Managed Care Program Annual Report (MCPAR) for Massachusetts: Accountable Care Organization Partnership Plan (ACPP)

Due date	Last edited	Edited by	Status
06/29/2026	06/29/2026	Alison Kirchgasser	Submitted

	Indicator	Response
	Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Selected
	Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If “No”, please complete the following questions under	Yes, I plan on submitting it in MDCT

Indicator	Response
each plan.	

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	Massachusetts
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Alison Kirchgasser
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	alison.kirchgasser@mass.gov
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Alison Kirchgasser
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	alison.kirchgasser@mass.gov
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	06/29/2026

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	01/01/2025
A5b	**Reporting period end date** Auto-populated from report dashboard.	12/31/2025
A6	**Program name** Auto-populated from report dashboard.	Accountable Care Organization Partnership Plan (ACPP)

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Be Healthy Partnership Plan Berkshire Fallon Health Collaborative Fallon 365 Care Fallon Health-Atrius Health Care Collaborative Mass General Brigham Health Plan with Mass General Brigham ACO Tufts Health Together with Cambridge Health Alliance (CHA) Tufts Health Together with UMass Memorial Health East Boston Neighborhood Health WellSense Alliance WellSense Beth Israel Lahey Health (BILH) Performance Network ACO WellSense Boston Children's ACO WellSense Care Alliance WellSense Community Alliance WellSense Mercy Alliance WellSense Signature Alliance WellSense Southcoast Alliance

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Automated Health Systems (AHS) My Ombudsman

Add In Lieu of Services and Settings (A.9)

This section must be completed if any in lieu of services or settings (ILOSs) *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** (See 42 CFR 438.3(e)(2) and 438.16).

Indicator	Response
ILOS name	Not answered

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	**Statewide Medicaid enrollment** Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	1,989,905
BI.2	**Statewide Medicaid risk-based managed care enrollment** Enter the average number of individuals enrolled in risk-based Medicaid managed care per month during the reporting year (i.e., average member months). Include all MCOs and at-risk PIHPs and PAHPs only, and count each person only once, even if they are enrolled in multiple managed care programs or plans.	1,366,727

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	**Data validation entity** Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter “No PI activities were performed during the reporting period” as your response. “N/A” is not an acceptable response.	The MassHealth Program Integrity Unit and Compliance Unit met quarterly with ACPPs to discuss contract management and topics related to controls against fraud, waste and abuse, including but not limited to recent trends, audits, overpayment issues, reporting, and best practices for program integrity controls. In addition, MassHealth reviewed the ACPPs' annual Compliance Plan and Anti-Fraud, Waste and Abuse Plan, in order to ensure compliance with applicable contract requirements and to ensure ACPPs have appropriate controls in place. In addition, in January and July 2025, MassHealth continued to collect and review ACPPs' Summary of Provider Overpayments Report. This semi-annual report includes all overpayments identified during the prior Contract Year through present, including all investigatory and recovery activity related to such overpayments. These reports now provide MassHealth with comprehensive information related to the impact of ACPPs’ controls, including the breadth and depth of provider types reviewed and methodologies employed; the number and amount of overpayments identified and recovered by ACPPs; the reasons for overpayments; next steps and actions taken; and claim-level detail to enable validation of recovery activity in the encounter data and financial reporting. In Contract Year 2025, MassHealth continued to focus on ensuring compliance with these requirements. MassHealth utilized information contained in the Summary of Provider Overpayments reports to share best practices across ACPPs to monitor performance management and enforce the relevant contract provisions related to overpayments that the plans may have failed to identify and/or recover. The strengthening of ACPP contractual provisions related to overpayments that went into effect in 2023 allowed MassHealth to continue its expanded oversight of ACPPs in Contract Year 2025. This included direct audits of ACPP providers and encounters for dates of service in 2024. Audit findings and overpayments identified through encounter analysis for these findings were shared with ACPPs for collection in Q4 of 2025. Another area of focus in Contract Year 2025 was on fee-for-service (FFS) claims that were

		paid while the member was enrolled in an ACPP, where the claims should have been paid by the ACPP. This effort allowed MassHealth to strengthen internal controls around this overlap, as well as to pursue overpayments from ACPPs through reconciliation. These adjustments were made in Q4 of 2025.
BX.2	**Contract standard for overpayments** Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	State has established a hybrid system
BX.3	**Location of contract provision stating overpayment standard** Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	2.3.D.4.b.
BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard selected in indicator B.X.2.	If a plan identifies an overpayment prior to the state, the plan shall recover the overpayment and may retain the overpayment. If no collection action is taken by the plan within 180 days, the plan must report that no action was taken and provide a justification for failure to recover. If the state identifies an overpayment prior to the plan, the state may explore options, up to and including recovering the overpayment from the plan.
BX.5	**State overpayment reporting monitoring** Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	ACPPs are contractually required to submit the following overpayment reports: (1) Notification of Provider Overpayments (ad hoc within 5 days of overpayment identification); (2) Response to Overpayments Identified by EOHHS Report (ad hoc) (3) Agreed Upon Overpayments Collection Report (ad hoc); (4) Self-Reported Disclosures Report (ad hoc); (5) Summary of Provider Overpayments (semi-annually); and (5) Program Integrity Compliance Plan and Anti-Fraud, Waste and Abuse Plan (annual). Each of the ad hoc reports are screened by MassHealth. The semi annual and annual reports are reviewed by MassHealth for compliance, performance management, and best practices.

BX.6	**Changes in beneficiary circumstances** Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	Plans must report to EOHHS when they receive information on a change in Enrollee circumstances which may impact their eligibility primarily via a daily enrollment file exchange. The state and the plans use the daily enrollment files and other reporting to reconcile changes in Enrollee enrollment status, including but not limited to, a change in an Enrollee's residence, identification of TPL, or death of an Enrollee. Plans must have member permission to report a change of residence.
BX.7a	**Changes in provider circumstances: Monitoring plans** Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	**Changes in provider circumstances: Metrics** Does the state use a metric or indicator to assess plan reporting performance? Select one.	Yes
BX.7c	**Changes in provider circumstances: Describe metric** Describe the metric or indicator that the state uses.	Plans must report no later than five business days when it receives information about a change in a provider's circumstances that may impact its ability to participate in the plan's network or the state.
BX.8a	**Federal database checks: Excluded person or entities** During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	No

BX.9a	**Website posting of 5 percent or more ownership control** Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	No
BX.10	**Periodic audits** If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.	https://www.mass.gov/lists/masshealth-health-plan-contracts-financial-audits

Topic XIII. Prior Authorization

Beginning June 2026, Indicators B.XIII.1a-b–2a-b must be completed. Submission of this data before June 2026 is optional.

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?**	Yes
BXIII.1a	**Timeframes for standard prior authorization decisions** Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and within state-established timeframes. For rating periods that start before January 1, 2026, a state's time frame may not exceed 14 calendar days after receiving the request. For rating periods that start on or after January 1, 2026, a state's time frame may not exceed 7 calendar days after receiving the request. Does the state set timeframes shorter than these maximum timeframes for standard prior authorization requests?	No
BXIII.2a	**Timeframes for expedited prior authorization decisions** Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and no later than 72 hours after receipt of the request for service. Does the state set timeframes shorter than the maximum timeframe for expedited prior authorization requests?	No

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	**Program contract** Enter the title of the contract between the state and plans participating in the managed care program.	Accountable Care Partnership Plan (ACPP) Contract
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	04/01/2023
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.mass.gov/lists/accountable-care-partnership-plan-contracts
C1I.3	**Program type** What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	**Special program benefits** Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Transportation
C1I.4b	**Variation in special benefits** What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter “N/A” if not applicable.	Benefits vary by coverage type. Note that ACPP plans cover emergency transportation and certain non-emergent, out-of-state transportation.
C1I.5	**Program enrollment** Enter the average number of individuals enrolled in this managed care program per	838,810

	month during the reporting year (i.e., average member months).	
C1I.6	**Changes to enrollment or benefits** Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter “There were no major changes to the population or benefits during the reporting year” as your response. “N/A” is not an acceptable response.	There were no major changes to the population or benefits during the reporting year

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
C1II.1	**Submission Date of Most Recent MLR Report** When is the last date the state submitted the MLR Summary Report in the Medicaid Data Collection Tool (MDCT) MLR Portal for this program?	12/17/2025
C1II.2	**Most Recent MLR Reporting Period** Please report the beginning date of that MLR reporting period.	01/01/2024
N/A	Please report the end date of that MLR reporting period.	12/31/2024
C1II.3	**MLR Validation Completion** Has the state completed the validation of plan MLR data for the current MCPAR reporting period by the submission date of this report for all plans? (See detailed reporting in Section D1.II by plan.)	No
C1II.3a	**Anticipated Validation Date** When does the state anticipate doing so?	08/2026

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Contract oversight Program integrity Policy making and decision support
C1III.2	**Criteria/measures to evaluate MCP performance** What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data corrections Use of correct file formats Overall data accuracy (as determined through data validation)
C1III.3	**Encounter data performance criteria contract language** Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	2.15.B and Appendix E

C1III.4	**Financial penalties contract language** Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	2.15.B, 5.4, including 5.4.D
C1III.5	**Incentives for encounter data quality** Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with N/A if the program does not use incentives to reward encounter data quality.	N/A
C1III.6	**Barriers to collecting/validating encounter data** Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	The state did not experience any barriers to collecting or validating encounter data during the reporting year.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident", as used for reporting purposes in its MLTSS program** If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.	N/A
C1IV.2	**State definition of "timely" resolution for standard appeals** Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	For standard resolution of Internal Appeals and notice to the affected parties, no more than 30 calendar days from the date the Contractor received either in writing or orally, whichever comes first, the Enrollee request for an Internal Appeal, unless this timeframe is extended under applicable contract provisions.
C1IV.3	**State definition of "timely" resolution for expedited appeals** Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	For expedited resolution of Internal Appeals and notice to affected parties, no more than 72 hours from the date the Contractor received the expedited Internal Appeal, unless this timeframe is extended under applicable contract provisions.

C1IV.4	**State definition of "timely" resolution for grievances** Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.	For the standard resolution of Grievances and notice to affected parties, no more than 30 calendar days from the date the Contractor received the Grievance, either orally or in writing from a valid party.

