

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

Due date	Last edited	Edited by	Status
06/28/2024	06/28/2024	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

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.	06/28/2024

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	04/01/2023
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2023
A6	Program name Auto-populated from report dashboard.	Accountable Care 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
	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 Independent 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)
	Maximus
	My Ombudsman (MYO)

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.	2,363,542
BI.2	Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	1,570,038

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	<p>Data validation entity</p> <p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p>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.</p>	State Medicaid agency staff

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p>Payment risks between the state and plans</p> <p>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.</p>	<p>"The MassHealth Program Integrity Unit and Compliance Unit met quarterly with ACPs 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 ACPs annual Compliance Plan and Anti-Fraud, Waste and Abuse Plan, in order to ensure compliance with applicable contract requirements and to ensure ACPs have appropriate controls in place. In addition, in January and July 2023, MassHealth continued to collect and review ACPs 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 ACPs' controls, including the breadth of provider types reviewed and methodologies employed; the number and amount of overpayments identified and recovered by ACPs; 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 2023, MassHealth's primary focus was on ensuring compliance with the new requirements. Moving forward, the information contained in the new Summary of Provider Overpayments reports will enable MassHealth to share best practices across ACPs, monitor performance management, and enforce the relevant contract provisions related to overpayments that the plans fail to identify and/or recover. Further, strengthened ACP contractual provisions related to enforcement of overpayment requirements became effective April 2023 in ACPs' new contracts. These new requirements support MassHealth's ongoing expansion of ACP oversight, which will include direct audits of ACP providers and encounters beginning in Contract Year 2024 for dates of service in 2023. In 2023, MassHealth began preparing for performing direct audits and encounter analyses to identify ACP provider</p>

overpayments. These activities will include audits of Applied Behavior Analysis (ABA) providers to be conducted in the summer of 2024. In addition, MassHealth suspends all inpatient newborn claims for the first 14 days to ensure that duplicate payments are not made if the newborn is enrolled in a managed care plan. If the member is enrolled into a plan, then the FFS claims are denied."

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 (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) 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 state may begin collection activity and shall retain the overpayment. 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) Fraud and Abuse Notification (ad hoc within 5 days of identification); (3) Self-Reported Disclosures Report (ad hoc); (4) Summary of Provider Overpayments (quarterly); and (5) Fraud and Abuse Report (annual). Each of the ad hoc reports are screened by MassHealth. The quarterly and annual reports are reviewed by MassHealth for compliance, performance management, and best practices.

BX.6	<p>Changes in beneficiary circumstances</p> <p>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).</p>	<p>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.</p>
BX.7a	<p>Changes in provider circumstances: Monitoring plans</p> <p>Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>	Yes
BX.7b	<p>Changes in provider circumstances: Metrics</p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p>	Yes
BX.7c	<p>Changes in provider circumstances: Describe metric</p> <p>Describe the metric or indicator that the state uses.</p>	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	<p>Federal database checks: Excluded person or entities</p> <p>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.</p>	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 §455.104 and required by 42 CFR 438.602(g)(3).	Yes
BX.9b	Website posting of 5 percent or more ownership control: Link What is the link to the website? Refer to 42 CFR 602(g)(3).	https://www.mass.gov/managed-care-entity-disclosure-requirements
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.	Audits to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans are underway and being conducted in two sets. The first set of audits covering ACO/MCO/MBHP are in the final stages of completion and we expect to post audit results in late 2024. The second set of audits covering SCO and One Care are underway and expected to be completed in 2025.

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	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
C11.2	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
C11.3	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)
C11.4a	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
C11.4b	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.
C11.5	Program enrollment Enter the average number of individuals enrolled in this managed care program per	961,153

month during the reporting year (i.e., average member months).

C1I.6

Changes to enrollment or benefits

N/A

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.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>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)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>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.</p> <p>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).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Use of correct file formats</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>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.</p>	2.15.B and Appendix E
C1III.4	<p>Financial penalties contract language</p> <p>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</p>	2.15.B and 5.4.D

standards. Use contract section references, not page numbers.

C1III.5	Incentives for encounter data quality	N/A
	Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	

C1III.6	Barriers to collecting/validating encounter data	No barriers are present currently
	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.	

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</p> <p>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.</p>	N/A
C1IV.2	<p>State definition of "timely" resolution for standard appeals</p> <p>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.</p>	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	<p>State definition of "timely" resolution for expedited appeals</p> <p>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.</p>	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	<p>State definition of "timely" resolution for grievances</p> <p>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</p>	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 V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.</p>	<p>MassHealth ACPPs face similar challenges to those faced by all other plans (including those in the commercial insurance space) with the availability of providers for certain specialties and behavioral health services in underserved areas. Additionally, MassHealth's PCP exclusivity requirements also present some challenges as primary care practices can only serve members in one ACPP.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>MassHealth uses its contract to enforce standards that protect access to care. When issues arise, we connect with ACPP key contacts to identify the issue, develop a long term plan to correct the issue, and a plan to preserve member access to services while the underlying issue is being addressed. When appropriate MassHealth also engages with our clinical staff to speak with the plan. MassHealth has included many tools in its contracts to address non-compliance including, corrective workplan, formal corrective action plan, sanctions, or contract termination.</p>

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

1 / 21

C2.V.2 Measure standard

Two open PCP panels within 15 miles or 30 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide except for
Oak Bluffs and
Nantucket Services
Areas

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

2 / 21

C2.V.2 Measure standard

Two open PCP panels within 40 miles or 40 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Oak Bluffs and
Nantucket Service
Areas

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



C2.V.1 General category: General quantitative availability and accessibility standard

3 / 21

C2.V.2 Measure standard

One adult PCP for every 750 adult Enrollees

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

plan reported calculations

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



C2.V.1 General category: General quantitative availability and accessibility standard

