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Yellow	Green	Green	Yellow	Green	Yellow	Green	Yellow	Yellow

County	Plastic Surgery	Podiatry	Psych APN	Psychology	Pulmonology	Radiology	Rheumatology	Urology	Vascular Surgery
Barnstable	Yellow	Yellow	Green	Green	Green	Yellow	Yellow	Yellow	Yellow
Berkshire	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Bristol	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
Essex	Green	Green	Green	Green	Green	Green	Yellow	Green	Green
Franklin	Yellow	Green	Green	Yellow	Yellow	Yellow	Yellow	Green	Yellow
Hampden	Green	Yellow	Green	Green	Green	Green	Green	Green	Yellow
Hampshire	Yellow	Yellow	Green	Green	Green	Green	Yellow	Green	Yellow
Middlesex	Green	Green	Green	Green	Green	Green	Green	Green	Green
Norfolk	Green	Green	Green	Green	Green	Green	Green	Green	Green
Plymouth	Green	Green	Green	Green	Green	Green	Green	Green	Green
Suffolk	Green	Green	Green	Green	Green	Green	Green	Green	Green
Worcester	Yellow	Green	Green	Green	Green	Green	Yellow	Green	Yellow

The following table depicts the gaps in provider networks for the Behavioral Health Diversionary category.

Exhibit 5.18. BH Diversionary Service Gaps

County	CBAT	Clinical Support Services for SUD	Community Support Program	Intensive Outpatient Program	Monitored Inpatient Level 3.7	Partial Hospitalization Program	Program of Assertive Community Treatment	Psychiatric Day Treatment*	Recovery Coaching	Recovery Support Navigators*	Residential Rehab Services for SUD
Barnstable	yellow	red	red	yellow	yellow	red	red	red	red	red	yellow
Berkshire	red	red	red	red	yellow	red	red	red	red	red	red
Bristol	green	red	yellow	yellow	yellow	yellow	yellow	red	yellow	red	yellow
Essex	yellow	red	yellow	yellow	yellow	yellow	green	red	red	red	yellow
Franklin	red	red	red	yellow	yellow	yellow	red	red	red	red	red
Hampden	yellow	yellow	red	yellow	yellow	yellow	yellow	red	red	red	yellow
Hampshire	yellow	yellow	red	yellow	yellow	yellow	yellow	red	red	red	yellow
Middlesex	yellow	red	yellow	yellow	yellow	yellow	green	red	yellow	red	yellow
Norfolk	yellow	yellow	yellow	yellow	green	yellow	yellow	red	red	red	green
Plymouth	yellow	red	yellow	green	green	yellow	yellow	red	red	red	yellow
Suffolk	green	red	green	green	green	green	green	green	yellow	red	green
Worcester	yellow	yellow	yellow	yellow	yellow	yellow	yellow	red	red	red	yellow

*No plan data were submitted for these specialties. Kepro is unable to discern whether there are no network providers or this is a data omission.

FINDINGS
- Tufts submitted no data for Opioid Treatment Programs. The plan received a red score for this category.
- While a majority of Specialty Services have gaps in the network, none of the specialties in any county received a red score.
- Barnstable and Berkshire counties have the most gaps in the network for Specialty Services.
- Suffolk County is currently meeting all requirements for all Specialty Services.
- For Behavioral Health Diversionary services, only one service met all requirements, while the rest of them have gaps in most areas. Only Monitored Inpatient Level 3.7 received no red scores.
- Berkshire County is not meeting any requirements in any Behavioral Health Diversionary service except for Structured Outpatient Addiction Programs and Monitored Inpatient Level 3.7, the latter of which is meeting only the servicing provider requirements.

- For Clinical Support Services for SUD and for Recovery Coaching, only three counties are meeting any sort of standard, the other counties are not meeting any requirements.
- Tufts submitted no data for Psychiatric Day Treatment and Recovery Support Navigators. It received a red score for these services.