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	**BSS website** List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	member-issues@masshealthquestions.com, www.mass.gov/info-details/contact-masshealth-information-for-members, Disability Accommodations Ombudsman email: ADAAccommodations@mass.gov, info@myombudsman.org, www.myombudsman.org (general information)
C1IX.2	**BSS auxiliary aids and services** How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	AHS - Contract complies with the 42 CFR 438.71(b)(2) accessibility requirements to accommodate members with disabilities. AHS is required to comply with the ADA and Section 504 of the Rehabilitation Act of 1973 (Section 504) (29 USC §794) and ensure that beneficiaries with disabilities are provided with reasonable accommodations, which include but are not limited to: 1. Providing assistance to customers with visual impairments (e.g., large print versions of all written materials); 2. Providing auxiliary aids and services; 3. Ensuring that all written materials are available in formats compatible with optical recognition software; 4. Reading notices and other written materials to individuals upon request; 5. Assisting Customers to complete forms; 6. Ensuring effective communication with individuals with disabilities through email, telephone, and other electronic means; 7. Ensuring the Contractor's website complies with all ADA and Section 504 requirements, as well as ITD requirements for accessibility and other Commonwealth and EOHHS requirements; 8. Providing TTY, computer-aided transcription services, telephone handset amplifiers, assistive listening systems, closed caption decoders, videotext displays and qualified interpreters for the deaf; and 9. Providing individualized assistance, as necessary. My Ombudsman: • Can be reached by phone (855-781-9898); videophone (for Deaf and Hard of Hearing members: 339-224-6831); via email (info@myombudsman.org) and in person (drop in or by appointment) on certain days. They also have virtual resources on their website: www.myombudsman.org • Have a fully accessible physical location that members may go to for drop in or in-person assistance on certain days • Maintains Vlogs (Video Blog) that provide information about My Ombudsman in

		ASL (all currently on YouTube) and other MH topics for Deaf and Hard of Hearing members. • Provides My Ombudsman information in large print. • Their website has an application that allows users with specific disabilities to adjust the website's design to their personal needs to ensure accessibility. • Uses technology such as QR codes to help make materials more accessible to those with vision disabilities. • has in-house staff who can provide services to One Care enrollees in American Sign Language (ASL), Hindi, Spanish, and Haitian-Creole. • can provide additional interpreters for all its services and activities in over 165 different languages (upon request). • provides My Ombudsman informational materials in English, Chinese, Haitian-Creole, Portuguese, Russian, Spanish, and Vietnamese. • Provides additional language translation services as needed. • Also does in-person and virtual outreach with community based organizations and at community events.
C1IX.3	**BSS LTSS program data** How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4). If the program does not offer LTSS, enter "N/A".	N/A
C1IX.4	**State evaluation of BSS entity performance** What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	AHS - The State evaluates AHS's quality, effectiveness, and efficiency through various contract management, internal controls, and reporting requirements. For example, Section 2.10 of AHS's contract requires that AHS participate in contract management meetings on an ad hoc quarterly basis to address project plans, operational issues, progress toward annual goals, and the status of any Quality Improvement Projects. Upon the State's request, AHS is also required to work with EOHHS and designated vendors to enhance program and operational efficiency. AHS is further required to conduct an independent annual compliance audit, cooperate and participate in program or financial audits and maintain and submit to EOHHS fraud, waste, and abuse protocols (see Section 2.9). AHS is

		also required to submit standard reports on a weekly, monthly, quarterly and ad hoc basis (see Section 2.5). AHS is further required to use principles of continuous quality improvement to satisfy its obligations under its contract, which include analyzing data measuring contractor performance, training staff, recommending operational improvements, and identifying and implementing Quality Improvement Projects and related reports (see Section 2.6). My Ombudsman - The State evaluates My Ombudsman's quality, effectiveness and efficiency through various contract management, internal controls and reporting requirements; through routine review of satisfaction survey data (My Ombudsman asks each member they work with to complete a survey to evaluate their satisfaction with services once a case has been closed); and through weekly case meetings.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	**Prohibited affiliation disclosure** Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	**Does this program include MCOs?** If "Yes", please complete the following questions.	Yes
C1XII.5	**Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?** (i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)	Yes
C1XII.6	**Did the State or MCOs complete the most recent parity analysis(es)?**	MCO
C1XII.7a	**Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?** (e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)	Yes
C1XII.7b	**Describe the event(s) that necessitated an update to the parity analysis(es).** Select all that apply.	Other, specify – Required for an annual legislative report
C1XII.8	**When was the last parity analysis(es) for this program completed?** States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may	10/31/2025

	have multiple reports, one for each MCO).	
C1XII.9	**When was the last parity analysis(es) for this program submitted to CMS?** States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).	04/27/2026
C1XII.10a	**In the last analysis(es) conducted, were any deficiencies identified?**	No
C1XII.12a	**Has the state posted the current parity analysis(es) covering this program on its website?** The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report.States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.	Yes
C1XII.12b	**Provide the URL link(s).** Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://www.mass.gov/doc/masshealth-2025-mental-health-parity-report/download

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	**Plan enrollment** Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	**Be Healthy Partnership Plan** 47,061 **Berkshire Fallon Health Collaborative** 19,344 **Fallon 365 Care** 36,237 **Fallon Health-Atrius Health Care Collaborative** 38,757 **Mass General Brigham Health Plan with Mass General Brigham ACO** 143,610 **Tufts Health Together with Cambridge Health Alliance (CHA)** 35,088 **Tufts Health Together with UMass Memorial Health** 43,521 **East Boston Neighborhood Health WellSense Alliance** 27,855 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 61,631 **WellSense Boston Children's ACO** 130,042 **WellSense Care Alliance** 53,462 **WellSense Community Alliance** 133,807 **WellSense Mercy Alliance** 27,303 **WellSense Signature Alliance**

23,740

WellSense Southcoast Alliance

17,353

D1I.2

Plan share of Medicaid

What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)

Be Healthy Partnership Plan

2.4%

Berkshire Fallon Health Collaborative

1%

Fallon 365 Care

1.8%

Fallon Health-Atrius Health Care Collaborative

1.9%

Mass General Brigham Health Plan with Mass General Brigham ACO

7.2%

Tufts Health Together with Cambridge Health Alliance (CHA)

1.8%

Tufts Health Together with UMass Memorial Health

2.2%

East Boston Neighborhood Health WellSense Alliance

1.4%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

3.1%

WellSense Boston Children's ACO

6.5%

WellSense Care Alliance

2.7%

WellSense Community Alliance

6.7%

WellSense Mercy Alliance

1.4%

WellSense Signature Alliance

1.2%

WellSense Southcoast Alliance

0.9%

D1I.3

Plan share of risk-based Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in risk-based managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid risk-based managed care enrollment (B.I.2)

Be Healthy Partnership Plan

3.4%

Berkshire Fallon Health Collaborative

1.4%

Fallon 365 Care

2.7%

Fallon Health-Atrius Health Care Collaborative

2.8%

Mass General Brigham Health Plan with Mass General Brigham ACO

10.5%

Tufts Health Together with Cambridge Health Alliance (CHA)

2.6%

Tufts Health Together with UMass Memorial Health

3.2%

East Boston Neighborhood Health WellSense Alliance

2%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

4.5%

WellSense Boston Children's ACO

9.5%

WellSense Care Alliance

3.9%

WellSense Community Alliance

		9.8% **WellSense Mercy Alliance** 2% **WellSense Signature Alliance** 1.7% **WellSense Southcoast Alliance** 1.3%
D1I.4: Parent	**Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.** If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.	**Be Healthy Partnership Plan** Baystate Health, Inc. **Berkshire Fallon Health Collaborative** Fallon Community Health Plan, Inc. **Fallon 365 Care** Fallon Community Health Plan, Inc. **Fallon Health-Atrius Health Care Collaborative** Fallon Community Health Plan, Inc. **Mass General Brigham Health Plan with Mass General Brigham ACO** Mass General Brigham, Inc. **Tufts Health Together with Cambridge Health Alliance (CHA)** Point32Health, Inc. **Tufts Health Together with UMass Memorial Health** Point32Health, Inc. **East Boston Neighborhood Health WellSense Alliance** Boston Medical Center Health System, Inc. **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** Boston Medical Center Health System, Inc. **WellSense Boston Children's ACO**

Boston Medical Center Health System, Inc.

WellSense Care Alliance

Boston Medical Center Health System, Inc.

WellSense Community Alliance

Boston Medical Center Health System, Inc.

WellSense Mercy Alliance

Boston Medical Center Health System, Inc.

WellSense Signature Alliance

Boston Medical Center Health System, Inc.

WellSense Southcoast Alliance

Boston Medical Center Health System, Inc.

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
D1II.1	**MLR Data Received** Has the state received the MLR data specified at 42 CFR 438.8(k) from this plan for the current MCPAR reporting period as of the submission date of this MCPAR report?	**Be Healthy Partnership Plan** No **Berkshire Fallon Health Collaborative** No **Fallon 365 Care** No **Fallon Health-Atrius Health Care Collaborative** No **Mass General Brigham Health Plan with Mass General Brigham ACO** No **Tufts Health Together with Cambridge Health Alliance (CHA)** No **Tufts Health Together with UMass Memorial Health** No **East Boston Neighborhood Health WellSense Alliance** No **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** No **WellSense Boston Children's ACO** No **WellSense Care Alliance** No

WellSense Community Alliance

No

WellSense Mercy Alliance

No

WellSense Signature Alliance

No

WellSense Southcoast Alliance

No

D1II.1c

Projected Date for Receipt of MLR Data for This Reporting Period

When does the state anticipate receiving MLR data for this reporting period from this plan?