4 / 21

C2.V.2 Measure standard

One pediatric PCP for every 750 pediatric Enrollees

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

plan reported calculations

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



C2.V.1 General category: General quantitative availability and accessibility standard

5 / 21

C2.V.2 Measure standard

20 miles or 40 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Acute Inpatient
Hospital

C2.V.5 Region

Statewide except for
Oak Bluffs and
Nantucket Service
Areas

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

6 / 21

C2.V.2 Measure standard

20 miles or 40 minutes, or the closest acute inpatient hospital located outside these Service Areas

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Acute Inpatient
Hospital

C2.V.5 Region

Oak Bluffs and
Nantucket Service
Areas

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

7 / 21

C2.V.2 Measure standard

15 miles or 30 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Urgent Care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

8 / 21

C2.V.2 Measure standard

30 miles or 60 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Rehabilitation
Hospital

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

9 / 21

C2.V.2 Measure standard

Two providers within 15 miles or 30 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider**C2.V.5 Region****C2.V.6 Population**

OBGYN

Statewide

female Enrollees age
10 and older

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

10 / 21

C2.V.2 Measure standard

One OBGYN for every 500 Enrollees

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

OBGYN

C2.V.5 Region

Statewide

C2.V.6 Population

female Enrollees age
10 and older

C2.V.7 Monitoring Methods

plan reported calculations

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

11 / 21

C2.V.2 Measure standard

15 miles or 30 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

12 / 21

C2.V.2 Measure standard

20 miles or 40 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Anesthesiology,
Audiology,
Cardiology,
Dermatology,
Emergency Medicine,
Endocrinology,
Gastroenterology,
General Surgery,
Hematology,
Infectious Disease,
Medical Oncology,
Nephrology,
Neurology,
Ophthalmology,
Orthopedic Surgery,
Otolaryngology,
Physiatry, Podiatry,
Psychiatry,
Pulmonology,
Rheumatology,
Urology

C2.V.5 Region

Statewide except for
Oak Bluffs and
Nantucket Service
Areas

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc

C2.V.1 General category: General quantitative availability and accessibility standard

13 / 21

C2.V.2 Measure standard

40 miles or 40 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Anesthesiology,
Audiology,
Cardiology,
Dermatology,
Emergency Medicine,
Endocrinology,
Gastroenterology,
General Surgery,
Hematology,
Infectious Disease,
Medical Oncology,
Nephrology,
Neurology,
Ophthalmology,
Orthopedic Surgery,
Otolaryngology,
Physiatry, Podiatry,
Psychiatry,
Pulmonology,
Rheumatology,
Urology

C2.V.5 Region

Oak Bluffs and
Nantucket Service
Areas

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc

C2.V.1 General category: General quantitative availability and accessibility standard

14 / 21

C2.V.2 Measure standard

Primary care: within 48 hours of the Enrollee's request for Urgent Care

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Through narrative from the plans on their monitoring of this requirement

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

15 / 21

C2.V.2 Measure standard

Primary care: within 10 calendar days of the Enrollee's request for Symptomatic Care

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Through narrative from the plans on their monitoring of this requirement

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

16 / 21

C2.V.2 Measure standard

Primary care: within 45 calendar days of the Enrollee's request for Non-Symptomatic Care

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

Primary care

Statewide

Adult and pediatric

C2.V.7 Monitoring Methods

Through narrative from the plans on their monitoring of this requirement

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

17 / 21

C2.V.2 Measure standard

Assure the provision of screenings in accordance with the schedule established by the EPSDT Periodicity Schedule

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Through narrative from the plans on their monitoring of this requirement

C2.V.8 Frequency of oversight methods

Annually



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

18 / 21

C2.V.2 Measure standard

Two within 60 miles or 60 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Inpatient Mental
Health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult, Adolescent
and Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

19 / 21

C2.V.2 Measure standard

Two within 60 miles or 60 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Managed Inpatient
Level 4

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and
Adolescent

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

20 / 21

C2.V.2 Measure standard

Two within 30 miles or 30 minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

ABA (Applied
Behavioral Analysis),
CPS (Certified Peer
Specialist), CCS
(Community Crisis
Stabilization), CSS
(Clinical Stabilization
Services) level 3.5,
CBAT-ACBAT-TCU

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

(Community-Based
Acute Treatment -
Intensive
Community-Based
Acute Treatment -
Transitional Care
Unit), CSP
(Community Support
Program), IHBS (In-
Home Behavioral
Services), IHT (In-
Home Therapy), IOP
(Intensive Outpatient
Program), OTP
(Opioid Treatment
Program), PHP
(Partial
Hospitalization
Program), PDT
(Psychiatric Day
Treatment), RRS
(Residential
Rehabilitation
Services) level 3.1,
Recovery Coach, RSN
(Recovery Support
Navigator), SOAP
(Structured
Outpatient
Addictions Program),
TM (Therapeutic
Mentoring)

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

21 / 21

C2.V.2 Measure standard

One provider statewide

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Allergy, Oral surgery,
Plastic Surgery,
Vascular Surgery

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually and Ad hoc

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<p>BSS website</p> <p>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.</p>	<p>member-issues@masshealthquestions.com and info@myombudsman.org</p>
C1IX.2	<p>BSS auxiliary aids and services</p> <p>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)?</p> <p>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.</p>	<p>AHS - Contract has 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 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. Maximus - Contract has accessibility requirements to accommodate members with disabilities. Maximus is required to comply with the ADA and Section 504 of the Rehabilitation Act of 1973 (Section 504) (29 USC §794) and ensure that 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.</p>

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 (MYO): • 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

N/A

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).

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).

