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External Quality Review Massachusetts Behavioral Health Partnership Annual Technical Report, Calendar Year 2024



Commonwealth of Massachusetts
Executive Office of Health and
Human Services

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I. Executive Summary

Massachusetts Behavioral Health Partnership

External quality review (EQR) is the evaluation and validation of information about quality of, timeliness of, and access to health care services furnished to Medicaid enrollees. The objective of the EQR is to improve states' ability to oversee managed care plans (MCPs) and to help MCPs improve their performance. This annual technical report describes the results of the EQR for the Massachusetts Behavioral Health Partnership (MBHP), which manages behavioral health care for MassHealth's members enrolled in the primary care accountable care organizations (PC ACOs) and the Primary Care Clinician Plan (PCCP).

Massachusetts's Medicaid program (known as "MassHealth"), administered by the Massachusetts Executive Office of Health and Human Services (EOHHS), contracted with MBHP to provide behavioral health care for PC ACO and PCCP members during the 2024 calendar year (CY). MBHP is a network of behavioral health providers who manage behavioral health care for MassHealth's PC ACOs and PCCP. MBHP also serves children in state custody who are not otherwise enrolled in managed care, as well as certain children enrolled in MassHealth who have commercial insurance as their primary insurance. MBHP served 386,359 MassHealth members during CY 2024.

Purpose of Report

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

Scope of EQR Activities

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

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

¹ Children's Health Insurance Program.

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

- technical methods of data collection and analysis,
- description of obtained data,
- comparative findings, and
- where applicable, the MBHP's performance strengths and opportunities for improvement.

All four mandatory EQR activities were conducted in accordance with CMS EQR protocols. CMS defined *validation* in *Title 42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis."

High-Level Program Findings

The EQR activities conducted in CY 2024 demonstrated that MassHealth and the MBHP share a commitment to improvement in providing high-quality, timely, and accessible care for members.

IPRO used the analyses and evaluations of CY 2024 EQR activity findings to assess the performance of MBHP in providing quality, timely, and accessible health care services to Medicaid members. MBHP evaluated against state and national benchmarks for measures related to the **quality**, **access**, and **timeliness** domains. These plan-level findings and recommendations are discussed in each EQR activity section, as well as in the **MCP Strengths, Opportunities for Improvement, and EQR Recommendations** section.

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

MassHealth Medicaid Comprehensive Quality Strategy

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

Strengths:

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

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

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

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

The most recent evaluation of MassHealth's Quality Strategy was conducted in 2024. Overall, MassHealth achieved goals 1 and 5 and made progress toward goals 2, 3, and 4. Based on the evaluation, the state plans to maintain and revise several quality strategy goals to better align with evolving agency priorities.

Opportunities for Improvement:

Not applicable.

General Recommendations for MassHealth:

None at this time.

IPRO's assessment of the *Comprehensive Quality Strategy* is provided in **Section II** of this report.

Performance Improvement Projects

State agencies must require that contracted MCPs conduct PIPs that focus on both clinical and non-clinical areas, as established in *Title 42 CFR § 438.330(d)*.

Strengths:

IPRO found that both PIP Baseline Reports follow an acceptable methodology in determining PIP aims, identifying barriers, and proposing interventions to address them. No validation findings suggest that the credibility of the PIPs results is at risk.

Opportunities for Improvement:

Not applicable.

General Recommendations for MassHealth:

None at this point.

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

Performance Measure Validation

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

Strengths:

The use of quality metrics is one of the key elements of MassHealth's quality strategy. At a statewide level, MassHealth monitors the Medicaid program's performance on the CMS Medicaid Adult and Child Core Sets measures. On a program level, each managed care program has a distinctive slate of measures selected to reflect MassHealth quality strategy goals and objectives.

The MBHP is evaluated on the Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are calculated by MBHP and reported to the MassHealth. IPRO conducted performance measure validation to assess the accuracy of HEDIS performance measures and to determine the extent to which HEDIS performance measures follow MassHealth's specifications and reporting requirements. IPRO conducted a full Information Systems Capabilities Assessment, a primary source validation, and a check on the processes used to collect, calculate, and report the performance measures. The results showed that the data and processes used to produce HEDIS rates by the MBHP were fully compliant with information system standards.

When IPRO compared MBHP's HEDIS rates to the National Committee for Quality Assurance (NCQA) Quality Compass®, MBHP HEDIS rates were above the 90th national Medicaid percentile of the NCQA Quality Compass on the following measures:

- Follow-up After Emergency Department Visit for Mental Illness (7 days)
- Follow-up After Emergency Department Visit for Mental Illness (30 days)
- Pharmacotherapy for Opioid Use Disorder

Opportunities for Improvement:

Currently, the membership data available to MBHP have race and ethnicity data in one single field and are not consistently available. MBHP is using a mapping methodology to report rates that require race and ethnicity stratification that is acceptable.

It was noted that the measure specifications used to calculate the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility measure were not current. However, since the most current version of the specifications did not have any changes from the prior version besides the updated value set, the measure rates are considered reportable.

Rates for the following measures were at or below the 25th percentile:

- Follow-up Care for Children Prescribed ADHD Medication (Initiation)
- Follow-up Care for Children Prescribed ADHD Medication (Continuation)

General Recommendations for MassHealth:

- *Recommendation towards a better process of obtaining race and ethnicity data* – MBHP should implement processes to obtain distinct and complete race and ethnicity data so that measures that require race and ethnicity stratification can be reported.
- *Recommendation towards using most up-to-date technical specifications* – MBHP should ensure that clarification is obtained from MassHealth on the specifications and versions that should be used for measure rate calculation and reporting.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the HEDIS and non-HEDIS data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities.

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

Compliance Review

IPRO evaluated MBHP's compliance with Medicaid and CHIP managed care regulations in accordance with Protocol 3 of the CMS EQR protocols. The remote interview with MBHP was conducted between September 18 and September 19, 2023.

Strengths:

MassHealth's contracts with MBHP outline specific terms and conditions that MBHP must fulfill to ensure high-quality care, promote access to healthcare services, and maintain the overall integrity of the healthcare system.

MassHealth established contractual requirements that encompass all 14 compliance review domains consistent with CMS regulations. This includes regulations that ensure access, address grievances and appeals, and enforce beneficiary rights and protections, as well as monitor the quality of healthcare services provided by MBHP. MassHealth collaborates with MBHP to identify areas for improvement, and MBHP actively engages in performance improvement initiatives.

MassHealth monitors MBHP's compliance with contractual obligations via regular audits, reviews, and reporting requirements. MBHP undergoes compliance reviews every three years. The next compliance review will be conducted in the contract year 2026.

The validation of MBHP conducted in CY 2023 demonstrated that the plan has a high commitment to its members and providers, as well as strong operations. Of the 14 review areas, MBHP scored 100% on seven topics and 90% or more on four topics.

Opportunities for Improvement:

MBHP performed below 90% in the following three domains: Coordination and Continuity of Care, Provider Selection, and Subcontractual Relationships and Delegation. Gaps were identified in policy documentation, particularly in the areas of Provider Selection, Availability of Services, Subcontracting, Enrollee Rights, and Confidentiality. In the areas of Enrollee Rights and Confidentiality, some policies were applicable to other states, but not Massachusetts. In a few instances, MBHP was not able to provide evidence that all required reports had been transmitted in a timely manner to EOHHS. In the area of Subcontractual Relationships and Delegation, some provisions in the agreements, such as record retention, need to be updated to reflect EOHHS-specific requirements.

General EQR Recommendations for MassHealth:

- *Recommendation towards better policy documentation* – The state should direct MBHP to thoroughly review its policies and procedures, integrating all Massachusetts contract requirements into relevant policies.
- *Recommendation towards addressing gaps identified through the compliance review* – To effectively address the areas of non-compliance, MassHealth should establish direct communication with MBHP to discuss the identified issues. MBHP should ensure alignment of policy requirements with the contract terms to guarantee comprehensive coverage and ensure timely submission of all required reports to MassHealth, maintaining the evidence of transmittal. MBHP should also amend existing contracts to require 10 years of record retention and ensure that future contracts comply with this requirement.