Be Healthy Partnership Plan

08/2026

Berkshire Fallon Health Collaborative

08/2026

Fallon 365 Care

08/2026

Fallon Health-Atrius Health Care Collaborative

08/2026

Mass General Brigham Health Plan with Mass General Brigham ACO

08/2026

Tufts Health Together with Cambridge Health Alliance (CHA)

08/2026

Tufts Health Together with UMass Memorial Health

08/2026

East Boston Neighborhood Health WellSense Alliance

08/2026

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

08/2026

WellSense Boston Children's ACO

08/2026

WellSense Care Alliance

08/2026

WellSense Community Alliance

08/2026

WellSense Mercy Alliance

08/2026

WellSense Signature Alliance

08/2026

WellSense Southcoast Alliance

08/2026

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	**Be Healthy Partnership Plan** In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment. **Berkshire Fallon Health Collaborative** In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment. **Fallon 365 Care** In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment. **Fallon Health-Atrius Health Care Collaborative** In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment. **Mass General Brigham Health Plan with Mass General Brigham ACO** In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment. **Tufts Health Together with Cambridge Health Alliance (CHA)** In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment. **Tufts Health Together with UMass Memorial Health**

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

East Boston Neighborhood Health WellSense Alliance

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

WellSense Boston Children's ACO

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

WellSense Care Alliance

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

WellSense Community Alliance

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

WellSense Mercy Alliance

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

WellSense Signature Alliance

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

WellSense Southcoast Alliance

In accordance with Section 2.15.B.6 of the Contract, the health plans are required to submit Encounter Data by the last calendar day of the month following the month of the claim payment.

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

Be Healthy Partnership Plan

100%

Berkshire Fallon Health Collaborative

100%

Fallon 365 Care

100%

Fallon Health-Atrius Health Care Collaborative

100%

Mass General Brigham Health Plan with Mass General Brigham ACO

100%

Tufts Health Together with Cambridge Health Alliance (CHA)

100%

Tufts Health Together with UMass Memorial Health

100%

East Boston Neighborhood Health WellSense Alliance

100%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

100%

WellSense Boston Children's ACO

100%

WellSense Care Alliance

100%

WellSense Community Alliance

100%

WellSense Mercy Alliance

100%

WellSense Signature Alliance

100%

WellSense Southcoast Alliance

100%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance?
If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

Be Healthy Partnership Plan

100%

Berkshire Fallon Health Collaborative

100%

Fallon 365 Care

100%

Fallon Health-Atrius Health Care Collaborative

100%

Mass General Brigham Health Plan with Mass General Brigham ACO

100%

Tufts Health Together with Cambridge Health Alliance (CHA)

100%

Tufts Health Together with UMass Memorial Health

100%

East Boston Neighborhood Health WellSense Alliance

100%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

100%

WellSense Boston Children's ACO

100%

WellSense Care Alliance

100%

WellSense Community Alliance

100%

WellSense Mercy Alliance

100%

WellSense Signature Alliance

100%

WellSense Southcoast Alliance

100%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved during the reporting year.An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.	**Be Healthy Partnership Plan** 296 **Berkshire Fallon Health Collaborative** 186 **Fallon 365 Care** 237 **Fallon Health-Atrius Health Care Collaborative** 405 **Mass General Brigham Health Plan with Mass General Brigham ACO** 1,241 **Tufts Health Together with Cambridge Health Alliance (CHA)** 88 **Tufts Health Together with UMass Memorial Health** 309 **East Boston Neighborhood Health WellSense Alliance** 32 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 610 **WellSense Boston Children's ACO** 270 **WellSense Care Alliance** 335 **WellSense Community Alliance** 553 **WellSense Mercy Alliance** 190 **WellSense Signature Alliance** 94

WellSense Southcoast Alliance

164

D1IV.1a

Appeals denied

Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.

Be Healthy Partnership Plan

121

Berkshire Fallon Health Collaborative

28

Fallon 365 Care

40

Fallon Health-Atrius Health Care Collaborative

85

Mass General Brigham Health Plan with Mass General Brigham ACO

804

Tufts Health Together with Cambridge Health Alliance (CHA)

54

Tufts Health Together with UMass Memorial Health

169

East Boston Neighborhood Health WellSense Alliance

14

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

354

WellSense Boston Children's ACO

146

WellSense Care Alliance

189

WellSense Community Alliance

264

WellSense Mercy Alliance

134

WellSense Signature Alliance

53

WellSense Southcoast Alliance

80

D1IV.1b

Appeals resolved in partial favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.

Be Healthy Partnership Plan

2

Berkshire Fallon Health Collaborative

1

Fallon 365 Care

1

Fallon Health-Atrius Health Care Collaborative

2

Mass General Brigham Health Plan with Mass General Brigham ACO

2

Tufts Health Together with Cambridge Health Alliance (CHA)

1

Tufts Health Together with UMass Memorial Health

1

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

4

WellSense Boston Children's ACO

4

WellSense Care Alliance

3

WellSense Community Alliance

10

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

2

D1IV.1c

Appeals resolved in favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.

Be Healthy Partnership Plan

173

Berkshire Fallon Health Collaborative

157

Fallon 365 Care

196

Fallon Health-Atrius Health Care Collaborative

318

Mass General Brigham Health Plan with Mass General Brigham ACO

435

Tufts Health Together with Cambridge Health Alliance (CHA)

33

Tufts Health Together with UMass Memorial Health

139

East Boston Neighborhood Health WellSense Alliance

18

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

252

WellSense Boston Children's ACO

120

WellSense Care Alliance

143

WellSense Community Alliance

279

WellSense Mercy Alliance

56

WellSense Signature Alliance

41

WellSense Southcoast Alliance

82

D1IV.2

Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

Be Healthy Partnership Plan

1

Berkshire Fallon Health Collaborative

9

Fallon 365 Care

11

Fallon Health-Atrius Health Care Collaborative

27

Mass General Brigham Health Plan with Mass General Brigham ACO

181

Tufts Health Together with Cambridge Health Alliance (CHA)

4

Tufts Health Together with UMass Memorial Health

9

East Boston Neighborhood Health WellSense Alliance

4

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

80

WellSense Boston Children's ACO

32

WellSense Care Alliance

41

WellSense Community Alliance

52

WellSense Mercy Alliance

17

WellSense Signature Alliance

2

WellSense Southcoast Alliance

18

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter “N/A” if not applicable.An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter “N/A”.Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter “N/A”.The appeal and critical incident do not have to have been “related” to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

	preceded the filing of the critical incident.	N/A **WellSense Community Alliance** N/A **WellSense Mercy Alliance** N/A **WellSense Signature Alliance** N/A **WellSense Southcoast Alliance** N/A
D1IV.5a	**Standard appeals for which timely resolution was provided** Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	**Be Healthy Partnership Plan** 163 **Berkshire Fallon Health Collaborative** 121 **Fallon 365 Care** 157 **Fallon Health-Atrius Health Care Collaborative** 269 **Mass General Brigham Health Plan with Mass General Brigham ACO** 1,107 **Tufts Health Together with Cambridge Health Alliance (CHA)** 40 **Tufts Health Together with UMass Memorial Health** 144 **East Boston Neighborhood Health WellSense Alliance** 26 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 551 **WellSense Boston Children's ACO** 201

WellSense Care Alliance

294

WellSense Community Alliance

477

WellSense Mercy Alliance

180

WellSense Signature Alliance

78

WellSense Southcoast Alliance

141

D1IV.5b

Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

Be Healthy Partnership Plan

131

Berkshire Fallon Health Collaborative

59

Fallon 365 Care

80

Fallon Health-Atrius Health Care Collaborative

136

Mass General Brigham Health Plan with Mass General Brigham ACO

80

Tufts Health Together with Cambridge Health Alliance (CHA)

48

Tufts Health Together with UMass Memorial Health

165

East Boston Neighborhood Health WellSense Alliance

6

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

58

WellSense Boston Children's ACO

69

WellSense Care Alliance

41

WellSense Community Alliance

76

WellSense Mercy Alliance

10

WellSense Signature Alliance

16

WellSense Southcoast Alliance

23

D1IV.6a

Resolved appeals related to denial of authorization or limited authorization of a service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Be Healthy Partnership Plan

279

Berkshire Fallon Health Collaborative

167

Fallon 365 Care

218

Fallon Health-Atrius Health Care Collaborative

356

Mass General Brigham Health Plan with Mass General Brigham ACO

1,207

Tufts Health Together with Cambridge Health Alliance (CHA)

82

Tufts Health Together with UMass Memorial Health

287

East Boston Neighborhood Health WellSense Alliance

32

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

597

WellSense Boston Children's ACO

263

WellSense Care Alliance

317

WellSense Community Alliance

527

WellSense Mercy Alliance

189

WellSense Signature Alliance

88

WellSense Southcoast Alliance

160

D1IV.6b

Resolved appeals related to reduction, suspension, or termination of a previously authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

Be Healthy Partnership Plan

14

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

5

WellSense Boston Children's ACO

0

WellSense Care Alliance

14

WellSense Community Alliance

21

WellSense Mercy Alliance

0

WellSense Signature Alliance

5

WellSense Southcoast Alliance

0

D1IV.6c

Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Be Healthy Partnership Plan

3

Berkshire Fallon Health Collaborative

19

Fallon 365 Care

19

Fallon Health-Atrius Health Care Collaborative

49

Mass General Brigham Health Plan with Mass General Brigham ACO

25

Tufts Health Together with Cambridge Health Alliance (CHA)

3

Tufts Health Together with UMass Memorial Health

16

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

4

WellSense Boston Children's ACO

1

WellSense Care Alliance

2

WellSense Community Alliance

3

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

2

D1IV.6d

Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.6e

Resolved appeals related to lack of timely plan response to an appeal or grievance

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

9

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.6f

Resolved appeals related to plan denial of an enrollee's right to request out-of-network care

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO). If not applicable, enter "N/A."

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.6g

Resolved appeals related to denial of an enrollee's request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

3

Tufts Health Together with UMass Memorial Health

6

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

4

WellSense Boston Children's ACO

6

WellSense Care Alliance

2

WellSense Community Alliance

2

WellSense Mercy Alliance

1

WellSense Signature Alliance

1

WellSense Southcoast Alliance

2

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	**Resolved appeals related to general inpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.	**Be Healthy Partnership Plan** 1 **Berkshire Fallon Health Collaborative** 3 **Fallon 365 Care** 1 **Fallon Health-Atrius Health Care Collaborative** 15 **Mass General Brigham Health Plan with Mass General Brigham ACO** 12 **Tufts Health Together with Cambridge Health Alliance (CHA)** 6 **Tufts Health Together with UMass Memorial Health** 8 **East Boston Neighborhood Health WellSense Alliance** 0 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 0 **WellSense Boston Children's ACO** 0 **WellSense Care Alliance** 0 **WellSense Community Alliance** 2 **WellSense Mercy Alliance** 1 **WellSense Signature Alliance** 0

WellSense Southcoast Alliance

0

D1IV.7b

Resolved appeals related to general outpatient services

Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".