Maximus - The State evaluates Maximus's quality, effectiveness, and efficiency through various contract management, internal controls, and reporting requirements. For example, Section 4.8 of Maximus's contract requires that Maximus engage in weekly and ad hoc meetings with EOHHS to address project plans, operational issues, progress toward annual goals, and the status of any quality improvement projects. Maximus 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 4.9). Maximus is also 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 4.10). Lastly, the Maximus contract contains general reporting requirements (see Section 4.13), which include weekly, monthly, quarterly, and ad hoc reports detailing, e.g., member transactions and customer encounters. My Ombudsman (MYO) - 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

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
		52,617
		Berkshire Fallon Health Collaborative
		21,063
		Fallon 365 Care
		40,456
		Fallon Health-Atrius Health Care Collaborative
		43,925
		Mass General Brigham Health Plan with Mass General Brigham ACO
		161,042
		Tufts Health Together with Cambridge Health Alliance (CHA)
		40,240
		Tufts Health Together with UMass Memorial Health
		50,305
		East Boston Neighborhood Health WellSense Alliance
		32,294
		WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
		79,420
		WellSense Boston Children's ACO
		135,470
		WellSense Care Alliance
		64,945

WellSense Community Alliance

158,371

WellSense Mercy Alliance

33,929

WellSense Signature Alliance

25,844

WellSense Southcoast Alliance

21,167

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

2.2%

Berkshire Fallon Health Collaborative

0.9%

Fallon 365 Care

1.7%

Fallon Health-Atrius Health Care Collaborative

1.9%

Mass General Brigham Health Plan with Mass General Brigham ACO

6.8%

Tufts Health Together with Cambridge Health Alliance (CHA)

1.7%

Tufts Health Together with UMass Memorial Health

2.1%

East Boston Neighborhood Health WellSense Alliance

1.4%

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

3.4%

WellSense Boston Children's ACO

5.7%

WellSense Care Alliance

2.7%

WellSense Community Alliance

6.7%

WellSense Mercy Alliance

1.4%

WellSense Signature Alliance

1.1%

WellSense Southcoast Alliance

0.9%

D1I.3

**Plan share of any Medicaid
managed care**

What is the plan enrollment
(regardless of program) as a
percentage of total Medicaid
enrollment in any type of
managed care?

- Numerator: Plan enrollment
(D1.I.1)
- Denominator: Statewide
Medicaid managed care
enrollment (B.I.2)

Be Healthy Partnership

3.4%

Berkshire Fallon Health Collaborative

1.3%

Fallon 365 Care

2.6%

**Fallon Health-Atrius Health Care
Collaborative**

2.8%

**Mass General Brigham Health Plan with
Mass General Brigham ACO**

10.3%

**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**

2.1%

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

5.1%

WellSense Boston Children's ACO

8.6%

WellSense Care Alliance

4.1%

WellSense Community Alliance

10.1%

WellSense Mercy Alliance

2.2%

WellSense Signature Alliance

1.6%

WellSense Southcoast Alliance

1.3%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	Be Healthy Partnership 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

D1II.1b**Level of aggregation**

What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.
As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

Be Healthy Partnership

Program-specific statewide

Berkshire Fallon Health Collaborative

Program-specific statewide

Fallon 365 Care

Program-specific statewide

Fallon Health-Atrius Health Care Collaborative

Program-specific statewide

Mass General Brigham Health Plan with Mass General Brigham ACO

Program-specific statewide

Tufts Health Together with Cambridge Health Alliance (CHA)

Program-specific statewide

Tufts Health Together with UMass Memorial Health

Program-specific statewide

East Boston Neighborhood Health WellSense Alliance

Program-specific statewide

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

Program-specific statewide

WellSense Boston Children's ACO

Program-specific statewide

WellSense Care Alliance

Program-specific statewide

WellSense Community Alliance

Program-specific statewide

WellSense Mercy Alliance

Program-specific statewide

WellSense Signature Alliance

Program-specific statewide

WellSense Southcoast Alliance

Program-specific statewide

D1II.2

**Population specific MLR
description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Be Healthy Partnership

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

Berkshire Fallon Health Collaborative

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

Fallon 365 Care

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

**Fallon Health-Atrius Health Care
Collaborative**

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be

available later this calendar year.

**Mass General Brigham Health Plan with
Mass General Brigham ACO**

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

**Tufts Health Together with Cambridge
Health Alliance (CHA)**

We do not yet have MLR/Performance Measure data for these new plans which began on 4/1/23. This data will be available later this calendar year.

**Tufts Health Together with UMass Memorial
Health**

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

**East Boston Neighborhood Health WellSense
Alliance**

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

WellSense Boston Children's ACO

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

WellSense Care Alliance

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

WellSense Community Alliance

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

WellSense Mercy Alliance

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

WellSense Signature Alliance

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

WellSense Southcoast Alliance

We do not yet have MLR data for these new plans which began on 4/1/23. This data will be available later this calendar year.

D1II.3

MLR reporting period discrepancies

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

Be Healthy Partnership

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

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p>Definition of timely encounter data submissions</p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p> <p>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p>Be Healthy Partnership</p> <p>In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.</p> <p>Berkshire Fallon Health Collaborative</p> <p>In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.</p> <p>Fallon 365 Care</p> <p>In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.</p> <p>Fallon Health-Atrius Health Care Collaborative</p> <p>In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.</p> <p>Mass General Brigham Health Plan with Mass General Brigham ACO</p> <p>In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.</p> <p>Tufts Health Together with Cambridge Health Alliance (CHA)</p>

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

Tufts Health Together with UMass Memorial Health

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

East Boston Neighborhood Health WellSense Alliance

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

WellSense Boston Children's ACO

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

WellSense Care Alliance

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes

corrections based on automated submission feedback.