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

Network Adequacy Validation

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

Strengths:

Network adequacy is an integral part of MassHealth's strategic goals. One of MassHealth's quality strategy goals is to promote timely preventive primary care services with access to integrated care and community-based services and supports. Additionally, MassHealth aims to improve access for members with disabilities, increase timely access to behavioral health care, and reduce mental health and substance use disorder (SUD) emergencies.

MassHealth has established time and distance standards for adult and pediatric primary care providers (PCPs), obstetrics/gynecology (OB/GYN) providers, adult and pediatric behavioral health providers (for mental health and SUD), adult and pediatric specialists, hospitals, pharmacy services, and long-term services and supports (LTSS). However, MassHealth did not develop standards for pediatric dental services, as these services are carved out from managed care.

Travel time and distance standards, availability standards, are clearly defined in the MBHPs' contracts with MassHealth. MCPs are required to submit in-network provider lists and the results of their GeoAccess analysis on an annual and ad hoc basis. This analysis evaluates provider locations relative to members' place of residence.

IPRO reviewed the results of MBHP's GeoAccess analysis and generated network adequacy validation ratings, reflecting overall confidence in the methodology used for design, data collection, analysis, and interpretation of each network adequacy indicator.

A high confidence rating indicates that no issues were found with the underlying information systems, the MBHP's provider data were clean, the correct MassHealth standards were applied, and the MBHP's results matched the time and distance calculations independently verified by IPRO. MBHP received a high confidence rating for the behavioral health inpatient services GeoAccess analysis.

In 2024, MBHP's network adequacy was calculated on a county level, where 90% of health plan members residing in a county had to have access within the required travel time and/or distance standards, depending on the type of provider.

Opportunities for Improvement:

Although no issues were found with the underlying information systems, MBHP did not apply the correct MassHealth standards for analysis, and/or their provider data contained numerous duplicate records. If multiple issues were identified in the network provider data submitted by MBHP, a moderate or low confidence rating was assigned. A moderate confidence rating was given for the behavioral health diversionary services, standard outpatient services, and intensive home or community-based services GeoAccess analysis.

After resolving data issues and removing duplicate records, IPRO assessed MBHPs' provider network for compliance with MassHealth's time and distance standards. Access was evaluated for all provider types identified by MassHealth. MBHP had deficiencies in most of their provider networks.

General Recommendations for MassHealth:

- *Recommendation towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access.

MBHP-specific results for network adequacy are provided in **Section VI** of this report.

Member Experience of Care Survey

The overall objective of the member experience surveys is to capture accurate and complete information about consumer-reported experiences with health care.

Strengths:

MassHealth requires MBHP to conduct satisfaction surveys of covered individuals and share the results with MassHealth at least biennially. MBHP contracted with SPH Analytics to administer a standardized survey, referred to as the MBHP's Member Satisfaction Survey.

When IPRO compared MBHP's survey results to the benchmark goals set by MassHealth, MBHP scored above the benchmark for the measure related to appointment availability, as well as one measure in the Acceptability of MBHP Practitioners category, seven measures in the Scope of Service category, and one measure in the Experience of Care category. The following measures were topped-out at 100%:

- Overall satisfaction with language assistance (Answer key: very or somewhat satisfied)
- Accuracy of language assistance (Answer key: very or somewhat satisfied)
- Ease of getting language assistance (Answer key: very or somewhat satisfied)
- Timeliness of getting language assistance (Answer key: very or somewhat satisfied)

Opportunities for Improvement:

Seventeen MBHP measures scored below the benchmark goal. Most measures in the Experience of Care category scored below the set goal.

Summarized information about health plans' performance is not available on the MassHealth website. Making survey reports publicly available could help inform consumers about health plan choices.

General Recommendations for MassHealth:

- *Recommendation towards better performance on member experience of care measures* – Considering the high scores and some measures reaching 100% satisfaction, MassHealth should discuss with MBHP a possibility of refining or expanding the survey to capture areas of member experience that may not be reflected in the current metrics. MassHealth should work with MBHP to review complaints and grievances to identify additional survey questions and areas for improvement.
- *Recommendation towards sharing information about member experiences* – IPRO recommends that MassHealth publish summary results from member experience surveys on the MassHealth Quality Reports and Resources website and make the results available to MassHealth enrollees.

MBHP-specific results for member experience of care surveys are provided in **Section VII** of this report.

Recommendations

Per *Title 42 CFR § 438.364 External quality review results(a)(4)*, this report is required to include recommendations for improving the quality of health care services furnished by MBHP and recommendations on how MassHealth can target the goals and the objectives outlined in the state's quality strategy to better support improvement in the **quality** of, **timeliness** of, and **access** to health care services furnished to Medicaid managed care enrollees.

EQR Recommendations for MassHealth

- *Recommendation towards a better process of obtaining race and ethnicity data* – MBHP should implement processes to obtain distinct and complete race and ethnicity data so that measures that require race and ethnicity stratification can be reported.
- *Recommendation towards using most up-to-date technical specifications* – MBHP should ensure that clarification is obtained from MassHealth on the specifications and versions that should be used for measure rate calculation and reporting.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the HEDIS and non-HEDIS data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities.
- *Recommendation towards better policy documentation* – The state should direct MBHP to thoroughly review its policies and procedures, integrating all Massachusetts contract requirements into relevant policies.
- *Recommendation towards addressing gaps identified through the compliance review* – To effectively address the areas of non-compliance, MassHealth should establish direct communication with MBHP to discuss the identified issues. MBHP should ensure alignment of policy requirements with the contract terms to guarantee comprehensive coverage and ensure timely submission of all required reports to MassHealth, maintaining the evidence of transmittal. MBHP should also amend existing contracts to require 10 years of record retention and ensure that future contracts comply with this requirement.
- *Recommendation towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access.
- *Recommendation towards better performance on member experience of care measures* – Considering the high scores and some measures reaching 100% satisfaction, MassHealth should discuss with MBHP a possibility of refining or expanding the survey to capture areas of member experience that may not be reflected in the current metrics.. MassHealth should work with MBHP to review complaints and grievances to identify additional survey questions and areas for improvement.
- *Recommendation towards sharing information about member experiences* – IPRO recommends that MassHealth publish summary results from member experience surveys on the MassHealth Quality Reports and Resources website and make the results available to MassHealth enrollees.

EQR Recommendations for MBHP

MBHP-specific recommendations related to the **quality** of, **timeliness** of, and **access** to care are provided in **Section IX** of this report.

II. Massachusetts Medicaid Managed Care Program

Managed Care in Massachusetts

Massachusetts's Medicaid program provides healthcare coverage to low-income individuals and families in the state. The program is funded by both the state and federal government, and it is administered by the Massachusetts EOHHS.

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

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

MassHealth Medicaid Quality Strategy

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

MassHealth has implemented a comprehensive Medicaid quality strategy to improve the quality of health care for its members. The quality strategy is comprehensive, as it guides quality improvement of services delivered to all MassHealth members, including managed care and fee-for-service populations. MassHealth's strategic goals are listed in **Table 1**.

Table 1: MassHealth's Strategic Goals

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

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

² [MassHealth 2022 Comprehensive Quality Strategy \(mass.gov\)](https://www.mass.gov/info-details/masshealth-2022-comprehensive-quality-strategy)

MassHealth Managed Care Programs

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

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

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

Quality Metrics

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

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

³ Massachusetts Behavioral Health Partnership. Available at: <https://www.masspartnership.com/index.aspx>.

⁴ One Care Facts and Features. Available at: <https://www.mass.gov/doc/one-care-facts-and-features-brochure/download>.

⁵ Senior Care Options (SCO) Overview. Available at: <https://www.mass.gov/service-details/senior-care-options-sco-overview>.

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

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

Performance Improvement Projects

MassHealth selects topics for its PIPs in alignment with the quality strategy goals and objectives, as well as in alignment with the CMS National Quality Strategy. Except for the PCCP, all health plans and ACOs are required to develop at least two PIPs.