Be Healthy Partnership Plan

70

Berkshire Fallon Health Collaborative

13

Fallon 365 Care

31

Fallon Health-Atrius Health Care Collaborative

50

Mass General Brigham Health Plan with Mass General Brigham ACO

91

Tufts Health Together with Cambridge Health Alliance (CHA)

22

Tufts Health Together with UMass Memorial Health

88

East Boston Neighborhood Health WellSense Alliance

4

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

41

WellSense Boston Children's ACO

12

WellSense Care Alliance

21

WellSense Community Alliance

43

WellSense Mercy Alliance

16

WellSense Signature Alliance

11

WellSense Southcoast Alliance

24

D1IV.7c

Resolved appeals related to inpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

7

Tufts Health Together with Cambridge Health Alliance (CHA)

6

Tufts Health Together with UMass Memorial Health

14

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

1

WellSense Care Alliance

0

WellSense Community Alliance

1

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.7d

Resolved appeals related to outpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter “N/A”.

Be Healthy Partnership Plan

6

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

4

Fallon Health-Atrius Health Care Collaborative

6

Mass General Brigham Health Plan with Mass General Brigham ACO

34

Tufts Health Together with Cambridge Health Alliance (CHA)

1

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

1

WellSense Boston Children's ACO

2

WellSense Care Alliance

2

WellSense Community Alliance

2

WellSense Mercy Alliance

0

WellSense Signature Alliance

1

WellSense Southcoast Alliance

1

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter “N/A”.

Be Healthy Partnership Plan

207

Berkshire Fallon Health Collaborative

136

Fallon 365 Care

165

Fallon Health-Atrius Health Care Collaborative

278

Mass General Brigham Health Plan with Mass General Brigham ACO

1,069

Tufts Health Together with Cambridge Health Alliance (CHA)

40

Tufts Health Together with UMass Memorial Health

185

East Boston Neighborhood Health WellSense Alliance

26

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

540

WellSense Boston Children's ACO

231

WellSense Care Alliance

274

WellSense Community Alliance

457

WellSense Mercy Alliance

170

WellSense Signature Alliance

63

WellSense Southcoast Alliance

126

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter “N/A”.

Be Healthy Partnership Plan

3

Berkshire Fallon Health Collaborative

2

Fallon 365 Care

3

Fallon Health-Atrius Health Care Collaborative

15

Mass General Brigham Health Plan with Mass General Brigham ACO

2

Tufts Health Together with Cambridge Health Alliance (CHA)

5

Tufts Health Together with UMass Memorial Health

7

East Boston Neighborhood Health WellSense Alliance

1

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

3

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

2

WellSense Southcoast Alliance

3

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter “N/A”.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter “N/A”.

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.7i

Resolved appeals related to non-emergency medical transportation (NEMT)

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.7k:

Resolved appeals related to durable medical equipment (DME) & supplies

Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

2

Berkshire Fallon Health Collaborative

4

Fallon 365 Care

15

Fallon Health-Atrius Health Care Collaborative

17

Mass General Brigham Health Plan with Mass General Brigham ACO

18

Tufts Health Together with Cambridge Health Alliance (CHA)

3

Tufts Health Together with UMass Memorial Health

11

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

5

WellSense Boston Children's ACO

16

WellSense Care Alliance

1

WellSense Community Alliance

6

WellSense Mercy Alliance

0

WellSense Signature Alliance

3

WellSense Southcoast Alliance

6

D1IV.7l:

Resolved appeals related to home health / hospice

Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

2

Fallon 365 Care

1

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

12

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

8

WellSense Boston Children's ACO

2

WellSense Care Alliance

26

WellSense Community Alliance

31

WellSense Mercy Alliance

1

WellSense Signature Alliance

7

WellSense Southcoast Alliance

1

D1IV.7m:

Resolved appeals related to emergency services / emergency department

Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

1

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

7

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.7n:

Resolved appeals related to therapies

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

2

Berkshire Fallon Health Collaborative

2

Fallon 365 Care

1

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

8

Tufts Health Together with Cambridge Health Alliance (CHA)

4

Tufts Health Together with UMass Memorial Health

3

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.7o

Resolved appeals related to other service types

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter “N/A”.

Be Healthy Partnership Plan

11

Berkshire Fallon Health Collaborative

26

Fallon 365 Care

16

Fallon Health-Atrius Health Care Collaborative

33

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

1

Tufts Health Together with UMass Memorial Health

18

East Boston Neighborhood Health WellSense Alliance

1

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

15

WellSense Boston Children's ACO

6

WellSense Care Alliance

8

WellSense Community Alliance

11

WellSense Mercy Alliance

2

WellSense Signature Alliance

7

WellSense Southcoast Alliance

3

State Fair Hearings

Number	Indicator	Response
D1IV.8a	**State Fair Hearing requests** Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	**Be Healthy Partnership Plan** 4 **Berkshire Fallon Health Collaborative** 5 **Fallon 365 Care** 5 **Fallon Health-Atrius Health Care Collaborative** 6 **Mass General Brigham Health Plan with Mass General Brigham ACO** 19 **Tufts Health Together with Cambridge Health Alliance (CHA)** 0 **Tufts Health Together with UMass Memorial Health** 0 **East Boston Neighborhood Health WellSense Alliance** 0 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 5 **WellSense Boston Children's ACO** 6 **WellSense Care Alliance** 1 **WellSense Community Alliance** 3 **WellSense Mercy Alliance** 0 **WellSense Signature Alliance** 2

WellSense Southcoast Alliance

1

D1IV.8b

State Fair Hearings resulting in a favorable decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

1

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Be Healthy Partnership Plan

2

Berkshire Fallon Health Collaborative

2

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

2

Mass General Brigham Health Plan with Mass General Brigham ACO

8

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

1

WellSense Boston Children's ACO

1

WellSense Care Alliance

0

WellSense Community Alliance

2

WellSense Mercy Alliance

0

WellSense Signature Alliance

1

WellSense Southcoast Alliance

0

D1IV.8d

State Fair Hearings retracted prior to reaching a decision

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

Be Healthy Partnership Plan

2

Berkshire Fallon Health Collaborative

3

Fallon 365 Care

5

Fallon Health-Atrius Health Care Collaborative

4

Mass General Brigham Health Plan with Mass General Brigham ACO

11

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

4

WellSense Boston Children's ACO

5

WellSense Care Alliance

1

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

1

WellSense Southcoast Alliance

1

D1IV.9a

External Medical Reviews resulting in a favorable decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A".External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	**Grievances resolved** Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.A grievance is “resolved” when it has reached completion and been closed by the plan.	**Be Healthy Partnership Plan** 9 **Berkshire Fallon Health Collaborative** 57 **Fallon 365 Care** 47 **Fallon Health-Atrius Health Care Collaborative** 84 **Mass General Brigham Health Plan with Mass General Brigham ACO** 85 **Tufts Health Together with Cambridge Health Alliance (CHA)** 30 **Tufts Health Together with UMass Memorial Health** 62 **East Boston Neighborhood Health WellSense Alliance** 6 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 102 **WellSense Boston Children's ACO** 71 **WellSense Care Alliance** 51 **WellSense Community Alliance** 118 **WellSense Mercy Alliance** 34 **WellSense Signature Alliance** 18

WellSense Southcoast Alliance

18

D1IV.11

Active grievances

Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

4

Fallon 365 Care

7

Fallon Health-Atrius Health Care Collaborative

2

Mass General Brigham Health Plan with Mass General Brigham ACO

1

Tufts Health Together with Cambridge Health Alliance (CHA)

2

Tufts Health Together with UMass Memorial Health

5

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

10

WellSense Boston Children's ACO

1

WellSense Care Alliance

6

WellSense Community Alliance

15

WellSense Mercy Alliance

3

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.12

Grievances filed on behalf of LTSS users

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.13

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.14

Number of grievances for which timely resolution was provided

Enter the number of grievances for which timely resolution was provided by plan during the reporting year.See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Be Healthy Partnership Plan

9

Berkshire Fallon Health Collaborative

57

Fallon 365 Care

47

Fallon Health-Atrius Health Care Collaborative

84

Mass General Brigham Health Plan with Mass General Brigham ACO

81

Tufts Health Together with Cambridge Health Alliance (CHA)

30

Tufts Health Together with UMass Memorial Health

61

East Boston Neighborhood Health WellSense Alliance

6

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

102

WellSense Boston Children's ACO

70

WellSense Care Alliance

51

WellSense Community Alliance

118

WellSense Mercy Alliance

34

WellSense Signature Alliance

17

WellSense Southcoast Alliance

18

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	**Be Healthy Partnership Plan** 0 **Berkshire Fallon Health Collaborative** 0 **Fallon 365 Care** 0 **Fallon Health-Atrius Health Care Collaborative** 0 **Mass General Brigham Health Plan with Mass General Brigham ACO** 0 **Tufts Health Together with Cambridge Health Alliance (CHA)** 0 **Tufts Health Together with UMass Memorial Health** 0 **East Boston Neighborhood Health WellSense Alliance** 0 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 5 **WellSense Boston Children's ACO** 0 **WellSense Care Alliance** 2 **WellSense Community Alliance** 8 **WellSense Mercy Alliance** 0 **WellSense Signature Alliance** 0

WellSense Southcoast Alliance

0

D1IV.15b

Resolved grievances related to general outpatient services

Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

6

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

1

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

40

WellSense Boston Children's ACO

13

WellSense Care Alliance

24

WellSense Community Alliance

50

WellSense Mercy Alliance

24

WellSense Signature Alliance

8

WellSense Southcoast Alliance

9

D1IV.15c

Resolved grievances related to inpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

2

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

2

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

6

WellSense Boston Children's ACO

4

WellSense Care Alliance

1

WellSense Community Alliance

9

WellSense Mercy Alliance

2

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.15d

Resolved grievances related to outpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

1

Fallon Health-Atrius Health Care Collaborative

1

Mass General Brigham Health Plan with Mass General Brigham ACO

16

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

4

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

20

WellSense Boston Children's ACO

20

WellSense Care Alliance

6

WellSense Community Alliance

16

WellSense Mercy Alliance

1

WellSense Signature Alliance

5

WellSense Southcoast Alliance

4

D1IV.15e

Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

2

Fallon 365 Care

5

Fallon Health-Atrius Health Care Collaborative

9

Mass General Brigham Health Plan with Mass General Brigham ACO

6

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

6

WellSense Boston Children's ACO

3

WellSense Care Alliance

3

WellSense Community Alliance

6

WellSense Mercy Alliance

1

WellSense Signature Alliance

0

WellSense Southcoast Alliance

2

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

1

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

2

WellSense Community Alliance

6

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.15h

Resolved grievances related to dental services

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

D1IV.15i

Resolved grievances related to non-emergency medical transportation (NEMT)

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.15k

Resolved grievances related to durable medical equipment (DME) & supplies

Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

1

Fallon 365 Care

6

Fallon Health-Atrius Health Care Collaborative

1

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.15l

Resolved grievances related to home health / hospice

Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.15m

Resolved grievances related to emergency services / emergency department

Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

1

Berkshire Fallon Health Collaborative

2

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.15n

Resolved grievances related to therapies

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter “N/A”.