WellSense Community Alliance

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

WellSense Mercy Alliance

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

WellSense Signature Alliance

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

WellSense Southcoast Alliance

In accordance with Section 2.15.B.6 of the Contract, all Health Plans are expected to submit encounters by end of month, for remit dates thru end of previous month. This includes corrections based on automated submission feedback.

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

Be Healthy Partnership

100%

Berkshire Fallon Health Collaborative

100%

Fallon 365 Care

100%

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.

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

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

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 189
		Berkshire Fallon Health Collaborative 227
		Fallon 365 Care 289
		Fallon Health-Atrius Health Care Collaborative 224
		Mass General Brigham Health Plan with Mass General Brigham ACO 291
		Tufts Health Together with Cambridge Health Alliance (CHA) 50
		Tufts Health Together with UMass Memorial Health 189
		East Boston Neighborhood Health WellSense Alliance 22
		WellSense Beth Israel Lahey Health (BILH) Performance Network ACO 310
		WellSense Boston Children's ACO 136
		WellSense Care Alliance 128

WellSense Community Alliance

372

WellSense Mercy Alliance

68

WellSense Signature Alliance

50

WellSense Southcoast Alliance

109

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

0

Berkshire Fallon Health Collaborative

10

Fallon 365 Care

22

Fallon Health-Atrius Health Care Collaborative

13

Mass General Brigham Health Plan with Mass General Brigham ACO

12

Tufts Health Together with Cambridge Health Alliance (CHA)

5

Tufts Health Together with UMass Memorial Health

25

East Boston Neighborhood Health WellSense Alliance

1

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

3

WellSense Boston Children's ACO

0

WellSense Care Alliance

2

WellSense Community Alliance

5

WellSense Mercy Alliance

2

WellSense Signature Alliance

1

WellSense Southcoast Alliance

0

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

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

Be Healthy Partnership

N/A

Berkshire Fallon Health Collaborative

N/A

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 preceded the filing of the critical incident.

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

WellSense Southcoast Alliance

N/A

D1IV.5a	Standard appeals for which timely resolution was provided	Be Healthy Partnership
		137
	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.	Berkshire Fallon Health Collaborative
		181
		Fallon 365 Care
		227
		Fallon Health-Atrius Health Care Collaborative
		168
		Mass General Brigham Health Plan with Mass General Brigham ACO
		191
		Tufts Health Together with Cambridge Health Alliance (CHA)
		21
		Tufts Health Together with UMass Memorial Health
		66
		East Boston Neighborhood Health WellSense Alliance
		10
		WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
		181
		WellSense Boston Children's ACO
		66

WellSense Care Alliance

60

WellSense Community Alliance

227

WellSense Mercy Alliance

50

WellSense Signature Alliance

27

WellSense Southcoast Alliance

67

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

50

Berkshire Fallon Health Collaborative

45

Fallon 365 Care

61

**Fallon Health-Atrius Health Care
Collaborative**

55

**Mass General Brigham Health Plan with
Mass General Brigham ACO**

89

**Tufts Health Together with Cambridge
Health Alliance (CHA)**

25

**Tufts Health Together with UMass Memorial
Health**

118

East Boston Neighborhood Health WellSense Alliance

12

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

126

WellSense Boston Children's ACO

67

WellSense Care Alliance

66

WellSense Community Alliance

145

WellSense Mercy Alliance

17

WellSense Signature Alliance

22

WellSense Southcoast Alliance

37

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

177

Berkshire Fallon Health Collaborative

199

Fallon 365 Care

249

Fallon Health-Atrius Health Care Collaborative

214

**Mass General Brigham Health Plan with
Mass General Brigham ACO**

280

**Tufts Health Together with Cambridge
Health Alliance (CHA)**

42

**Tufts Health Together with UMass Memorial
Health**

178

**East Boston Neighborhood Health WellSense
Alliance**

22

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

307

WellSense Boston Children's ACO

135

WellSense Care Alliance

128

WellSense Community Alliance

368

WellSense Mercy Alliance

66

WellSense Signature Alliance

48

WellSense Southcoast Alliance

106

**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.

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.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

10

Berkshire Fallon Health Collaborative

28

Fallon 365 Care

40

Fallon Health-Atrius Health Care Collaborative

10

Mass General Brigham Health Plan with Mass General Brigham ACO

0

Tufts Health Together with Cambridge Health Alliance (CHA)

7

Tufts Health Together with UMass Memorial Health

9

East Boston Neighborhood Health WellSense Alliance

0

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

2

WellSense Boston Children's ACO

0

WellSense Care Alliance

0

WellSense Community Alliance

2

WellSense Mercy Alliance

1

WellSense Signature Alliance

1

WellSense Southcoast Alliance

0

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

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

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**

2

**Tufts Health Together with Cambridge
Health Alliance (CHA)**

4

**Tufts Health Together with UMass Memorial
Health**

5

**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

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).

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

4

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

0

Mass General Brigham Health Plan with Mass General Brigham ACO

5

Tufts Health Together with Cambridge Health Alliance (CHA)

6

Tufts Health Together with UMass Memorial Health

16

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

1

WellSense Signature Alliance

1

WellSense Southcoast Alliance

4

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

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

4

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

2

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

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
		2
		Berkshire Fallon Health Collaborative
		10
		Fallon 365 Care
		1
		Fallon Health-Atrius Health Care Collaborative
		9
		Mass General Brigham Health Plan with Mass General Brigham ACO
		3
		Tufts Health Together with Cambridge Health Alliance (CHA)
		1
		Tufts Health Together with UMass Memorial Health
		2
		East Boston Neighborhood Health WellSense Alliance
		0
		WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
		2
		WellSense Boston Children's ACO
		0
		WellSense Care Alliance
		1