CONCLUSION

There exist many network strengths across both MCO plans. Certain areas, such as Behavioral Health Outpatient and Psychiatric Inpatient services for adolescents, was strong for both MCO plans.

This year's network adequacy evaluation allowed MassHealth to assess baseline performance and identified several opportunities for performance. MassHealth is working with Plans to address areas of noncompliance.

There are many opportunities for the plans to implement to strengthen the provider network to improve medical care for Medicaid members. Neither MCO plan submitted complete provider data for this analysis, resulting in lower scores for various services. Both BMCHP and Tufts submitted no data for Opioid Treatment Programs, which calls to question whether there are no such providers, or the plans are using a different provider definition. MassHealth may need to analyze this service category to determine what providers fall into this specialty or further describe to the plans what data should be submitted for these services. The issue of incomplete data could also be a result of plan inability to collect these data, or the plans lack of understanding to the expectations of this analysis or of the compliance aspect to this evaluation. Strengthening or creating these structural mechanisms are key to improving the network and meeting compliance standards. Of special concern is Tufts' lack of reported Behavioral Health Diversionary services. As this is the first year conducting this validation activity, MCO plans may need to build analysis processes for future reporting. Both plans need to continue working towards meeting the network adequacy and accessibility standards.

This report also shows that certain geographical areas struggle to meet the time and distance standard overall. Certain counties, Nantucket County for BMCHP and Barnstable and Berkshire counties for Tufts, had the most gaps in the provider network. The state may conduct further analysis into these regions to assess whether or not these counties have the ability to meet the standards in their entirety. If not, the state may want to consider approving an exception for these plans, or adjust the standards going forward.

Section 7

Appendices

APPENDIX: CONTRIBUTORS

Performance Measure Validation

Katharine Iskrant, CHCA, MPH
Ms. Iskrant is the President of Healthy People, an NCQA-licensed HEDIS audit firm. She is a member of the NCQA Audit Methodology Panel and NCQA's HEDIS Data Collection Advisory Panel. She is also featured on a 2020 NCQA HEDIS Electronic Clinical Data Systems (ECDS) podcast. Ms. Iskrant has been a Certified HEDIS® Compliance Auditor since 1998 and has directed more than two thousand HEDIS audits. Previously, as CEO of the company Acumetrics, Ms. Iskrant provided consultancy services to NCQA which helped their initial development and eventual launch of the NCQA Measure Certification Program. She is a frequent speaker at HEDIS conferences, including NCQA's most recent Healthcare Quality Congress. She received her BA from Columbia University and her MPH from UC Berkeley School of Public Health. She is a member of the National Association for Healthcare Quality and is published in the fields of healthcare and public health.

Performance Improvement Project Reviewers

Bonnie L. Zell, MD, MPH, FACOG, Clinical Director
Bonnie L. Zell, MD, MPH, has a diverse background in healthcare, public health, healthcare safety and quality, and has developed several new models of care delivery.

Her healthcare roles include serving as a registered nurse, practicing OB/GYN physician and chief at Northern California Kaiser Permanente, and Medical Director at the Aurora Women's Pavilion in Milwaukee, Wisconsin.

She subsequently served as Healthcare Sector Partnerships Lead at the Centers for Disease Control and Prevention. She focused on patient safety, healthcare quality, and primary prevention strategies through partnerships between key national organizations in public health and healthcare delivery with the goal of linking multi-stakeholder efforts to improve the health of regional populations.

As Senior Director, Population Health at the National Quality Forum she provided leadership to advance population health strategies through endorsement of measures that align action and integration of public health and healthcare to improve health.

Dr. Zell developed a comprehensive model of care for a regional community health initiative that focused on achieving the Triple Aim focused on asthma prevention and management for Contra Costa County in California.