Be Healthy Partnership Plan

1

Berkshire Fallon Health Collaborative

4

Fallon 365 Care

2

Fallon Health-Atrius Health Care Collaborative

7

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.15o

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter “N/A”.

Be Healthy Partnership Plan

1

Berkshire Fallon Health Collaborative

47

Fallon 365 Care

33

Fallon Health-Atrius Health Care Collaborative

66

Mass General Brigham Health Plan with Mass General Brigham ACO

63

Tufts Health Together with Cambridge Health Alliance (CHA)

27

Tufts Health Together with UMass Memorial Health

62

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

25

WellSense Boston Children's ACO

31

WellSense Care Alliance

13

WellSense Community Alliance

23

WellSense Mercy Alliance

6

WellSense Signature Alliance

5

WellSense Southcoast Alliance

3

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	**Be Healthy Partnership Plan** 3 **Berkshire Fallon Health Collaborative** 4 **Fallon 365 Care** 4 **Fallon Health-Atrius Health Care Collaborative** 18 **Mass General Brigham Health Plan with Mass General Brigham ACO** 26 **Tufts Health Together with Cambridge Health Alliance (CHA)** 3 **Tufts Health Together with UMass Memorial Health** 4 **East Boston Neighborhood Health WellSense Alliance** 0 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 47 **WellSense Boston Children's ACO** 23 **WellSense Care Alliance** 23 **WellSense Community Alliance** 44 **WellSense Mercy Alliance** 16

WellSense Signature Alliance

5

WellSense Southcoast Alliance

9

D1IV.16b

Resolved grievances related to plan or provider care management/case management

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

1

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

1

Mass General Brigham Health Plan with Mass General Brigham ACO

5

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

1

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

6

WellSense Boston Children's ACO

4

WellSense Care Alliance

0

WellSense Community Alliance

1

WellSense Mercy Alliance

1

WellSense Signature Alliance

0

WellSense Southcoast Alliance

1

D1IV.16c

Resolved grievances related to network adequacy or access to care/services from plan or provider

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

Be Healthy Partnership Plan

1

Berkshire Fallon Health Collaborative

6

Fallon 365 Care

2

Fallon Health-Atrius Health Care Collaborative

8

Mass General Brigham Health Plan with Mass General Brigham ACO

6

Tufts Health Together with Cambridge Health Alliance (CHA)

2

Tufts Health Together with UMass Memorial Health

5

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

3

WellSense Boston Children's ACO

8

WellSense Care Alliance

2

WellSense Community Alliance

2

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.16d

Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care.Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Be Healthy Partnership Plan

3

Berkshire Fallon Health Collaborative

43

Fallon 365 Care

28

Fallon Health-Atrius Health Care Collaborative

45

Mass General Brigham Health Plan with Mass General Brigham ACO

6

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

1

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

29

WellSense Boston Children's ACO

16

WellSense Care Alliance

14

WellSense Community Alliance

50

WellSense Mercy Alliance

12

WellSense Signature Alliance

9

WellSense Southcoast Alliance

4

D1IV.16e

Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

1

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

1

Mass General Brigham Health Plan with Mass General Brigham ACO

1

Tufts Health Together with Cambridge Health Alliance (CHA)

1

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

2

WellSense Boston Children's ACO

1

WellSense Care Alliance

2

WellSense Community Alliance

1

WellSense Mercy Alliance

1

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Be Healthy Partnership Plan

1

Berkshire Fallon Health Collaborative

4

Fallon 365 Care

5

Fallon Health-Atrius Health Care Collaborative

6

Mass General Brigham Health Plan with Mass General Brigham ACO

29

Tufts Health Together with Cambridge Health Alliance (CHA)

1

Tufts Health Together with UMass Memorial Health

1

East Boston Neighborhood Health WellSense Alliance

4

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

7

WellSense Boston Children's ACO

12

WellSense Care Alliance

1

WellSense Community Alliance

3

WellSense Mercy Alliance

1

WellSense Signature Alliance

1

WellSense Southcoast Alliance

1

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Be Healthy Partnership Plan

1

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

1

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

13

Fallon 365 Care

10

Fallon Health-Atrius Health Care Collaborative

13

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

1

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

1

WellSense Boston Children's ACO

3

WellSense Care Alliance

1

WellSense Community Alliance

2

WellSense Mercy Alliance

1

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.16i

Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

(including requests to expedite or extend appeals).

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

2

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

1

WellSense Boston Children's ACO

0

WellSense Care Alliance

3

WellSense Community Alliance

1

WellSense Mercy Alliance

1

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

for an expedited appeal.Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

0

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

0

Tufts Health Together with UMass Memorial Health

0

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

4

WellSense Boston Children's ACO

3

WellSense Care Alliance

1

WellSense Community Alliance

8

WellSense Mercy Alliance

1

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Be Healthy Partnership Plan

0

Berkshire Fallon Health Collaborative

8

Fallon 365 Care

8

Fallon Health-Atrius Health Care Collaborative

16

Mass General Brigham Health Plan with Mass General Brigham ACO

10

Tufts Health Together with Cambridge Health Alliance (CHA)

23

Tufts Health Together with UMass Memorial Health

51

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

3

WellSense Boston Children's ACO

1

WellSense Care Alliance

4

WellSense Community Alliance

5

WellSense Mercy Alliance

0

WellSense Signature Alliance

3

WellSense Southcoast Alliance

3

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.

Quality & performance measure total count: 25

Complete

D2.VII.1 Measure Name: Asthma Medication Ratio

1 / 25

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

57%

Berkshire Fallon Health Collaborative

50.4%

Fallon 365 Care

60.9%

Fallon Health-Atrius Health Care Collaborative

0%

Mass General Brigham Health Plan with Mass General Brigham ACO

53.9%

Tufts Health Together with Cambridge Health Alliance (CHA)

48.6%

Tufts Health Together with UMass Memorial Health

40.0%

East Boston Neighborhood Health WellSense Alliance

83.7%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

57.9%

WellSense Boston Children's ACO

68.7%

WellSense Care Alliance

58.2%

WellSense Community Alliance

62.6%

WellSense Mercy Alliance

63.8%

WellSense Signature Alliance

67.8%

WellSense Southcoast Alliance

55.5%

Complete

D2.VII.1 Measure Name: Screening for Depression and Follow-up Plan

2 / 25

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

MA's specifications align with the Core Measure Set specifications except for: 1. member age (12-64), 2. follow up plan may be documented on the date of encounter or up to 2 days after the encounter, and 3. measure administered using the hybrid methodology.

Measure results

Be Healthy Partnership Plan

62.2%

Berkshire Fallon Health Collaborative

28.5%

Fallon 365 Care

54%

Fallon Health-Atrius Health Care Collaborative

50%

Mass General Brigham Health Plan with Mass General Brigham ACO

71.2%

Tufts Health Together with Cambridge Health Alliance (CHA)

55.2%

Tufts Health Together with UMass Memorial Health

54.1%

East Boston Neighborhood Health WellSense Alliance

73.4%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

45.6%

WellSense Boston Children's ACO

67.1%

WellSense Care Alliance

55.5%

WellSense Community Alliance

56.9%

WellSense Mercy Alliance

31.8%

WellSense Signature Alliance

65.5%

WellSense Southcoast Alliance

53.5%

Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure

3 / 25

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

76.9%

Berkshire Fallon Health Collaborative

70.4%

Fallon 365 Care

77.7%

Fallon Health-Atrius Health Care Collaborative

76.9%

Mass General Brigham Health Plan with Mass General Brigham ACO

71.3%

Tufts Health Together with Cambridge Health Alliance (CHA)

69.7%

Tufts Health Together with UMass Memorial Health

77.3%

East Boston Neighborhood Health WellSense Alliance

77.9%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

77.6%

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

76.4%

WellSense Community Alliance

76.9%

WellSense Mercy Alliance

80.8%

WellSense Signature Alliance

82.5%

WellSense Southcoast Alliance

76.2%

Complete

D2.VII.1 Measure Name: Childhood Immunization Status (Combination 10)

4 / 25

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

43.1%

Berkshire Fallon Health Collaborative

34.3%

Fallon 365 Care

53.5%

Fallon Health-Atrius Health Care Collaborative

45.8%

Mass General Brigham Health Plan with Mass General Brigham ACO

47.2%

Tufts Health Together with Cambridge Health Alliance (CHA)

45.7%

Tufts Health Together with UMass Memorial Health

44.4%

East Boston Neighborhood Health WellSense Alliance

56.9%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

45.8%

WellSense Boston Children's ACO

48.4%

WellSense Care Alliance

50.1%

WellSense Community Alliance

49.9%

WellSense Mercy Alliance

20.4%

WellSense Signature Alliance

42.4%

WellSense Southcoast Alliance

43.6%

Complete

D2.VII.1 Measure Name: Developmental Screening in the First 3 Years of Life

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

74.3%

Berkshire Fallon Health Collaborative

83%

Fallon 365 Care

89.8%

Fallon Health-Atrius Health Care Collaborative

80.3%

Mass General Brigham Health Plan with Mass General Brigham ACO

66.7%

Tufts Health Together with Cambridge Health Alliance (CHA)

69.2%

Tufts Health Together with UMass Memorial Health

70.8%

East Boston Neighborhood Health WellSense Alliance

42.1%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

74.6%

WellSense Boston Children's ACO

87.7%

WellSense Care Alliance

78.3%

WellSense Community Alliance

64.8%

WellSense Mercy Alliance

39.6

WellSense Signature Alliance

73.2%

WellSense Southcoast Alliance

79.2%

Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for SUD - 7 Days (Total)