Member Experience of Care Surveys

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

For members enrolled in an ACP, an MCO, a PCACO, and the PCCP, MassHealth conducts an annual survey adapted from the CAHPS Clinician and Group Survey (CG-CAHPS) that assesses members experiences with providers and staff in physician practices and groups. Survey scores are used in the evaluation of overall quality performance.

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

MassHealth Initiatives

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

1115 Demonstration Waiver

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

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

Roadmap for Behavioral Health

Another MassHealth initiative that supports the goals of the quality strategy is the five-year roadmap for behavioral health reform that was released in 2021. Key components of implementing this initiative include the integration of behavioral health in primary care, community-based alternatives to emergency department for crisis interventions, and the creation of the 24-7 Behavioral Health Help Line that became available in 2023. The Behavioral Health Help Line is free and available to all Massachusetts residents.⁶

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

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

Evaluation Process

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

The most recent evaluation of MassHealth's Quality Strategy was conducted in 2024, with results published on the MassHealth website in 2025.

Findings

The state assessed progress on each quality strategy goal and objective. Overall, MassHealth achieved goals 1 and 5 and made progress toward goals 2, 3, and 4. Areas for continued improvement include:

- Strengthening access to and engagement with coordinated LTSS and behavioral health services,
- Improving initiation and engagement in treatment for alcohol, opioid, and other substance use disorders,
- Reducing plan all-cause readmissions,
- Enhancing follow-up care for children prescribed ADHD medication,
- Addressing gaps in member experience, communication, and safety domains.

If a goal was not met or could not be measured, the state provided an explanation. For example, efforts toward goal 2 have focused on building capacity to reduce healthcare inequities. Now that these foundational processes are in place, MassHealth will modify its approach with the expectation of measuring progress on goal 2 more effectively in the future. Based on the evaluation, the state plans to maintain and revise several quality strategy goals to better align with evolving agency priorities.

Methodology

A goal was considered achieved if the established benchmark or Gap-to-Goal improvement target was met. MassHealth compared its MY 2022 aggregate measure rate (i.e., weighted mean across plans) to national and program-specific benchmarks. If the MY 2022 aggregate performance was below benchmarks, MassHealth applied the Gap-to-Goal methodology, as defined by CMS for the Medicare-Medicaid Quality Withholds (available at [MMP Quality Withhold Technical Notes for DY 2 through 12](#)). This methodology assessed changes in measure rates from MY 2020 (the baseline year) to MY 2022 (the comparison year).

If a quantifiable metric was not available to meaningfully evaluate progress on a specific goal, MassHealth provided a narrative response explaining that it is still developing an appropriate evaluation methodology.

⁶ Behavioral Health Help Line FAQ. Available at: [Behavioral Health Help Line \(BHHL\) FAQ | Mass.gov](#).

MassHealth monitors adult and child core set measures annually to track performance over time. In addition to MY 2022 findings, low performance was identified in the following MY 2023 child and adult core set measures:

- Low-Risk Cesarean Delivery
- Asthma Medication Ratio
- Plan All-Cause Readmission
- COPD or Asthma in Older Adults Admission Rate
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications
- Use of Opioids at High Dosage in Persons Without Cancer
- Child & Adult CAHPS Measures

EQR Recommendations

The state addressed all EQR recommendations in its quality strategy evaluation, outlining the steps taken to implement improvements based on these recommendations.

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

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

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

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

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

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

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

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

The quality strategy was posted to the MassHealth quality webpage for public comment, feedback was reviewed, and then the strategy was shared with CMS for review before it was published as final.

MassHealth evaluates the effectiveness of its quality strategy and conducts a review of measures and key performance indicators to assess progress toward strategic goals.

The most recent evaluation of MassHealth’s Quality Strategy was conducted in 2024. Overall, MassHealth achieved goals 1 and 5 and made progress toward goals 2, 3, and 4. Based on the evaluation, the state plans to maintain and revise several quality strategy goals to better align with evolving agency priorities.

III. Validation of Performance Improvement Projects

Objectives

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

Section 2.13.C of MBHP’s contract with MassHealth requires MBHP to develop PIPs designed to achieve significant improvements in clinical care and non-clinical care processes that are expected to improve health outcomes, as well as satisfaction of covered individuals, network providers, and PCCs, as MBHP provides services to members of the MassHealth PCCP. MassHealth can modify the PIP cycle to address immediate priorities. In CY 2024, MBHP was required to submit two PIP baseline reports. Specific MBHP PIP topics are displayed in **Table 2**.

Table 2: MBHP PIP Topics – CY 2024

MCP	PIP Topics
MBHP	PIP 1: POD-M – Baseline Report Improving the percentage of pharmacotherapy treatments for members with opioid use disorder PIP 2: ADD – Baseline Report Improving rates of follow up care and medication compliance for members ages 6–12 years who were newly prescribed medication for ADHD.

MBHP: Massachusetts Behavioral Health Partnership; PIP: performance improvement project; CY: calendar year; ADHD: attention-deficit/hyperactivity disorder.

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an EQRO to perform the annual validation of PIPs. To meet federal regulations, MassHealth contracted with IPRO, an EQRO, to perform the validation of PIPs conducted by MBHP during CY 2024.

Technical Methods of Data Collection and Analysis

MBHP submitted its initial PIP proposals to IPRO in December 2023 reporting the 2022 performance measurement baseline rates. The report template and validation tool were developed by IPRO. The initial proposals were reviewed between January and March 2024. In July 2024, MBHP submitted baseline update reports once the 2023 baseline performance measurement rates became available.

In the baseline reports, MBHP described project goals, performance indicators’ rates, anticipated barriers, interventions, and intervention tracking measures. MBHP completed these reports electronically and submitted them to IPRO through a web-based project management and collaboration platform.

The analysis of the collected information focused on several key aspects, including the appropriateness of the topic, an assessment of the aim statement, population, quality of the data, barrier analysis, and appropriateness of the interventions. It aimed to evaluate an alignment between the interventions and project goals and whether reported improvements could be maintained over time.

The projects started in January and, after the initial baseline reports were approved, IPRO conducted progress calls with all MBHP between October and December 2024.

Description of Data Obtained

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

Conclusions

IPro assigns two validation ratings. The first rating assessed IPro’s overall confidence in the PIP’s adherence to acceptable methodology throughout all project phases, including the design, data collection, data analysis, and interpretation of the results. The second rating evaluates IPro’s overall confidence in the PIP’s ability to produce significant evidence of improvement and could not be assessed this year due to the fact that all projects started in 2024. Both ratings use the following scale: high confidence, moderate confidence, low confidence, and no confidence.

Rating 1: Adherence to Acceptable Methodology - Validation results summary

Both PIPs received a high confidence rating for adherence to acceptable methodology.

Rating 2: Evidence of Improvement - Validation results summary

The ratings for PIPs in terms of producing significant evidence of improvement was not applicable this year because the MBHP started their interventions during this review period.

PIP validation results are reported in Table 3 for MBHP.

Table 3: MBHP PIP Validation Confidence Ratings – CY 2024

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: POD-M	High Confidence	N/A
PIP 2: ADD	High Confidence	N/A

MBHP: Massachusetts Behavioral Health Partnership; CY: calendar year; PIP: performance improvement project; N/A: not applicable.

MBHP PIPs

MBHP PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 4–7**.

Table 4: MBHP PIP 1 Summary, 2023

MBHP PIP 1: Improving the percentage of pharmacotherapy treatments for members with opioid use disorder (POD-M)	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
Aim	
By the end of 2025, the Plan aims to increase the percentage of Members who initiated with MOUD (medications for opioid use disorder) treatment within 30 days of a new diagnosis by 3 percentage points compared to the MY 2023 baseline rate.	
Interventions in 2024	
<ul style="list-style-type: none">▪ Identify and collaborate with high volume/low performing index providers to improve time to MOUD following a diagnosis of OUD.▪ Increase utilization of community support personnel (RC and RSN) through outreach.▪ Increase the number of Substance Use Disorder Open Access sites.	
Performance Improvement Summary	
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.	