She served as Executive Director of Clinical Improvement at the statewide Hospital Quality Institute in California, building the capacity and capability of healthcare organizations to improve quality and safety by reliably implementing evidence-based practices at all sites of care through the CMS Partnership for Patients initiative.

Previously, Dr. Zell Co-Founded a telehealth company, Lemonaid Health that provided remote primary care services. She served as Chief Medical Officer and Chief Quality Officer. Subsequently she served as Chief Medical Officer of a second telehealth company, Pill Club, which provided hormonal contraception.

She is an Institute for Healthcare Improvement Fellow and continues to provide healthcare quality and safety coaching to healthcare organizations.

Dr. Zell returned to office gynecology to assess translation of national initiatives in safety and quality into front line care. In addition, she provided outpatient methadone management for patients with Opioid Use Disorder for several years.

Currently, she is faculty and coach for Management and Clinical Excellence, a leadership development program, at Sutter Health in California.

Chantal Laperle, MA, CPHQ, NCQA CCE
Chantal Laperle has over 25 years of experience in the development and implementation of quality initiatives in a wide variety of health care delivery settings. She has successfully held many positions, in both public and private sectors, utilizing her clinical background to affect change. She has contributed to the development of a multitude of quality programs from the ground up requiring her to be hands-on through implementation. She is experienced in The Joint Commission, National Committee for Quality Assurance, The Commission on Accreditation of Rehabilitation Facilities, and Accreditation Association for Ambulatory Health Care accreditation and recognition programs. She is skilled in developing workflows and using tools to build a successful process, as well as monitor accordingly. She also coaches teams through the development and implementation process of a project.

Ms. Laperle holds both a bachelor's and master's degrees in psychology. She is a Certified Professional in Health Care Quality and Certified in Health Care Risk Management through the University of South Florida. She is also certified in Advanced Facilitation and the Seven Tools of Quality Control through GOAL/QPC, an Instructor for Nonviolent Crisis Intervention, a Yellow Belt in Lean Six Sigma, a Telehealth Liaison through the National School of Applied telehealth, and a Certified Content Expert for Patient Centered Medical Home through NCQA.

Wayne J. Stelk, Ph.D.
Wayne J. Stelk, Ph.D., is a psychologist with over forty years of experience in the design, implementation, and management of large-scale health and human service systems. His expertise includes improving health providers' service effectiveness and efficiency through

data-driven performance management systems. Dr. Stelk has consulted with Kepro for five years as a senior external quality reviewer and technical advisor for healthcare performance improvement projects.

During his 10-year tenure as Vice-President for Quality Management at the Massachusetts Behavioral Health Partnership (MBHP), Dr. Stelk designed and managed over 150 quality improvement projects involving primary care and behavioral health practices across the state. He is well-versed in creating strategies to improve healthcare service delivery that maximize clinical outcomes and minimize service costs. He also implemented a statewide outcomes management program for behavioral health providers in the MBHP network, the first of its kind in Massachusetts.

After leaving MBHP in 2010, he consulted on several projects involving the integration of primary care, behavioral health care, and long-term services and supports. Other areas of expertise include implementing evidence-based interventions and treatment practices; designing systems for the measurement of treatment outcomes; and developing data-collection systems for quality metrics that are used to improve provider accountability. Dr. Stelk has lectured at conferences nationally and internationally on healthcare performance management.

Project Management

Cassandra Eckhof, M.S.

Ms. Eckhof has over 25 years managed care and quality management experience and has worked in the private, non-profit, and government sectors. She has managed the MassHealth external quality review program since 2016. Ms. Eckhof has a master's of science degree in health care administration and is a Certified Professional in Healthcare Quality.   She is currently pursuing a graduate certificate in Public Health Ethics at the University of Massachusetts at Amherst.

Emily Olson B.B.A
This is Ms. Olson's first year working with the Kepro team as a Project Coordinator. Her previous work was in the banking industry. She has a bachelor's degree in business management and human resources from Western Illinois University.