6 / 25

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

43.5%

Berkshire Fallon Health Collaborative

42.3%

Fallon 365 Care

35.2%

Fallon Health-Atrius Health Care Collaborative

38.3%

Mass General Brigham Health Plan with Mass General Brigham ACO

40.4%

Tufts Health Together with Cambridge Health Alliance (CHA)

46.8%

Tufts Health Together with UMass Memorial Health

43.5%

East Boston Neighborhood Health WellSense Alliance

45%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

39%

WellSense Boston Children's ACO

27%

WellSense Care Alliance

33.5%

WellSense Community Alliance

42.4%

WellSense Mercy Alliance

37.6%

WellSense Signature Alliance

31.9%

WellSense Southcoast Alliance

42%

Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness - 7 Days (Total)

7 / 25

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

52.6%

Berkshire Fallon Health Collaborative

42.2%

Fallon 365 Care

52.3%

Fallon Health-Atrius Health Care Collaborative

49.1%

Mass General Brigham Health Plan with Mass General Brigham ACO

50.5%

Tufts Health Together with Cambridge Health Alliance (CHA)

56.5%

Tufts Health Together with UMass Memorial Health

50.4%

East Boston Neighborhood Health WellSense Alliance

53.6%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

51.1%

WellSense Boston Children's ACO

55.2%

WellSense Care Alliance

43.2%

WellSense Community Alliance

51.2%

WellSense Mercy Alliance

44.1%

WellSense Signature Alliance

61.1%

WellSense Southcoast Alliance

48.7%

Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Mental Illness - 7 Days (Total)

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

76.1%

Berkshire Fallon Health Collaborative

82.7%

Fallon 365 Care

74.4%

Fallon Health-Atrius Health Care Collaborative

77.3%

Mass General Brigham Health Plan with Mass General Brigham ACO

76%

Tufts Health Together with Cambridge Health Alliance (CHA)

73.9%

Tufts Health Together with UMass Memorial Health

74.9%

East Boston Neighborhood Health WellSense Alliance

67.8%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

67.5%

WellSense Boston Children's ACO

55.2%

WellSense Care Alliance

43.2%

WellSense Community Alliance

69.6%

WellSense Mercy Alliance

83.1%

WellSense Signature Alliance

68.6%

WellSense Southcoast Alliance

84.3%

Complete

D2.VII.1 Measure Name: Glycemic Status Assessment for Patients with Diabetes - Poor Control (Over 9%)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

29%

Berkshire Fallon Health Collaborative

23%

Fallon 365 Care

25%

Fallon Health-Atrius Health Care Collaborative

14.5%

Mass General Brigham Health Plan with Mass General Brigham ACO

21.2%

Tufts Health Together with Cambridge Health Alliance (CHA)

23.5%

Tufts Health Together with UMass Memorial Health

23.2%

East Boston Neighborhood Health WellSense Alliance

23.1%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

16.1%

WellSense Boston Children's ACO

N/A

WellSense Care Alliance

25.1%

WellSense Community Alliance

24.3%

WellSense Mercy Alliance

25.5%

WellSense Signature Alliance

17.8%

WellSense Southcoast Alliance

25.8%

Complete

D2.VII.1 Measure Name: Engagement of Substance Use Disorder Treatment (Total)

10 / 25

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

17.7%

Berkshire Fallon Health Collaborative

25.4%

Fallon 365 Care

12.1%

Fallon Health-Atrius Health Care Collaborative

12.4%

Mass General Brigham Health Plan with Mass General Brigham ACO

14.6%

Tufts Health Together with Cambridge Health Alliance (CHA)

13.9%

Tufts Health Together with UMass Memorial Health

21.5%

East Boston Neighborhood Health WellSense Alliance

21.6%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

16.6%

WellSense Boston Children's ACO

10.3%

WellSense Care Alliance

19.1%

WellSense Community Alliance

20.8%

WellSense Mercy Alliance

21.4%

WellSense Signature Alliance

20%

WellSense Southcoast Alliance

19.2%

Complete

D2.VII.1 Measure Name: Initiation of Substance Use Disorder Treatment (Total)

11 / 25

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

52.9%

Berkshire Fallon Health Collaborative

57.1%

Fallon 365 Care

30.8%

Fallon Health-Atrius Health Care Collaborative

34.5%

Mass General Brigham Health Plan with Mass General Brigham ACO

40.5%

Tufts Health Together with Cambridge Health Alliance (CHA)

61.2%

Tufts Health Together with UMass Memorial Health

56.5%

East Boston Neighborhood Health WellSense Alliance

62.3%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

46.5%

WellSense Boston Children's ACO

38.4%

WellSense Care Alliance

49.7%

WellSense Community Alliance

56.3%

WellSense Mercy Alliance

47.6%

WellSense Signature Alliance

60.3%

WellSense Southcoast Alliance

46.1%

Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (Combination 2) 12 / 25

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

60%

Berkshire Fallon Health Collaborative

18.9%

Fallon 365 Care

58.3%

Fallon Health-Atrius Health Care Collaborative

55.9%

Mass General Brigham Health Plan with Mass General Brigham ACO

47.9%

Tufts Health Together with Cambridge Health Alliance (CHA)

56.4%

Tufts Health Together with UMass Memorial Health

37.2%

East Boston Neighborhood Health WellSense Alliance

66.9%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

35.3%

WellSense Boston Children's ACO

61.1%

WellSense Care Alliance

51.1%

WellSense Community Alliance

58.2%

WellSense Mercy Alliance

46.1%

WellSense Signature Alliance

51.4%

WellSense Southcoast Alliance

57.7%

Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care - Postpartum Care

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

77%

Berkshire Fallon Health Collaborative

92.2%

Fallon 365 Care

83.3%

Fallon Health-Atrius Health Care Collaborative

82.8%

Mass General Brigham Health Plan with Mass General Brigham ACO

85.2%

Tufts Health Together with Cambridge Health Alliance (CHA)

94.9%

Tufts Health Together with UMass Memorial Health

89.3%

East Boston Neighborhood Health WellSense Alliance

97.8%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

91.8%

WellSense Boston Children's ACO

86.2%

WellSense Care Alliance

93.7%

WellSense Community Alliance

87.8%

WellSense Mercy Alliance

83.2%

WellSense Signature Alliance

93.1%

WellSense Southcoast Alliance

90.5%

Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care - Timeliness of Prenatal Care

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

91.9%

Berkshire Fallon Health Collaborative

98.4%

Fallon 365 Care

94.1%

Fallon Health-Atrius Health Care Collaborative

93.5%

Mass General Brigham Health Plan with Mass General Brigham ACO

86.5%

Tufts Health Together with Cambridge Health Alliance (CHA)

98%

Tufts Health Together with UMass Memorial Health

95.2%

East Boston Neighborhood Health WellSense Alliance

95.5%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

97.4%

WellSense Boston Children's ACO

87.5%

WellSense Care Alliance

95.6%

WellSense Community Alliance

98%

WellSense Mercy Alliance

93.5%

WellSense Signature Alliance

93.1%

WellSense Southcoast Alliance

98%

Complete

D2.VII.1 Measure Name: Topical Fluoride for Children, Dental or Oral Services

15 / 25

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

3700

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

ADA DQA

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

ADA DQA Measure

Measure results

Be Healthy Partnership Plan

30.1%

Berkshire Fallon Health Collaborative

25%

Fallon 365 Care

39.9%

Fallon Health-Atrius Health Care Collaborative

35%

Mass General Brigham Health Plan with Mass General Brigham ACO

35.4%

Tufts Health Together with Cambridge Health Alliance (CHA)

38.1%

Tufts Health Together with UMass Memorial Health

34.4%

East Boston Neighborhood Health WellSense Alliance

45.2%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

38%

WellSense Boston Children's ACO

36.1%

WellSense Care Alliance

35.4%

WellSense Community Alliance

28.3%

WellSense Mercy Alliance

30.6%

WellSense Signature Alliance

37.2%

WellSense Southcoast Alliance

31.3%

Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

HEDIS measure

Measure results

Be Healthy Partnership Plan

N/A

Berkshire Fallon Health Collaborative

N/A

Fallon 365 Care

N/A

Fallon Health-Atrius Health Care Collaborative

N/A

Mass General Brigham Health Plan with Mass General Brigham ACO

N/A

Tufts Health Together with Cambridge Health Alliance (CHA)

N/A

Tufts Health Together with UMass Memorial Health

N/A

East Boston Neighborhood Health WellSense Alliance

N/A

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

N/A

WellSense Boston Children's ACO

41.1%

WellSense Care Alliance

N/A

WellSense Community Alliance

N/A

WellSense Mercy Alliance

N/A

WellSense Signature Alliance

N/A

WellSense Southcoast Alliance

N/A

Complete

D2.VII.1 Measure Name: Adult: Overall Rating and Care Delivery: Communication

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

AHRQ

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

AHRQ measure

Measure results

Be Healthy Partnership Plan

94.4%

Berkshire Fallon Health Collaborative

94.9%

Fallon 365 Care

93.4%

Fallon Health-Atrius Health Care Collaborative

94.3%

Mass General Brigham Health Plan with Mass General Brigham ACO

94.5%

Tufts Health Together with Cambridge Health Alliance (CHA)

93.8%

Tufts Health Together with UMass Memorial Health

92.7%

East Boston Neighborhood Health WellSense Alliance

96.4%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

93.3%

WellSense Boston Children's ACO

96.3%

WellSense Care Alliance

93.4%

WellSense Community Alliance

92.8%

WellSense Mercy Alliance

89.4%

WellSense Signature Alliance

93.6%

WellSense Southcoast Alliance

93.7%

Complete

D2.VII.1 Measure Name: Adult: Person-Centered Integrated Care: Integration of Care

18 / 25

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

AHRQ

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

AHRQ measure

Measure results

Be Healthy Partnership Plan

86.3%

Berkshire Fallon Health Collaborative

86.2%

Fallon 365 Care

87.1%

Fallon Health-Atrius Health Care Collaborative

87.2%

Mass General Brigham Health Plan with Mass General Brigham ACO

86.6%

Tufts Health Together with Cambridge Health Alliance (CHA)