MBHP: Massachusetts Behavioral Health Partnership; MY: measurement year; CY: calendar year; PIP: performance improvement project; N/A: not applicable.

Table 5: MBHP PIP 1 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: POD-M	2024 (baseline, MY 2023 data)	49.86%

MBHP: Massachusetts Behavioral Health Partnership; MY: measurement year.

Table 6: MBHP PIP 2 Summary, 2024

MBHP PIP 2: Improving rates of follow-up care and medication compliance for members ages 6–12 years who were newly prescribed medication for ADHD (ADD)	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
<p>Aim</p> <p>By the end of 2025 MBHP aims to increase the percentage of Members aged 6-12 who have been initiated on ADHD medication and who have had a follow-up visit with a practitioner with prescribing authority within 30 days of initiation by 3 percentage points. We also aim to increase by 3 percentage points those Members aged 6-12 who (1) remain on their ADHD medication for at least 210 days and (2) had at least two additional follow-up visits with a practitioner within 270 days (9 months) of the Initiation Phase.</p> <p>Interventions in 2023</p> <ul style="list-style-type: none"> Perform targeted outreach to prescribers with low initiation and continuation rates. Develop educational materials for providers on medication best practices. Promotion of the Massachusetts Child Psychiatry Access Program (McPAP) to providers that prescribe ADD medication. Develop educational material for members and families related to medication continuation and follow ups. <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.</p>	

MBHP: Massachusetts Behavioral Health Partnership; MY: measurement year; CY: calendar year; PIP: performance improvement project; N/A: not applicable; ADHD: attention-deficit/hyperactivity disorder.

Table 7: MBHP PIP 2 Performance Measures and Results

Indicator	Reporting Year	Rate
Indicator 1: Percentage of children ages 6–12 years with newly prescribed ADHD medication who had a follow-up visit with a prescribing practitioner within 30 days of the initial prescription start date.	2024 (baseline, MY 2023 data)	40.35%
Indicator 2: Percentage of children ages 6–12 years who remained on ADHD medication for 210 days and who had at least one visits with a prescribing practitioner during the Initiation Phase, and at least two additional follow-up visits with a practitioner within 270 days after the Initiation Phase ended.	2024 (baseline, MY 2023 data)	40.96%

MBHP: Massachusetts Behavioral Health Partnership; MY: measurement year; ADHD: attention-deficit/hyperactivity disorder.

IV. Validation of Performance Measures

Objectives

The purpose of performance measure validation is to assess the accuracy of performance measures and to determine the extent to which performance measures follow state specifications and reporting requirements.

Technical Methods of Data Collection and Analysis

MassHealth contracted with IPRO to conduct performance measure validation to assess the data collection and reporting processes used to calculate the MBHP PM rates.

MassHealth evaluates MBHP quality performance on a slate of HEDIS measures and a few non-HEDIS measure. All MBHP HEDIS performance measures were calculated by Inovalon®, an NCQA-certified vendor, to produce HEDIS measure rates. One non-HEDIS CMS Adult Core Set measure, Use of Pharmacotherapy for Opioid Use Disorder (OUD), was also calculated by Inovalon. One additional non-HEDIS CMS measure, 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility, was calculated using code developed by MBHP.

MBHP received and processed behavioral health claims from providers and received medical and pharmacy claims data from MassHealth. MBHP used this data for HEDIS and non-HEDIS measure calculation.

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

For the non-HEDIS measures, source code review was conducted with the MBHP to ensure compliance with the measure specifications when calculating the rates. For the HEDIS measures, the NCQA measure certification was accepted in lieu of source code review because the MBHP used Inovalon, an NCQA-certified vendor, to produce HEDIS measure rates.

Primary source validation was conducted on MBHP systems during the virtual site review to confirm that the information from the primary source matched the output used for measure reporting.

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

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

Description of Data Obtained

The following information was obtained from the MBHP:

- A completed Information Systems Capabilities Assessment tool.
- Denominator and numerator compliant lists for the following two measures:
 - Follow-up After Hospitalization for Mental Illness (7 Days), and
 - Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Rates for HEDIS measures for MY 2023.
- NCQA Measure Certification report for HEDIS measures.
- Rates for non-HEDIS measures for MY 2023.

Conclusions and Comparative Findings

IPRO found that the data and processes used to produce HEDIS and non-HEDIS rates by the MBHP were fully compliant with information system standards. Findings from IPRO's review are displayed in **Table 8**.

Table 8: MBHP Compliance with Information System Standards – MY 2023

Information System Standard	MBHP
1.0 Medical Services Data	Compliant
2.0 Enrollment Data	Compliant
3.0 Practitioner Data	Compliant
4.0 Medical Record Review Processes	N/A
5.0 Supplemental Data	N/A
6.0 Data Preproduction Processing	Compliant
7.0 Data Integration and Reporting	Compliant

MBHP: Massachusetts Behavioral Health Partnership; MY: measurement year; N/A: not applicable.

Validation Results

- **Information Systems Capabilities Assessment:** The Information Systems Capabilities Assessment is conducted to confirm that MBHP's information systems were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This includes a review of the claims processing systems, enrollment systems, and provider data systems. No issues were identified.
- **Source Code Validation:** Source code review is conducted to ensure compliance with the measure specifications when calculating measure rates. NCQA measure certification for HEDIS measures was accepted in lieu of source code review. Source code review was conducted for the non-HEDIS measures. It was noted that the measure specifications used to calculate the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility measure were not current. However, since the most current version of the specifications did not have any changes from the prior version besides the updated value set, the measure rates are considered reportable. No other issues were identified.
- **Medical Record Validation:** No measures were reported using hybrid methodology. Therefore, medical record review validation was not required.
- **Primary Source Validation:** Primary source validation is conducted to confirm that the information from the primary source matches the output information used for measure reporting. No issues were identified.
- **Data Collection and Integration Validation:** This includes a review of the processes used to collect, calculate, and report the performance measures, including accurate numerator and denominator identification and algorithmic compliance to evaluate whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately. Currently, the membership data available to MBHP have the race and ethnicity data in one single field and are not consistently available. MBHP is using a mapping methodology to report rates that require race and ethnicity stratification that is acceptable. No other issues were identified.

- **Rate Validation:** Rate validation is conducted to evaluate measure results and compare rates to industry standard benchmarks. No issues were identified. All required measures were reportable.

Recommendations

- MBHP should implement processes to obtain distinct and complete race and ethnicity data so that measures that require race and ethnicity stratification can be reported.
- MBHP should ensure that clarification is obtained from MassHealth on the specifications and versions that should be used for measure rate calculation and reporting.

Comparative Findings

IPro compared the MBHP rates to the NCQA HEDIS MY 2023 Quality Compass national Medicaid percentiles. MassHealth’s benchmarks for MBHP rates are the 75th and the 90th Quality Compass national percentile. The Quality Compass percentiles are color-coded to compare to the MBHP rates, as explained in **Table 9**. **Table 10** displays the HEDIS performance for MY 2023 for MBHP.

Best Performance (rates above the 90th percentile):

- Follow-up After Emergency Department Visit for Mental Illness (7 days)
- Follow-up After Emergency Department Visit for Mental Illness (30 days)
- Pharmacotherapy for Opioid Use Disorder

Needs Improvement (rates below 25th percentile):

- Follow-up Care for Children Prescribed ADHD Medication (Initiation)
- Follow-up Care for Children Prescribed ADHD Medication (Continuation)

Table 9: Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2023 Quality Compass National Medicaid Percentiles

Key	How Rate Compares to the NCQA HEDIS Quality Compass National Medicaid Percentiles
< 25th	Below the National Medicaid 25th percentile.
≥ 25th but < 50th	At or above the National Medicaid 25th percentile but below the 50th percentile.
≥ 50th but < 75th	At or above the National Medicaid 50th percentile but below the 75th percentile.
≥ 75th but < 90th	At or above the National Medicaid 75th percentile but below the 90th percentile.
≥ 90th	At or above the National Medicaid 90th percentile.
N/A	No National Medicaid benchmarks available for this measure or measure not applicable (N/A).

HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance; MY: measurement year.

Table 10: MBHP HEDIS Performance Measures – MY 2023

HEDIS Measure	MBHP
Follow-up Care for Children Prescribed ADHD Medication (Initiation)	36.54% (< 25th)
Follow-up Care for Children Prescribed ADHD Medication (Continuation)	36.97% (< 25th)
Metabolic Monitoring for Children and Adolescents on Antipsychotics	35.08% (≥ 25th but < 50th)
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	78.92% (≥ 25th but < 50th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	74.31% (≥ 90th)
Follow-up After Emergency Department Visit for Mental Illness (30 days)	81.89% (≥ 90th)
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	37.11% (≥ 75th but < 90th)
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (30 days)	49.15% (≥ 75th but < 90th)
Follow-up After Hospitalization for Mental Illness (7 days)	41.25% (≥ 50th but < 75th)
Follow-up After Hospitalization for Mental Illness (30 days)	61.13% (≥ 50th but < 75th)
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	46.57% (≥ 50th but < 75th)
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	18.83% (≥ 50th but < 75th)
Antidepressant Medication Management (Acute)	71.34% (≥ 75th but < 90th)
Antidepressant Medication Management (Continuation)	57.09% (≥ 75th but < 90th)
Pharmacotherapy for Opioid Use Disorder	45.96% (≥ 90th)
Use of Pharmacotherapy for Opioid Use Disorder 3	86.03% (N/A)
30 Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (CMS IPFQR measure)	22.78% (N/A)

MBHP: Massachusetts Behavioral Health Partnership; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ADHD: attention deficit hyperactivity disorder; CMS: Centers for Medicare and Medicaid Services; IPFQR: Inpatient Psychiatric Facility Quality Reporting; N/A: not applicable.

V. Review of Compliance with Medicaid Managed Care Regulations

Objectives

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

The purpose of this compliance review was to assess MBHP compliance with federal and state regulations regarding access to care; structure and operations; grievance policies; provider network relations and network adequacy; quality measurement; and utilization management.

This section of the report summarizes the 2023 compliance results. The next comprehensive review will be conducted in 2026, as the compliance validation process is conducted triennially.

Technical Methods of Data Collection and Analysis

IPRO's review of compliance with state and federal regulations was conducted in accordance with Protocol 3 of the CMS EQR protocols.

Compliance reviews were divided into 14 standards consistent with the CMS February 2023 EQR protocols:

- Disenrollment requirements and limitations (*Title 42 CFR § 438.56*)
- Enrollee rights requirements (*Title 42 CFR § 438.100*)
- Emergency and post-stabilization services (*Title 42 CFR § 438.114*)
- Availability of services (*Title 42 CFR § 438.206*)
- Assurances of adequate capacity and services (*Title 42 CFR § 438.207*)
- Coordination and continuity of care (*Title 42 CFR § 438.208*)
- Coverage and authorization of services (*Title 42 CFR § 438.210*)
- Provider selection (*Title 42 CFR § 438.214*)
- Confidentiality (*Title 42 CFR § 438.224*)
- Grievance and appeal systems (*Title 42 CFR § 438.228*)
- Subcontractual relationships and delegation (*Title 42 CFR § 438.230*)
- Practice guidelines (*Title 42 CFR § 438.236*)
- Health information systems (*Title 42 CFR § 438.242*)
- Quality assessment and performance improvement program (QAPI; *Title 42 CFR § 438.330*)

The 2023 annual compliance review consisted of three phases: 1) pre-interview documentation review, 2) remote interviews, and 3) post-interview report preparation.

Pre-interview Documentation Review

To ensure a complete and meaningful assessment of MassHealth's policies and procedures, IPRO prepared 14 review tools to reflect the areas for review. These 14 tools were submitted to MassHealth for approval at the outset of the review process. The tools included review elements drawn from the state and federal regulations. Based upon MassHealth's suggestions, some tools were revised and issued as final. These final tools were submitted to MassHealth in advance of the remote review.

Once MassHealth approved the methodology, IPRO sent MBHP a packet that included the review tools, along with a request for documentation and a guide to help MBHP staff understand the documentation that was required. The guide also included instructions for submitting the requested information using IPRO's secure file transfer protocol site.

To facilitate the review process, IPRO provided MBHP with examples of documents that they could furnish to validate compliance with the regulations. Instructions regarding the file review component of the audit were also provided, along with a request for the universe of cases for each file review area under review. From the universe of cases, IPRO randomly selected a sample of cases for the plans to provide in each area, which were reviewed remotely.

Prior to the review, MBHP submitted written policies, procedures and other relevant documentation to support its adherence to state and federal requirements. MBHP was given a period of approximately four weeks to submit documentation to IPRO. To further assist MBHP staff in understanding the requirements of the review process, IPRO convened a conference call for all MCPs undergoing the review, with MassHealth staff in attendance. During the conference call, IPRO detailed the steps in the review process, the audit timeline, and answered any questions posed by MBHP staff.

After MBHP submitted the required documentation, a team of IPRO reviewers was convened to review policies, procedures, and materials, and to assess MBHP's concordance with the state contract requirements. This review was documented using review tools IPRO developed to capture the review of required elements and record the findings. These review tools with IPRO's initial findings were used to guide the remote conference interviews.

Remote Interviews

The remote interview with MBHP was conducted between September 18 and September 19, 2023. Interviews with relevant plan staff allow the EQR to assess whether the plan indeed understands the requirements, the internal processes, and procedures to deliver the required services to members and providers; can articulate in their own words; and draws the relationship between the policies and the implementation of those policies. Interviews discussed elements in each of the review tools that were considered less than fully compliant based upon initial review. Interviews were used to further explore the written documentation and to allow MBHP to provide additional documentation, if available. MBHP's staff was given two days from the close of the onsite review to provide any further documentation.

Post-interview Report Preparation

Following the remote interviews, review tools were updated. These post-interview tools included an initial review determination for each element reviewed and identified what specific evidence was used to assess that MBHP was compliant with the standard or a rationale for why MBHP was partially compliant or non-compliant and what evidence was lacking. For each element that was deemed less than fully compliant, IPRO provided a recommendation for MBHP to consider in order to attain full compliance.

Each draft post-interview tool underwent a second level of review by IPRO staff members who were not involved in the first level of review. Once completed, the post-interview tools were shared with MassHealth staff for review. Any updates or revisions requested by MassHealth were considered and if appropriate, edits were made to the post-interview tools. Upon MassHealth approval, the post-interview tools were sent to MBHP with a request to respond to all elements that were determined to be less than fully compliant. MBHP was given three weeks to respond to the issues noted on the post-interview tools. MBHP was asked to indicate if they agree or disagree with IPRO's determinations. If disagreeing, MBHP was asked to provide a rationale and indicate documentation that had already been submitted to address the requirement in full. After receiving MBHP's response, IPRO re-reviewed each element for which MBHP provided a citation. As necessary, review scores and recommendations were updated based on the response.

For each standard identified as Partially Met or Not Met, the MCP was required to provide a timeline and high-level plan to implement the correction. MBHP is expected to provide an update on the status of the

implementation of the corrections when IPRO requests an update on the status of the annual technical report recommendations, which is part of the annual EQR process.

Scoring Methodology

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by the total possible points. A three-point scoring system was used: Met = 1 point, Partially Met = 0.5 points, and Not Met = 0 points. The scoring definitions are outlined in **Table 11**.