WellSense Community Alliance

6

WellSense Mercy Alliance

4

WellSense Signature Alliance

0

WellSense Southcoast Alliance

2

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, including diagnostic and laboratory services. 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

40

Berkshire Fallon Health Collaborative

60

Fallon 365 Care

70

Fallon Health-Atrius Health Care Collaborative

63

Mass General Brigham Health Plan with Mass General Brigham ACO

21

Tufts Health Together with Cambridge Health Alliance (CHA)

3

Tufts Health Together with UMass Memorial Health

14

East Boston Neighborhood Health WellSense Alliance

1

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

3

WellSense Boston Children's ACO

0

WellSense Care Alliance

2

WellSense Community Alliance

45

WellSense Mercy Alliance

2

WellSense Signature Alliance

6

WellSense Southcoast Alliance

14

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

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)

0

Tufts Health Together with UMass Memorial Health

2

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

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

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

2

managed care plan does not cover outpatient behavioral health services, enter "N/A".

Fallon 365 Care

6

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

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

WellSense Southcoast Alliance

0

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

108

Berkshire Fallon Health Collaborative

125

Fallon 365 Care

163

Fallon Health-Atrius Health Care Collaborative

127

Mass General Brigham Health Plan with Mass General Brigham ACO

243

Tufts Health Together with Cambridge Health Alliance (CHA)

24

Tufts Health Together with UMass Memorial Health

127

East Boston Neighborhood Health WellSense Alliance

16

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

274

WellSense Boston Children's ACO

128

WellSense Care Alliance

95

WellSense Community Alliance

298

WellSense Mercy Alliance

52

WellSense Signature Alliance

42

WellSense Southcoast Alliance

84

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

2

Berkshire Fallon Health Collaborative

8

Fallon 365 Care

0

Fallon Health-Atrius Health Care Collaborative

11

Mass General Brigham Health Plan with Mass General Brigham ACO

1

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

2

WellSense Boston Children's ACO

0

WellSense Care Alliance

24

WellSense Community Alliance

3

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

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".

Be Healthy Partnership

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**

Be Healthy Partnership

N/A

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".

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

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

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.7j

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-i paid primarily by Medicaid, enter "N/A".

Be Healthy Partnership

37

Berkshire Fallon Health Collaborative

27

Fallon 365 Care

48

Fallon Health-Atrius Health Care Collaborative

18

Mass General Brigham Health Plan with Mass General Brigham ACO

6

Tufts Health Together with Cambridge Health Alliance (CHA)

22

Tufts Health Together with UMass Memorial Health

44

East Boston Neighborhood Health WellSense Alliance

4

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

28

WellSense Boston Children's ACO

8

WellSense Care Alliance

7

WellSense Community Alliance

18

WellSense Mercy Alliance

10

WellSense Signature Alliance

2

WellSense Southcoast Alliance

12

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	Be Healthy Partnership
		1
		Berkshire Fallon Health Collaborative
		4
		Fallon 365 Care
		1
		Fallon Health-Atrius Health Care Collaborative
		2
		Mass General Brigham Health Plan with Mass General Brigham ACO
		3
		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
		2
		WellSense Boston Children's ACO
		3
		WellSense Care Alliance
		3

WellSense Community Alliance

2

WellSense Mercy Alliance

1

WellSense Signature Alliance

1

WellSense Southcoast Alliance

0

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

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

**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.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

1

Berkshire Fallon Health Collaborative

4

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)

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

2

WellSense Community Alliance

0

WellSense Mercy Alliance

1

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

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

0

reporting year prior to reaching
a decision.

Fallon 365 Care

1

**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

3

WellSense Care Alliance

1

WellSense Community Alliance

2

WellSense Mercy Alliance

0

WellSense Signature Alliance

WellSense Southcoast Alliance

0

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

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

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. A grievance is "resolved" when it has reached completion and been closed by the plan.	Be Healthy Partnership
		6
		Berkshire Fallon Health Collaborative
		82
		Fallon 365 Care
		49
		Fallon Health-Atrius Health Care Collaborative
		64
		Mass General Brigham Health Plan with Mass General Brigham ACO
		19
		Tufts Health Together with Cambridge Health Alliance (CHA)
		27
		Tufts Health Together with UMass Memorial Health
		42
		East Boston Neighborhood Health WellSense Alliance
		3
		WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
		67
		WellSense Boston Children's ACO
		3
		WellSense Care Alliance
		24

WellSense Community Alliance

95

WellSense Mercy Alliance

20

WellSense Signature Alliance

21

WellSense Southcoast Alliance

23

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

0

Berkshire Fallon Health Collaborative

6

Fallon 365 Care

3

Fallon Health-Atrius Health Care Collaborative

5

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**

1

WellSense Boston Children's ACO

2

WellSense Care Alliance

5

WellSense Community Alliance

1

WellSense Mercy Alliance

1

WellSense Signature Alliance

0

WellSense Southcoast Alliance

1

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

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

Be Healthy Partnership

N/A

Berkshire Fallon Health Collaborative

N/A

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.