85%

Tufts Health Together with UMass Memorial Health

83.3%

East Boston Neighborhood Health WellSense Alliance

85.7%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

86.2%

WellSense Boston Children's ACO

89%

WellSense Care Alliance

85%

WellSense Community Alliance

85.8%

WellSense Mercy Alliance

82.6%

WellSense Signature Alliance

86.2%

WellSense Southcoast Alliance

86.5%

Complete

D2.VII.1 Measure Name: Adult: Person-Centered Integrated Care: Knowledge of Patient

19 / 25

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

AHRQ

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

AHRQ measure

Measure results

Be Healthy Partnership Plan

87.7%

Berkshire Fallon Health Collaborative

88.6%

Fallon 365 Care

89.1%

Fallon Health-Atrius Health Care Collaborative

89.4%

Mass General Brigham Health Plan with Mass General Brigham ACO

89.2%

Tufts Health Together with Cambridge Health Alliance (CHA)

87.6%

Tufts Health Together with UMass Memorial Health

88%

East Boston Neighborhood Health WellSense Alliance

91.4%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

88.3%

WellSense Boston Children's ACO

90.6%

WellSense Care Alliance

87.6%

WellSense Community Alliance

87.5%

WellSense Mercy Alliance

83.2%

WellSense Signature Alliance

87.6%

WellSense Southcoast Alliance

88%

Complete

D2.VII.1 Measure Name: Adult: Overall Rating and Care Delivery: Willingness to recommend

20 / 25

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

AHRQ

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

AHRQ measure

Measure results

Be Healthy Partnership Plan

89.4%

Berkshire Fallon Health Collaborative

90%

Fallon 365 Care

90.2%

Fallon Health-Atrius Health Care Collaborative

90.8%

Mass General Brigham Health Plan with Mass General Brigham ACO

89%

Tufts Health Together with Cambridge Health Alliance (CHA)

89.3%

Tufts Health Together with UMass Memorial Health

88.9%

East Boston Neighborhood Health WellSense Alliance

90.9%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

88.7%

WellSense Boston Children's ACO

92.2%

WellSense Care Alliance

88.1%

WellSense Community Alliance

88%

WellSense Mercy Alliance

84.1%

WellSense Signature Alliance

90.7%

WellSense Southcoast Alliance

89%

Complete

D2.VII.1 Measure Name: Child: Overall Rating and Care Delivery: Communication

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

AHRQ

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

AHRQ measure

Measure results

Be Healthy Partnership Plan

91.8%

Berkshire Fallon Health Collaborative

96%

Fallon 365 Care

97%

Fallon Health-Atrius Health Care Collaborative

97.4%

Mass General Brigham Health Plan with Mass General Brigham ACO

97.1%

Tufts Health Together with Cambridge Health Alliance (CHA)

97.1%

Tufts Health Together with UMass Memorial Health

95.7%

East Boston Neighborhood Health WellSense Alliance

97.6%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

95.8%

WellSense Boston Children's ACO

96.3%

WellSense Care Alliance

96%

WellSense Community Alliance

97.3%

WellSense Mercy Alliance

95.9%

WellSense Signature Alliance

90.7%

WellSense Southcoast Alliance

96.8%

Complete

D2.VII.1 Measure Name: Child: Person-Centered Integrated Care: Integration of Care

22 / 25

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

AHRQ

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

AHRQ measure

Measure results

Be Healthy Partnership Plan

86.6%

Berkshire Fallon Health Collaborative

84.9%

Fallon 365 Care

89.9%

Fallon Health-Atrius Health Care Collaborative

83.5%

Mass General Brigham Health Plan with Mass General Brigham ACO

85.6%

Tufts Health Together with Cambridge Health Alliance (CHA)

84.7%

Tufts Health Together with UMass Memorial Health

83.4%

East Boston Neighborhood Health WellSense Alliance

83.1%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

81.8%

WellSense Boston Children's ACO

88%

WellSense Care Alliance

85.5%

WellSense Community Alliance

82.4%

WellSense Mercy Alliance

89%

WellSense Signature Alliance

81.7%

WellSense Southcoast Alliance

85.4%

Complete

D2.VII.1 Measure Name: Child: Person Centered Integrated Care: Knowledge of Patient

23 / 25

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

AHRQ

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

AHRQ measure

Measure results

Be Healthy Partnership Plan

87.2%

Berkshire Fallon Health Collaborative

88.8%

Fallon 365 Care

92.3%

Fallon Health-Atrius Health Care Collaborative

89.7%

Mass General Brigham Health Plan with Mass General Brigham ACO

91.7%

Tufts Health Together with Cambridge Health Alliance (CHA)

89.6%

Tufts Health Together with UMass Memorial Health

89.5%

East Boston Neighborhood Health WellSense Alliance

90.8%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

90.1%

WellSense Boston Children's ACO

91.3%

WellSense Care Alliance

89.7%

WellSense Community Alliance

91.3%

WellSense Mercy Alliance

88%

WellSense Signature Alliance

86.3%

WellSense Southcoast Alliance

92.6%

Complete

D2.VII.1 Measure Name: Child: Overall Rating and Care Delivery: Willingness to recommend

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

AHRQ

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

AHRQ measure

Measure results

Be Healthy Partnership Plan

87.8%

Berkshire Fallon Health Collaborative

91%

Fallon 365 Care

94.7%

Fallon Health-Atrius Health Care Collaborative

92.2%

Mass General Brigham Health Plan with Mass General Brigham ACO

94.8%

Tufts Health Together with Cambridge Health Alliance (CHA)

94.3%

Tufts Health Together with UMass Memorial Health

91.8%

East Boston Neighborhood Health WellSense Alliance

92.2%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

92%

WellSense Boston Children's ACO

94%

WellSense Care Alliance

92.5%

WellSense Community Alliance

93.1%

WellSense Mercy Alliance

89.7%

WellSense Signature Alliance

84.6%

WellSense Southcoast Alliance

94.7%

Complete

D2.VII.1 Measure Name: Electronic Clinical Quality Measure Readiness 25 / 25

D2.VII.2 Measure Domain

electronic measurement readiness

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

Assessment and/or reporting of ACO readiness and/or performance in meeting electronic-based clinical quality measure results on Enrollees

Measure results

Be Healthy Partnership Plan

100%

Berkshire Fallon Health Collaborative

100%

Fallon 365 Care

100%

Fallon Health-Atrius Health Care Collaborative

100%

Mass General Brigham Health Plan with Mass General Brigham ACO

100%

Tufts Health Together with Cambridge Health Alliance (CHA)

100%

Tufts Health Together with UMass Memorial Health

100%

East Boston Neighborhood Health WellSense Alliance

100%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

100%

WellSense Boston Children's ACO

100%

WellSense Care Alliance

100%

WellSense Community Alliance

100%

WellSense Mercy Alliance

100%

WellSense Signature Alliance

100%

WellSense Southcoast Alliance

100%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count: 6

Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 6

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

East Boston Neighborhood Health WellSense Alliance

D3.VIII.4 Reason for intervention

Failure to maintain NCQA Accreditation

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/22/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/12/2025

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

2 / 6

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

D3.VIII.4 Reason for intervention

Failure to maintain NCQA Accreditation

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/22/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/12/2025

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

3 / 6

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

WellSense Boston Children's ACO

D3.VIII.4 Reason for intervention

Failure to maintain NCQA Accreditation

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/22/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/12/2025

D3.VIII.9 Corrective action plan

No

D3.VIII.1 Intervention type: Corrective action plan

4 / 6

Complete

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

WellSense Care Alliance

D3.VIII.4 Reason for intervention

Failure to maintain NCQA Accreditation

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/22/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/12/2025

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

5 / 6

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

WellSense Community Alliance

D3.VIII.4 Reason for intervention

Failure to maintain NCQA Accreditation

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

N/A

1

D3.VIII.7 Date assessed

07/22/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/12/2025

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Corrective action plan

6 / 6

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

WellSense Mercy Alliance

D3.VIII.4 Reason for intervention

Failure to maintain NCQA Accreditation

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/22/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/12/2025

D3.VIII.9 Corrective action plan

No

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	**Dedicated program integrity staff** Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	**Be Healthy Partnership Plan** 3 **Berkshire Fallon Health Collaborative** 7.3 **Fallon 365 Care** 7.3 **Fallon Health-Atrius Health Care Collaborative** 7.3 **Mass General Brigham Health Plan with Mass General Brigham ACO** 4 **Tufts Health Together with Cambridge Health Alliance (CHA)** 19 **Tufts Health Together with UMass Memorial Health** 19 **East Boston Neighborhood Health WellSense Alliance** 9 **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** 9 **WellSense Boston Children's ACO** 9 **WellSense Care Alliance** 9 **WellSense Community Alliance** 9 **WellSense Mercy Alliance** 9 **WellSense Signature Alliance** 9

WellSense Southcoast Alliance

9

D1X.2

Count of opened program integrity investigations

How many program integrity investigations were opened by the plan during the reporting year?

Be Healthy Partnership Plan

4

Berkshire Fallon Health Collaborative

14

Fallon 365 Care

15

Fallon Health-Atrius Health Care Collaborative

14

Mass General Brigham Health Plan with Mass General Brigham ACO

19

Tufts Health Together with Cambridge Health Alliance (CHA)

16

Tufts Health Together with UMass Memorial Health

68

East Boston Neighborhood Health WellSense Alliance

44

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

59

WellSense Boston Children's ACO

54

WellSense Care Alliance

60

WellSense Community Alliance

67

WellSense Mercy Alliance

42

WellSense Signature Alliance

50

WellSense Southcoast Alliance

49

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

Be Healthy Partnership Plan

2

Berkshire Fallon Health Collaborative

11

Fallon 365 Care

10

Fallon Health-Atrius Health Care Collaborative

11

Mass General Brigham Health Plan with Mass General Brigham ACO

11

Tufts Health Together with Cambridge Health Alliance (CHA)

11

Tufts Health Together with UMass Memorial Health

44

East Boston Neighborhood Health WellSense Alliance

33

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

50

WellSense Boston Children's ACO

49

WellSense Care Alliance

62

WellSense Community Alliance

107

WellSense Mercy Alliance

54

WellSense Signature Alliance

48

WellSense Southcoast Alliance

55

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Be Healthy Partnership Plan

Makes referrals to the State Medicaid Agency (SMA) only

Berkshire Fallon Health Collaborative

Makes referrals to the State Medicaid Agency (SMA) only

Fallon 365 Care

Makes referrals to the State Medicaid Agency (SMA) only

Fallon Health-Atrius Health Care Collaborative

Makes referrals to the State Medicaid Agency (SMA) only

Mass General Brigham Health Plan with Mass General Brigham ACO

Makes referrals to the State Medicaid Agency (SMA) only

Tufts Health Together with Cambridge Health Alliance (CHA)

Makes referrals to the State Medicaid Agency (SMA) only

Tufts Health Together with UMass Memorial Health

Makes referrals to the State Medicaid Agency (SMA) only

East Boston Neighborhood Health WellSense Alliance

Makes referrals to the State Medicaid Agency (SMA) only

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

Makes referrals to the State Medicaid Agency (SMA) only

WellSense Boston Children's ACO

Makes referrals to the State Medicaid Agency (SMA) only

WellSense Care Alliance

Makes referrals to the State Medicaid Agency (SMA) only

WellSense Community Alliance

Makes referrals to the State Medicaid Agency (SMA) only

WellSense Mercy Alliance

Makes referrals to the State Medicaid Agency (SMA) only

WellSense Signature Alliance

Makes referrals to the State Medicaid Agency (SMA) only

WellSense Southcoast Alliance

Makes referrals to the State Medicaid Agency (SMA) only

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made.