Table 11: Scoring Definitions

Scoring	Definition
Met = 1 point	Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided, and MCP staff interviews provided information consistent with documentation provided.
Partially Met = 0.5 points	Any one of the following may be applicable: <ul style="list-style-type: none"> Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided. MCP staff interviews, however, provided information that was not consistent with the documentation provided. Documentation to substantiate compliance with some but not all of the regulatory or contractual provisions was provided, although MCP staff interviews provided information consistent with compliance with all requirements. Documentation to substantiate compliance with some but not all of the regulatory or contractual provisions was provided, and MCP staff interviews provided information inconsistent with compliance with all requirements.
Not Met = 0 points	There was an absence of documentation to substantiate compliance with any of the regulatory or contractual requirements, and MCP staff did not provide information to support compliance with requirements.
Not Applicable	The requirement was not applicable to the MCP. Not applicable elements are removed from the denominator

MCP: managed care plan.

Description of Data Obtained

Compliance review tools included detailed regulatory and contractual requirements in each standard area. The MCPs were provided with the appropriate review tools and asked to provide documentation to substantiate compliance with each requirement during the review period. Examples of documentation provided by MCPs included: policies and procedures, standard operating procedures, workflows, reports, member materials, care management files, and utilization management denial files, as well as appeals, grievance, and credentialing files.

Conclusions and Comparative Findings

MBHP was compliant with many of the Medicaid and CHIP managed care regulations and standards. MBHP achieved compliance score of 100% in the following domains:

- Disenrollment requirements and limitations
- Emergency and post-stabilization services
- Assurances of adequate capacity and services
- Confidentiality
- Grievance and appeal systems
- Practice guidelines
- QAPI

However, MBHP performed below 90% in the following three domains:

- Coordination and continuity of care
- Provider selection
- Subcontractual relationships and delegation

Table 12 presents MBHP's compliance scores for each of the 14 review domains.

Table 12: MBHP Performance by Review Domain – 2023 Compliance Validation Results

CFR Standard Name (Review Domain)	CFR Citation	MBHP
Overall compliance score	N/A	94.6%
Disenrollment requirements and limitations	438.56	100.0%
Enrollee rights requirements	438.100	92.3%
Emergency and post-stabilization services	438.114	100.0%
Availability of services	438.206	90.0%
Assurances of adequate capacity and services	438.207	100.0%
Coordination and continuity of care	438.208	87.9% ¹
Coverage and authorization of services	438.210	98.1%
Provider selection	438.214	87.1% ¹
Confidentiality	438.224	100.0%
Grievance and appeal systems	438.228	100.0%
Subcontractual relationships and delegation	438.230	75.0% ¹
Practice guidelines	438.236	100.0%
Health information systems	438.242	94.4%
QAPI	438.330	100.0%

¹ Red text: indicates opportunity for improvement (less than 90%).

MBHP: Massachusetts Behavioral Health Partnership; CFR: Code of Federal Regulations; QAPI: quality assurance and performance improvement; N/A: not applicable.

VI. Validation of Network Adequacy

Objectives

Validation of network adequacy is a process to verify the network adequacy analyses conducted by MCPs. This includes validating data to determine whether the network standards, as defined by the state, were met. This also includes assessing the underlying information systems and provider data sets that MCPs maintain to monitor their networks' adequacy. Network adequacy validation is a mandatory EQR activity that applies to MCOs, prepaid inpatient health plans (PIHPs), and prepaid ambulatory health plans (PAHPs).

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

IPRO used MassHealth's access and availability standards as they were described in Section 2.9 of the Behavioral Health Vendor Contract with MassHealth. MBHP must ensure that at a minimum 90% of enrollees have access to all medically necessary behavioral health covered services within specific travel time or distance standards defined in Section 2.9.C of the MBHP contract. MBHP is also required to make covered services available 24 hours a day, seven days a week when medically necessary.

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)(iv)* establish that state agencies must contract with an EQRO to perform the annual validation of network adequacy. To meet federal regulations, MassHealth contracted with IPRO, an EQRO, to perform the validation of network adequacy for MBHP. IPRO evaluated MBHP's processes for collecting and storing network data, and provider networks' compliance with MassHealth's GeoAccess requirements.

The methodology used to conduct each of these activities and the results are discussed in more detail in this report. If any weaknesses were identified, this report offers recommendations for improvement. The results from each one of these activities were aggregated into ratings of the overall confidence that the MBHP used an acceptable methodology or met MassHealth standards for each network adequacy monitoring activity. To clarify the findings, IPRO shared the preliminary results with MBHP and conducted an interview to supplement our understanding of MBHP's network information systems and processes.

Technical Methods of Data Collection and Analysis

This section explains the methodology behind both elements of network adequacy validation: validation of the underlying information systems and validation of compliance with MassHealth's travel time and distance standards.

Network Information Systems Validation Methodology

The Information System Capacity Assessment is a component of the performance measure validation activity that MBHP completes during external quality review. To complement the already existing assessment, IPRO evaluated the integrity of the systems MBHP uses to collect, store, and process provider network data. IPRO developed a survey in Research Electronic Data Capture (REDCap®) to support this effort. The survey questions addressed topics such as the systems used to collect and store provider data for network analysis; methods of data entry; the roles of staff involved in collecting, storing, and analyzing data; the frequency of data collection and updates; the extent of missing data; and the quality assurance measures in place to prevent and correct errors.

The survey was distributed on July 8, 2024, and closed on August 23, 2024. IPRO will also schedule an individual interview session with MBHP to supplement our understanding of MBHP’s information systems and processes.

Travel Time and Distance Validation Methodology

For 2024, IPRO evaluated each MCP’s provider network to determine compliance with network GeoAccess standards established by MassHealth. According to the MBHP contract, at least 90% of health plan members in each county must have access to medically necessary behavioral health covered services according to travel time or distance standards defined in the contract.

IPRO reviewed MassHealth GeoAccess standards and worked together with the state to define network adequacy indicators. IPRO calculated the travel time and distance from Covered Individuals’ ZIP code of residence, which was MassHealth’s preference at the time when the network adequacy indicators were defined. MBHP network adequacy standards and indicators are listed in **Appendix D (Tables D1–D2)**.

IPRO requested in-network provider data on July 8, 2024, with a submission due date of August 23, 2024. MBHP submitted data to IPRO following templates developed by MassHealth and utilized by MCOs and ACPs to report provider lists to MassHealth on an annual basis. The submitted data went through a careful and significant data cleanup and deduplication process. If IPRO identified missing or incorrect data, the plans were contacted and asked to resubmit. Duplicative records were identified and removed before the analysis.

IPRO worked with a subvendor to develop MBHP’s GeoAccess reports. IPRO analyzed the results to identify adequate provider networks, as well as counties with deficient networks. When MBHP appeared to have network deficiencies in a particular county, IPRO reported the percentage of Covered Individuals in that county who had adequate access.

To validate the MBHP’s results, IPRO compared the outcomes of the time and distance analysis that IPRO conducted to the results submitted by MBHP. The first step in this process was to verify that MBHP correctly applied MassHealth’s time and distance standards for the analysis. The second step involved identifying duplicative records from the provider lists submitted by MBHP to IPRO. If IPRO identified significant discrepancies, such as the use of incorrect standards or inconsistencies in provider datasets (e.g., duplicate records), no further comparison could be conducted.

Description of Data Obtained

All data necessary for analysis were obtained from MassHealth and MBHP between July 8 and December 31, 2024. Before requesting data from MBHP, IPRO consulted with MassHealth and confirmed the variables necessary for the network adequacy validation, agreed on the format of the files, and reviewed the information systems survey form.

Network Information Systems Capacity Assessment Data

MBHP received a unique URL link via email to a REDCap survey. The survey was open from July 8, 2024, until August 3, 2024.

Travel Time and Distance Data

Validation of network adequacy for CY 2024 was performed using network data submitted by MBHP to IPRO. IPRO requested a complete provider list which included facility/provider name, address, phone number, and the national provider identifier for the following provider types: behavioral health inpatient services, diversionary services, and standard outpatient services, as well as intensive home or community-based services. IPRO received a complete list of Medicaid Covered Individuals from MBHP aggregated to a ZIP code level.

Provider and member enrollment data as of July 1, 2024, were submitted to IPRO via IPRO's secure file transfer protocol site. MBHP also submitted the results of their time and distance analysis to IPRO.