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

WellSense Southcoast Alliance

N/A

D1IV.14	Number of grievances for which timely resolution was provided	Be Healthy Partnership
		6
	Enter the number of grievances for which timely resolution was provided by plan during the reporting year.	Berkshire Fallon Health Collaborative
	See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	82
		Fallon 365 Care
		49
		Fallon Health-Atrius Health Care Collaborative
		64
		Mass General Brigham Health Plan with Mass General Brigham ACO
		19
		Tufts Health Together with Cambridge Health Alliance (CHA)
		23
		Tufts Health Together with UMass Memorial Health
		41
		East Boston Neighborhood Health WellSense Alliance
		3
		WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
		67
		WellSense Boston Children's ACO
		46

WellSense Care Alliance

23

WellSense Community Alliance

92

WellSense Mercy Alliance

20

WellSense Signature Alliance

21

WellSense Southcoast Alliance

23

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 2 Berkshire Fallon Health Collaborative 4 Fallon 365 Care 3 Fallon Health-Atrius Health Care Collaborative 3 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 2 WellSense Beth Israel Lahey Health (BILH) Performance Network ACO 2 WellSense Boston Children's ACO 0 WellSense Care Alliance 0

WellSense Community Alliance

0

WellSense Mercy Alliance

1

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, including diagnostic and laboratory services. 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

4

Berkshire Fallon Health Collaborative

4

Fallon 365 Care

7

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)

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**

2

WellSense Boston Children's ACO

3

WellSense Care Alliance

5

WellSense Community Alliance

36

WellSense Mercy Alliance

7

WellSense Signature Alliance

7

WellSense Southcoast Alliance

7

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

0

Berkshire Fallon Health Collaborative

1

Fallon 365 Care

4

**Fallon Health-Atrius Health Care
Collaborative**

3

**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

2

WellSense Boston Children's ACO

6

WellSense Care Alliance

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

2

WellSense Southcoast Alliance

1

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

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

1

managed care plan does not cover this type of service, enter "N/A".

Fallon 365 Care

4

Fallon Health-Atrius Health Care Collaborative

3

Mass General Brigham Health Plan with Mass General Brigham ACO

5

Tufts Health Together with Cambridge Health Alliance (CHA)

1

Tufts Health Together with UMass Memorial Health

1

East Boston Neighborhood Health WellSense Alliance

1

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

12

WellSense Boston Children's ACO

30

WellSense Care Alliance

2

WellSense Community Alliance

4

WellSense Mercy Alliance

1

WellSense Signature Alliance

WellSense Southcoast Alliance

7

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

0

Berkshire Fallon Health Collaborative

1

Fallon 365 Care

1

Fallon Health-Atrius Health Care Collaborative

1

Mass General Brigham Health Plan with Mass General Brigham ACO

3

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

6

WellSense Boston Children's ACO

2

WellSense Care Alliance

4

WellSense Community Alliance

7

WellSense Mercy Alliance

2

WellSense Signature Alliance

1

WellSense Southcoast Alliance

4

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

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

2

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

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**

Be Healthy Partnership
N/A

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".

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

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

1

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.15j

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-i paid primarily by Medicaid, enter "N/A".

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

72

Fallon 365 Care

34

Fallon Health-Atrius Health Care Collaborative

51

Mass General Brigham Health Plan with Mass General Brigham ACO

16

Tufts Health Together with Cambridge Health Alliance (CHA)

25

Tufts Health Together with UMass Memorial Health

40

East Boston Neighborhood Health WellSense Alliance

2

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

39

WellSense Boston Children's ACO

5

WellSense Care Alliance

15

WellSense Community Alliance

33

WellSense Mercy Alliance

7

WellSense Signature Alliance

10

WellSense Southcoast Alliance

4

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 1
		Berkshire Fallon Health Collaborative 61
		Fallon 365 Care 32
		Fallon Health-Atrius Health Care Collaborative 39
		Mass General Brigham Health Plan with Mass General Brigham ACO 5
		Tufts Health Together with Cambridge Health Alliance (CHA) 2
		Tufts Health Together with UMass Memorial Health 2
		East Boston Neighborhood Health WellSense Alliance 1
		WellSense Beth Israel Lahey Health (BILH) Performance Network ACO 6
		WellSense Boston Children's ACO 4
		WellSense Care Alliance 6

WellSense Community Alliance

13

WellSense Mercy Alliance

2

WellSense Signature Alliance

6

WellSense Southcoast Alliance

2

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

0

Berkshire Fallon Health Collaborative

22

Fallon 365 Care

12

Fallon Health-Atrius Health Care Collaborative

19

Mass General Brigham Health Plan with Mass General Brigham ACO

1

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

0

WellSense Community Alliance

0

WellSense Mercy Alliance

0

WellSense Signature Alliance

0

WellSense Southcoast Alliance

0

D1IV.16c

**Resolved grievances related
to 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

3

Berkshire Fallon Health Collaborative

9

Fallon 365 Care

6

**Fallon Health-Atrius Health Care
Collaborative**

2

**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

3

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

0

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

Be Healthy Partnership

1

Berkshire Fallon Health Collaborative

22

effectiveness, efficiency, equity,
patient-centeredness, safety,
and/or acceptability of care
provided by a provider or the
plan.

Fallon 365 Care

12

**Fallon Health-Atrius Health Care
Collaborative**

19

**Mass General Brigham Health Plan with
Mass General Brigham ACO**

4

**Tufts Health Together with Cambridge
Health Alliance (CHA)**

5

**Tufts Health Together with UMass Memorial
Health**

9

**East Boston Neighborhood Health
WellSense Alliance**

1

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

24

WellSense Boston Children's ACO

2

WellSense Care Alliance

9

WellSense Community Alliance

43

WellSense Mercy Alliance

6

WellSense Signature Alliance

WellSense Southcoast Alliance

6

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

0

Berkshire Fallon Health Collaborative

0

Fallon 365 Care

0

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)

3

Tufts Health Together with UMass Memorial Health

7

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

1

WellSense Community Alliance

1

WellSense Mercy Alliance

0

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

1

Berkshire Fallon Health Collaborative

3

Fallon 365 Care

5

Fallon Health-Atrius Health Care Collaborative

3

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

3

**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

0

WellSense Community Alliance

1

WellSense Mercy Alliance

0

WellSense Signature Alliance

1

WellSense Southcoast Alliance

0

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

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

3

Fallon 365 Care

1

**Fallon Health-Atrius Health Care
Collaborative**

1

	state Ombudsman or Office of the Inspector General.	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 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.16h	Resolved grievances related to abuse, neglect or exploitation	Be Healthy Partnership 0

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.