Be Healthy Partnership Plan

2

Berkshire Fallon Health Collaborative

13

Fallon 365 Care

15

Fallon Health-Atrius Health Care Collaborative

6

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

15

Tufts Health Together with UMass Memorial Health

68

East Boston Neighborhood Health WellSense Alliance

1

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

1

WellSense Boston Children's ACO

0

WellSense Care Alliance

1

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

1

WellSense Southcoast Alliance

0

D1X.9a:

Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Be Healthy Partnership Plan

01/01/2025

Berkshire Fallon Health Collaborative

01/01/2025

Fallon 365 Care

01/01/2025

Fallon Health-Atrius Health Care Collaborative

01/01/2025

Mass General Brigham Health Plan with Mass General Brigham ACO

01/01/2025

Tufts Health Together with Cambridge Health Alliance (CHA)

01/01/2025

Tufts Health Together with UMass Memorial Health

01/01/2025

East Boston Neighborhood Health WellSense Alliance

01/01/2025

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

01/01/2025

WellSense Boston Children's ACO

01/01/2025

WellSense Care Alliance

01/01/2025

WellSense Community Alliance

01/01/2025

WellSense Mercy Alliance

01/01/2025

WellSense Signature Alliance

01/01/2025

WellSense Southcoast Alliance

01/01/2025

D1X.9b: **Plan overpayment reporting to the state: End Date**

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Be Healthy Partnership Plan

12/31/2025

Berkshire Fallon Health Collaborative

12/31/2025

Fallon 365 Care

12/31/2025

Fallon Health-Atrius Health Care Collaborative

12/31/2025

Mass General Brigham Health Plan with Mass General Brigham ACO

12/31/2025

Tufts Health Together with Cambridge Health Alliance (CHA)

12/31/2025

Tufts Health Together with UMass Memorial Health

12/31/2025

East Boston Neighborhood Health WellSense Alliance

12/31/2025

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

12/31/2025

WellSense Boston Children's ACO

12/31/2025

WellSense Care Alliance

12/31/2025

WellSense Community Alliance

12/31/2025

WellSense Mercy Alliance

12/31/2025

WellSense Signature Alliance

12/31/2025

WellSense Southcoast Alliance

12/31/2025

D1X.9c:

Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Be Healthy Partnership Plan

$312,659.58

Berkshire Fallon Health Collaborative

$543,900.92

Fallon 365 Care

$65,859.64

Fallon Health-Atrius Health Care Collaborative

$543,900.92

Mass General Brigham Health Plan with Mass General Brigham ACO

$938,315.92

Tufts Health Together with Cambridge Health Alliance (CHA)

$387,462.09

Tufts Health Together with UMass Memorial Health

$777,001.27

East Boston Neighborhood Health WellSense Alliance

$677,627

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

$2,436,366.85

WellSense Boston Children's ACO

$3,773,922.99

WellSense Care Alliance

$2,935,186.48

WellSense Community Alliance

$8,034,947.25

WellSense Mercy Alliance

$1,653,887.68

WellSense Signature Alliance

$1,364,911.75

WellSense Southcoast Alliance

$992,804.88

D1X.9d:

Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue

Be Healthy Partnership Plan

$628,537,896

Berkshire Fallon Health Collaborative

$277,923,929

as defined in MLR reporting under 438.8(f)(2))

Fallon 365 Care

$352,239,627

Fallon Health-Atrius Health Care Collaborative

$370,709,298

Mass General Brigham Health Plan with Mass General Brigham ACO

$1,338,918

Tufts Health Together with Cambridge Health Alliance (CHA)

$84,553,720

Tufts Health Together with UMass Memorial Health

$128,404,481.50

East Boston Neighborhood Health WellSense Alliance

$235,551,090

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

$614,912,406

WellSense Boston Children's ACO

$806,543,037

WellSense Care Alliance

$491,757,776

WellSense Community Alliance

$1,514,128,230

WellSense Mercy Alliance

$227,505,350

WellSense Signature Alliance

$234,411,993

WellSense Southcoast Alliance

$194,069,141

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Be Healthy Partnership Plan

Promptly when plan receives information about the change

Berkshire Fallon Health Collaborative

Promptly when plan receives information about the change

Fallon 365 Care

Promptly when plan receives information about the change

Fallon Health-Atrius Health Care Collaborative

Promptly when plan receives information about the change

Mass General Brigham Health Plan with Mass General Brigham ACO

Promptly when plan receives information about the change

Tufts Health Together with Cambridge Health Alliance (CHA)

Promptly when plan receives information about the change

Tufts Health Together with UMass Memorial Health

Promptly when plan receives information about the change

East Boston Neighborhood Health WellSense Alliance

Promptly when plan receives information about the change

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

Promptly when plan receives information about the change

WellSense Boston Children's ACO

Promptly when plan receives information about the change

WellSense Care Alliance

Promptly when plan receives information about the change

WellSense Community Alliance

Promptly when plan receives information about the change

WellSense Mercy Alliance

Promptly when plan receives information about the change

WellSense Signature Alliance

Promptly when plan receives information about the change

WellSense Southcoast Alliance

Promptly when plan receives information about the change

Topic XI: ILOS

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	**ILOSs offered by plan** Indicate whether this plan offered any ILOS to their enrollees.	**Be Healthy Partnership Plan** No ILOSs were offered by this plan **Berkshire Fallon Health Collaborative** No ILOSs were offered by this plan **Fallon 365 Care** No ILOSs were offered by this plan **Fallon Health-Atrius Health Care Collaborative** No ILOSs were offered by this plan **Mass General Brigham Health Plan with Mass General Brigham ACO** No ILOSs were offered by this plan **Tufts Health Together with Cambridge Health Alliance (CHA)** No ILOSs were offered by this plan **Tufts Health Together with UMass Memorial Health** No ILOSs were offered by this plan **East Boston Neighborhood Health WellSense Alliance** No ILOSs were offered by this plan **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** No ILOSs were offered by this plan **WellSense Boston Children's ACO** No ILOSs were offered by this plan **WellSense Care Alliance** No ILOSs were offered by this plan

WellSense Community Alliance

No ILOSs were offered by this plan

WellSense Mercy Alliance

No ILOSs were offered by this plan

WellSense Signature Alliance

No ILOSs were offered by this plan

WellSense Southcoast Alliance

No ILOSs were offered by this plan

Topic XIII. Prior Authorization

> ⚠ **Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select "Not reporting data".**

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?** If “Yes”, please complete the following questions under each plan.	**Be Healthy Partnership Plan** Not answered **Berkshire Fallon Health Collaborative** Not answered **Fallon 365 Care** Not answered **Fallon Health-Atrius Health Care Collaborative** Not answered **Mass General Brigham Health Plan with Mass General Brigham ACO** Not answered **Tufts Health Together with Cambridge Health Alliance (CHA)** Not answered **Tufts Health Together with UMass Memorial Health** Not answered **East Boston Neighborhood Health WellSense Alliance** Not answered **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** Not answered **WellSense Boston Children's ACO** Not answered **WellSense Care Alliance** Not answered **WellSense Community Alliance** Not answered **WellSense Mercy Alliance** Not answered **WellSense Signature Alliance** Not answered

WellSense Southcoast Alliance

Not answered

Topic XIV. Patient Access API Usage

Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?** If “Yes”, please complete the following questions under each plan.	**Be Healthy Partnership Plan** Not answered **Berkshire Fallon Health Collaborative** Not answered **Fallon 365 Care** Not answered **Fallon Health-Atrius Health Care Collaborative** Not answered **Mass General Brigham Health Plan with Mass General Brigham ACO** Not answered **Tufts Health Together with Cambridge Health Alliance (CHA)** Not answered **Tufts Health Together with UMass Memorial Health** Not answered **East Boston Neighborhood Health WellSense Alliance** Not answered **WellSense Beth Israel Lahey Health (BILH) Performance Network ACO** Not answered **WellSense Boston Children's ACO** Not answered **WellSense Care Alliance** Not answered **WellSense Community Alliance** Not answered **WellSense Mercy Alliance** Not answered **WellSense Signature Alliance** Not answered

WellSense Southcoast Alliance

Not answered

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	**BSS entity type** What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	**Automated Health Systems (AHS)** Enrollment Broker **My Ombudsman** Ombudsman Program Other Community-Based Organization
EIX.2	**BSS entity role** What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	**Automated Health Systems (AHS)** Enrollment Broker/Choice Counseling **My Ombudsman** Beneficiary Outreach Other, specify – Assistance with any issues or complaints accessing managed care benefits or services and collection and review of data

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

Number	Indicator	Response
F1	**Notes (optional)**	* We have indicated No for B.X.9a as we have temporary approval from CMS to not post this information due to safety concerns * In response to D1.X.6, we chose Option 2 but the plans sometimes copy the MFCU when referring the provider to the SMA. * In response to D1.XIV.5, we have included the Patient Access API URL in the Provider Access and Payer-to-Payer API field in the report. Since the URLs for the Provider Access and Payer-to-Payer API go into effect on 1/1/27, we will be able to provide those URLs in our MCPAR reports for CY2026, submitted in June 2027.