GeoAccess reports were generated by combining the following files: data on all providers and service locations contracted to participate in MBHP networks, member enrollment data, service area information provided by MassHealth, and network adequacy standards and indicators.

Conclusions and Findings

After assessing the reliability and validity of MBHP's network adequacy data, processes, and methods used by MBHP to assess network adequacy and calculate each network adequacy indicator, IPRO determined whether the data, processes, and methods used by MBHP to monitor network adequacy were accurate and current. IPRO also validated network adequacy results submitted by MBHP and compared them to the results calculated by IPRO to assess whether MBHP's results were valid, accurate, and reliable, as well as if MBHP's interpretation of data was accurate.

Taking all of the above into account, IPRO generated network adequacy validation ratings that reflect IPRO's overall confidence that an acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of each network adequacy indicator. The network adequacy validation rating includes IPRO's assessment of the data collection procedures, methods used to calculate the indicator, and confidence that the results calculated by MBHP are valid, accurate, and reliable.

The network adequacy validation rating is based on the following scale: high, moderate, low, and no confidence. **High confidence** indicates that no issues were found with the underlying information systems, the MCP's provider data were clean, the MCP applied the correct MassHealth standards for analysis, and the results calculated by MBHP matched the time and distance results calculated by IPRO. A lack of one of these requirements resulted in **moderate confidence**. A lack of two requirements resulted in **low confidence**, while issues with three or more requirements resulted in a rating of **no confidence**.

The network adequacy validation rating for each indicator is reported in **Table 13**.

Table 13: MBHP Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating	Comments
Behavioral Health Inpatient Services	<ul style="list-style-type: none"> 90% of covered individuals have access to 2 inpatient service providers within 60 miles or 60 minutes within a covered individual's ZIP code of residence. 	Addressed	High confidence	<p>No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>IPRO's analysis of the network revealed that the Psych Inpatient Adult GeoAccess standard was met in all counties, but other behavioral health inpatient provider networks had gaps in at least one county. IPRO and MBHP calculated the travel time and distance from Covered Individuals' ZIP code of residence.</p>
Behavioral Health Diversionary Services	<ul style="list-style-type: none"> 90% of covered individuals have access to 2 BH service providers within 30 miles or 30 minutes within the covered individual's ZIP code of residence. 	Addressed	Moderate confidence	<p>For CBAT-ICBAT-TCU, Clinical Support Services (CSS) for Substance Use Disorders (Level 3.5), Partial Hospitalization Program, Program of Assertive Community Treatment, and Psychiatric Day Treatment: no issues were found with the underlying information systems, no duplicative records had to be removed, and MBHP applied correct MassHealth standards for analysis; however, MBHP's results did not match IPRO's results in many counties, which requires further discussion.</p> <p>For other provider types: no issues were found with the underlying information systems and the MCP applied the correct MassHealth standards; however, the MCP's provider data had some duplicative records. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the Community Crisis Stabilization GeoAccess standard was met in all counties, but other behavioral health diversionary provider networks had gaps in at least one county. IPRO and MBHP calculated the travel time and distance from Covered Individuals' ZIP code of residence.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating	Comments
Behavioral Health Standard Outpatient Services	<ul style="list-style-type: none"> 90% of covered individuals have access to 2 BH service providers within 30 miles or 30 minutes within the covered individual's ZIP code of residence. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards; however, the MCP's provider data had some duplicative records. The MCP's results were not comparable for further analysis.</p> <p>I PRO's analysis of the network revealed that the Behavioral Health Outpatient and Opioid Treatment Programs GeoAccess standards were met in all counties, but other behavioral health standard outpatient provider networks had gaps in at least one county. I PRO and MBHP calculated the travel time and distance from Covered Individuals' ZIP code of residence.</p>
Behavioral Health Intensive Home or Community-Based Services	<ul style="list-style-type: none"> 90% of covered individuals have access to 2 BH service providers within 30 miles or 30 minutes within the covered individual's ZIP code of residence. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards; however, the MCP's provider data had some duplicative records. The MCP's results were not comparable for further analysis.</p> <p>I PRO's analysis identified provider network gaps for all intensive home or community-based services. I PRO and MBHP calculated the travel time and distance from Covered Individuals' ZIP code of residence.</p>

¹ "Addressed" means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. "Missing" means that the indicator was either not required or required but not reported.

MBHP: Massachusetts Behavioral Health Partnership; CY: calendar year; CBAT-ICBAT-TCU: community-based acute treatment for children and adolescents-intensive community-based acute treatment for children and adolescents-transitional care unit.

Information Systems and Quality of Provider Data

The analysis of the information systems assessment showed the following:

- The Information Systems Capabilities Assessment was conducted to confirm that the MBHP's information systems were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This included a review of the claims processing systems, enrollment systems, and provider data systems. No issues were identified.
- IPRO assessed the reliability and validity of MBHP's network adequacy data. MBHP reported that its system controls do not allow duplicate providers and that duplicate processes are in place to review and resolve, if any, duplicate records. IPRO determined that the data used by the MBHP to monitor network adequacy were mostly accurate and current except for duplicative provider records. MBHP should clean and deduplicate its provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- IPRO reviewed the MBHP's process for updating data (i.e., provider and beneficiary information). Providers' name, address, and phone numbers are validated during annual directory audit surveys. Providers' national provider identifiers, credentials, taxonomy code, and provider type are validated during the credentialing process when the provider joins the network and then every three years. Providers are required to attest their data quarterly. Provider data are imported from the provider database into the provider directory. IPRO concluded that the MBHP's process for updating data should include a method for assessing the accuracy of provider information published in the online provider directory.
- IPRO assessed changes in the MBHP's data systems that might affect the accuracy or completeness of network adequacy monitoring data (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCPs). No issues were identified.

Time and Distance Standards

Following the comparative results, this next section focuses on an analysis of provider network gaps. These results, derived from IPRO's calculations, aim to identify specific service areas where the network may not meet MassHealth's adequacy standards.

Tables 14–17 provide a summary of the network adequacy results for healthcare providers subject to travel time and distance standards defined in the MBHP's contract with MassHealth.

Table 14: Counties with Adequate Network of Behavioral Health Inpatient Service Providers

Provider Type ¹	Standard – 90% of Covered Individuals in a County Have Access	MBHP
Psych Inpatient Adult	2 providers within 60 miles or 60 minutes.	14 out of 14 (Met)
Psych Inpatient Adolescent	2 providers within 60 miles or 60 minutes.	13 out of 14 (Partially Met)
Psych Inpatient Child	2 providers within 60 miles or 60 minutes.	13 out of 14 (Partially Met)
Managed Inpatient Level 4	2 providers within 60 miles or 60 minutes.	9 out of 14 (Partially Met)

¹ Black text indicates met; red text indicates partially met.

MBHP: Massachusetts Behavioral Health Partnership.

Table 15: Counties with Adequate Network of Behavioral Health Diversionary Services

Provider Type ¹	Standard— 90% of Covered Individuals in a County Have Access	MBHP
Community Crisis Stabilization	2 providers within 30 miles or 30 minutes.	14 out of 14 (Met)
Community-Based Acute Treatment for Children and Adolescents (CBAT)	2 providers within 30 miles or 30 minutes.	3 out of 14 (Partially Met)
Monitored Inpatient (Level 3.7)	2 providers within 30 miles or 30 minutes.	8 out of 14 (Partially Met)
Clinical Support Services for Substance Use Disorders (Level 3.5)	2 providers within 30 miles or 30 minutes.	8 out of 14 (Partially Met)
Community Support Program (CSP)	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)
Partial Hospitalization Program (PHP)	2 providers within 30 miles or 30 minutes.	11 out of 14 (Partially Met)
Psychiatric Day Treatment	2 providers within 30 miles or 30 minutes.	5 out of 14 (Partially Met)
Structured Outpatient Addiction Program (SOAP)	2 providers within 30 miles or 30 minutes.	12 out of 14 (Partially Met)
Program of Assertive Community Treatment (PACT)	2 providers within 30 miles or 30 minutes.	10 out of 14 (Partially Met)
Intensive Outpatient Program (IOP)	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)
Recovery Coaching	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)
Recovery Support Navigators	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)

¹ Black text indicates met; red text indicates partially met.