Berkshire Fallon Health Collaborative

22

Fallon 365 Care

12

Fallon Health-Atrius Health Care Collaborative

19

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.16i

Resolved grievances related to lack of timely plan response to a 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 (including requests to expedite or extend appeals).

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

3

Fallon 365 Care

1

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.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 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.

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

4

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.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

0

Berkshire Fallon Health Collaborative

7

Fallon 365 Care

4

**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)**

14

**Tufts Health Together with UMass Memorial
Health**

18

**East Boston Neighborhood Health
WellSense Alliance**

1

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

36

WellSense Boston Children's ACO

39

WellSense Care Alliance

8

WellSense Community Alliance

37

WellSense Mercy Alliance

12

WellSense Signature Alliance

7

WellSense Southcoast Alliance

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.



Complete

D2.VII.1 Measure Name: We do not yet have Performance Measure data for these new plans which began on 4/1/23. This data will be available later this calendar year.

1 / 1

D2.VII.2 Measure Domain

We do not yet have Performance Measure data for these new plans which began on 4/1/23. This data will be available later this calendar year.

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

We do not yet have Performance Measure data for these new plans which began on 4/1/23. This data will be available later this calendar year.

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

Program-specific rate

D2.VII.6 Measure Set

We do not yet have Performance Measure data for these new plans which began on 4/1/23. This data will be available later this calendar year.

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

Yes

D2.VII.8 Measure Description

We do not yet have Performance Measure data for these new plans which began on 4/1/23. This data will be available later this calendar year.

Measure results

Be Healthy Partnership

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

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. Include any pending or unresolved actions.

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: 1



Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 1

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

Fallon 365 Care

D3.VIII.4 Reason for intervention

Inadequate primary care provider network; failure to meet network adequacy and accessibility requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/20/2023

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

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
		3
		Berkshire Fallon Health Collaborative
		2.4
		Fallon 365 Care
		2.4
		Fallon Health-Atrius Health Care Collaborative
		2.4
		Mass General Brigham Health Plan with Mass General Brigham ACO
		2
		Tufts Health Together with Cambridge Health Alliance (CHA)
		23
		Tufts Health Together with UMass Memorial Health
		23
		East Boston Neighborhood Health WellSense Alliance
		10
		WellSense Beth Israel Lahey Health (BILH) Performance Network ACO
		10
		WellSense Boston Children's ACO
		10
		WellSense Care Alliance
		10

WellSense Community Alliance

10

WellSense Mercy Alliance

10

WellSense Signature Alliance

10

WellSense Southcoast Alliance

10

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

7

Berkshire Fallon Health Collaborative

4

Fallon 365 Care

5

Fallon Health-Atrius Health Care Collaborative

5

Mass General Brigham Health Plan with Mass General Brigham ACO

58

Tufts Health Together with Cambridge Health Alliance (CHA)

79

Tufts Health Together with UMass Memorial Health

79

East Boston Neighborhood Health WellSense Alliance

16

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

29

WellSense Boston Children's ACO

29

WellSense Care Alliance

26

WellSense Community Alliance

100

WellSense Mercy Alliance

49

WellSense Signature Alliance

44

WellSense Southcoast Alliance

51

D1X.3

**Ratio of opened program
integrity investigations to
enrollees**

What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

Be Healthy Partnership

0.13:1,000

Berkshire Fallon Health Collaborative

0.19:1,000

Fallon 365 Care

0.12:1,000

**Fallon Health-Atrius Health Care
Collaborative**

0.11:1,000

**Mass General Brigham Health Plan with
Mass General Brigham ACO**

0.36:1,000

Tufts Health Together with Cambridge Health Alliance (CHA)

1.96:1,000

Tufts Health Together with UMass Memorial Health

1.57:1,000

East Boston Neighborhood Health WellSense Alliance

0.5:1,000

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0.37:1,000

WellSense Boston Children's ACO

0.21:1,000

WellSense Care Alliance

0.4:1,000

WellSense Community Alliance

0.63:1,000

WellSense Mercy Alliance

1.44:1,000

WellSense Signature Alliance

1.7:1,000

WellSense Southcoast Alliance

2.41:1,000

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

3

Berkshire Fallon Health Collaborative

2

Fallon 365 Care

2

**Fallon Health-Atrius Health Care
Collaborative**

0

**Mass General Brigham Health Plan with
Mass General Brigham ACO**

6

**Tufts Health Together with Cambridge
Health Alliance (CHA)**

3

**Tufts Health Together with UMass Memorial
Health**

3

**East Boston Neighborhood Health WellSense
Alliance**

1

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

4

WellSense Boston Children's ACO

2

WellSense Care Alliance

3

WellSense Community Alliance

51

WellSense Mercy Alliance

22

WellSense Signature Alliance

D1X.5**Ratio of resolved program integrity investigations to enrollees**

What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

Be Healthy Partnership

0.06:1,000

Berkshire Fallon Health Collaborative

0.09:1,000

Fallon 365 Care

0.05:1,000

Fallon Health-Atrius Health Care Collaborative

0:1,000

Mass General Brigham Health Plan with Mass General Brigham ACO

0.04:1,000

Tufts Health Together with Cambridge Health Alliance (CHA)

0.07:1,000

Tufts Health Together with UMass Memorial Health

0.06:1,000

East Boston Neighborhood Health WellSense Alliance

0.03:1,000

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

0.05:1,000

WellSense Boston Children's ACO

0.01:1,000

WellSense Care Alliance

0.05:1,000

WellSense Community Alliance

0.32:1,000

WellSense Mercy Alliance

0.65:1,000

WellSense Signature Alliance

0.85:1,000

WellSense Southcoast Alliance

1.18:1,000

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

Makes some referrals to the SMA and others directly to the MFCU

Berkshire Fallon Health Collaborative

Makes some referrals to the SMA and others directly to the MFCU

Fallon 365 Care

Makes some referrals to the SMA and others directly to the MFCU

Fallon Health-Atrius Health Care Collaborative

Makes some referrals to the SMA and others directly to the MFCU

Mass General Brigham Health Plan with Mass General Brigham ACO

Makes some referrals to the SMA and others directly to the MFCU

Tufts Health Together with Cambridge Health Alliance (CHA)

Makes some referrals to the SMA and others

directly to the MFCU

Tufts Health Together with UMass Memorial Health

Makes some referrals to the SMA and others directly to the MFCU

East Boston Neighborhood Health WellSense Alliance

Makes some referrals to the SMA and others directly to the MFCU

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

Makes some referrals to the SMA and others directly to the MFCU

WellSense Boston Children's ACO

Makes some referrals to the SMA and others directly to the MFCU

WellSense Care Alliance

Makes some referrals to the SMA and others directly to the MFCU

WellSense Community Alliance

Makes some referrals to the SMA and others directly to the MFCU

WellSense Mercy Alliance

Makes some referrals to the SMA and others directly to the MFCU

WellSense Signature Alliance

Makes some referrals to the SMA and others directly to the MFCU

WellSense Southcoast Alliance

Makes some referrals to the SMA and others directly to the MFCU

D1X.7

Count of program integrity referrals to the state

Enter the total number of program integrity referrals made during the reporting year.

Be Healthy Partnership

0

Berkshire Fallon Health Collaborative

4

Fallon 365 Care

5

Fallon Health-Atrius Health Care Collaborative

5

Mass General Brigham Health Plan with Mass General Brigham ACO

58

Tufts Health Together with Cambridge Health Alliance (CHA)

79

Tufts Health Together with UMass Memorial Health

79

East Boston Neighborhood Health WellSense Alliance

2

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

2

WellSense Boston Children's ACO

3

WellSense Care Alliance

1

WellSense Community Alliance

WellSense Mercy Alliance

7

WellSense Signature Alliance

9

WellSense Southcoast Alliance

7

D1X.8**Ratio of program integrity referral to the state**

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

Be Healthy Partnership

0:1,000

Berkshire Fallon Health Collaborative

0.19:1,000

Fallon 365 Care

0.12:1,000

Fallon Health-Atrius Health Care Collaborative

0.12:1,000

Mass General Brigham Health Plan with Mass General Brigham ACO

0.36:1,000

Tufts Health Together with Cambridge Health Alliance (CHA)

1.96:1,000

Tufts Health Together with UMass Memorial Health

1.57:1,000

East Boston Neighborhood Health WellSense Alliance

0.06:1,000

**WellSense Beth Israel Lahey Health (BILH)
Performance Network ACO**

0.03:1,000

WellSense Boston Children's ACO

0.02:1,000

WellSense Care Alliance

0.02:1,000

WellSense Community Alliance

0.1:1,000

WellSense Mercy Alliance

0.21:1,000

WellSense Signature Alliance

0.35:1,000

WellSense Southcoast Alliance

0.33:1,000

D1X.9

**Plan overpayment reporting
to the state**

Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3).

Include, at minimum, the following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2).

Be Healthy Partnership

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered: \$491,266.23\$ • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .13%

Berkshire Fallon Health Collaborative

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered: \$13,659.21 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .00%

Fallon 365 Care

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments

recovered: \$747,705.64 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .00%

Fallon Health-Atrius Health Care Collaborative

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered: \$7,522.14 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .00%

Mass General Brigham Health Plan with Mass General Brigham ACO

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered:\$61,417 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .00006% 747,705.64

Tufts Health Together with Cambridge Health Alliance (CHA)

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered:\$491.326.23 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .13%

Tufts Health Together with UMass Memorial Health

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered: \$0 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .00%

East Boston Neighborhood Health WellSense Alliance

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered:\$0 • Ratio of the dollar amount of

overpayments recovered as a percent of premium revenue: .00%

WellSense Beth Israel Lahey Health (BILH) Performance Network ACO

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered:\$7,321.80 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .05%

WellSense Boston Children's ACO

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered:\$3,966.01. • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .02%

WellSense Care Alliance

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered: \$2,966.91 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .02%

WellSense Community Alliance

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered: \$340,703.49 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .49%

WellSense Mercy Alliance

Most recent overpayment recent report: • Submitted on 1/31/24 for rating period: 4/1/23 -12/31/23 • Dollar amount of overpayments recovered:\$56,090.81 • Ratio of the dollar amount of overpayments recovered as a percent of premium revenue: .51%

WellSense Signature Alliance

Most recent overpayment recent report: •
Submitted on 1/31/24 for rating period: 4/1/23
-12/31/23 • Dollar amount of overpayments
recovered:\$62,865.09 • Ratio of the dollar
amount of overpayments recovered as a
percent of premium revenue: .69%

WellSense Southcoast Alliance

Most recent overpayment recent report: •
Submitted on 1/31/24 for rating period: 4/1/23
-12/31/23 • Dollar amount of overpayments
recovered:\$42,496.72 • Ratio of the dollar
amount of overpayments recovered as a
percent of premium revenue: .44%

D1X.10

Changes in beneficiary circumstances

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

Be Healthy Partnership

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

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
		Maximus
		Enrollment Broker
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).	My Ombudsman (MYO)
		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
		Maximus
		Enrollment Broker/Choice Counseling
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).	My Ombudsman (MYO)
		Beneficiary Outreach
		Other, specify – assistance with any issues or complaints accessing managed care benefits or services