MBHP: Massachusetts Behavioral Health Partnership.

Table 16: Counties with Adequate Network of Behavioral Health Outpatient Services

Provider Type	Standard— 90% of Covered Individuals in a County Have Access	MBHP
Behavioral Health Outpatient	2 providers within 30 miles or 30 minutes.	14 out of 14 (Met)
Psychiatry	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)
Psychology	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)
Psych APN	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)
Opioid Treatment Programs	2 providers within 30 miles or 30 minutes.	14 out of 14 (Met)
Applied Behavior Analysis	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)

¹ Black text indicates met; red text indicates partially met.

MBHP: Massachusetts Behavioral Health Partnership; APN: advanced practice nurse.

Table 17: Counties with Adequate Network of Behavioral Health Intensive Community Treatment

Provider Type	Standard— 90% of Covered Individuals in a County Have Access	MBHP
In-Home Behavioral Services	2 providers within 30 miles or 30 minutes.	11 out of 14 (Partially Met)
In-Home Therapy Services	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)
Therapeutic Mentoring Services	2 providers within 30 miles or 30 minutes.	13 out of 14 (Partially Met)

¹ Black text indicates met; red text indicates partially met.

MBHP: Massachusetts Behavioral Health Partnership.

After analyzing the network adequacy results for all provider types, IPRO identified counties with network deficiencies. If 90% of MBHP Covered Individuals in one county had adequate access, then the network availability standard was met. However, if less than 90% of Covered Individuals in that service area had access to providers within a specified travel time or distance, then the network was deficient. **Tables 18–21** show counties with deficient networks for MBHP.

Table 18: MBHP Counties with Network Deficiencies – Behavioral Health Inpatient Service Providers

Provider Type	County with Network Deficiencies	Percent of Covered Individuals with Access in That County	Standard – 90% of Covered Individuals Who Have Access
Psych Inpatient Adolescent	Nantucket	21.9%	2 providers within 60 miles or 60 minutes.
Psych Inpatient Child	Nantucket	0.0%	2 providers within 60 miles or 60 minutes.
Managed Inpatient Level 4	Berkshire	0.0%	2 providers within 60 miles or 60 minutes.
Managed Inpatient Level 4	Franklin	0.1%	2 providers within 60 miles or 60 minutes.
Managed Inpatient Level 4	Hampden	0.4%	2 providers within 60 miles or 60 minutes.
Managed Inpatient Level 4	Hampshire	9.8%	2 providers within 60 miles or 60 minutes.
Managed Inpatient Level 4	Nantucket	0.0%	2 providers within 60 miles or 60 minutes.

MBHP: Massachusetts Behavioral Health Partnership.

Table 19: MBHP Counties with Network Deficiencies – Behavioral Health Diversionary Services

Provider Type	County with Network Deficiencies	Percent of Covered Individuals with Access in That County	Standard – 90% of Covered Individuals Who Have Access
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Barnstable	0.0%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Berkshire	0.0%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Bristol	15.5%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Dukes	0.0%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Essex	88.0%	2 providers within 30 miles or 30 minutes.

Provider Type	County with Network Deficiencies	Percent of Covered Individuals with Access in That County	Standard – 90% of Covered Individuals Who Have Access
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Franklin	0.0%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Hampden	0.0%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Hampshire	0.0%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Plymouth	72.4%	2 providers within 30 miles or 30 minutes.
Community-Based Acute Treatment for Children and Adolescents (CBAT)	Worcester	61.0%	2 providers within 30 miles or 30 minutes.
Monitored Inpatient (Level 3.7)	Barnstable	61.6%	2 providers within 30 miles or 30 minutes.
Monitored Inpatient (Level 3.7)	Berkshire	16.8%	2 providers within 30 miles or 30 minutes.
Monitored Inpatient (Level 3.7)	Dukes	50.2%	2 providers within 30 miles or 30 minutes.
Monitored Inpatient (Level 3.7)	Franklin	11.0%	2 providers within 30 miles or 30 minutes.
Monitored Inpatient (Level 3.7)	Hampden	20.6%	2 providers within 30 miles or 30 minutes.
Monitored Inpatient (Level 3.7)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Barnstable	77.6%	2 providers within 30 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Berkshire	16.7%	2 providers within 30 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Dukes	50.2%	2 providers within 30 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Franklin	11.3%	2 providers within 30 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Hampden	20.6%	2 providers within 30 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes.

Provider Type	County with Network Deficiencies	Percent of Covered Individuals with Access in That County	Standard – 90% of Covered Individuals Who Have Access
Community Support Program (CSP)	Nantucket	15.5%	2 providers within 30 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Berkshire	17.7%	2 providers within 30 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Dukes	69.1%	2 providers within 30 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Nantucket	5.3%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Barnstable	0.0%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Berkshire	0.0%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Bristol	46.4%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Dukes	0.0%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Franklin	0.0%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Hampden	0.0%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Hampshire	0.0%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Nantucket	0.0%	2 providers within 30 miles or 30 minutes.
Psychiatric Day Treatment	Worcester	67.4%	2 providers within 30 miles or 30 minutes.
Structured Outpatient Addiction Program (SOAP)	Berkshire	19.8%	2 providers within 30 miles or 30 minutes.
Structured Outpatient Addiction Program (SOAP)	Nantucket	10.2%	2 providers within 30 miles or 30 minutes.
Program of Assertive Community Treatment (PACT)	Barnstable	40.5%	2 providers within 30 miles or 30 minutes.
Program of Assertive Community Treatment (PACT)	Berkshire	1.3%	2 providers within 30 miles or 30 minutes.
Program of Assertive Community Treatment (PACT)	Dukes	43.3%	2 providers within 30 miles or 30 minutes.
Program of Assertive Community Treatment (PACT)	Nantucket	0.0%	2 providers within 30 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Nantucket	6.4%	2 providers within 30 miles or 30 minutes.
Recovery Coaching	Nantucket	22.3%	2 providers within 30 miles or 30 minutes.
Recovery Support Navigators	Nantucket	22.3%	2 providers within 30 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Nantucket	12.5%	2 providers within 30 miles or 30 minutes.

MBHP: Massachusetts Behavioral Health Partnership.

Table 20: MBHP Counties with Network Deficiencies – Behavioral Health Outpatient Services

Provider Type	County with Network Deficiencies	Percent of Covered Individuals with Access in That County	Standard – 90% of Covered Individuals Who Have Access
Psychiatry	Nantucket	20.8%	2 providers within 30 miles or 30 minutes.
Psychology	Nantucket	13.2%	2 providers within 30 miles or 30 minutes.
Psych APN	Nantucket	16.6%	2 providers within 30 miles or 30 minutes.
Applied Behavior Analysis	Nantucket	29.4%	2 providers within 30 miles or 30 minutes.

MBHP: Massachusetts Behavioral Health Partnership; APN: advanced practice nurse.

Table 21: MBHP Counties with Network Deficiencies – Behavioral Health Intensive Community Treatment

Provider Type	County with Network Deficiencies	Percent of Covered Individuals with Access in That County	Standard – 90% of Covered Individuals Who Have Access
In-Home Behavioral Services	Barnstable	52.1%	2 providers within 30 miles or 30 minutes.
In-Home Behavioral Services	Dukes	9.3%	2 providers within 30 miles or 30 minutes.
In-Home Behavioral Services	Nantucket	6.0%	2 providers within 30 miles or 30 minutes.
In-Home Therapy Services	Nantucket	11.7%	2 providers within 30 miles or 30 minutes.
Therapeutic Mentoring Services	Nantucket	11.7%	2 providers within 30 miles or 30 minutes.

MBHP: Massachusetts Behavioral Health Partnership.

Recommendations

- MBHP should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- MBHP should use clean (deduplicated) data for the GeoAccess analysis for all provider types.
- MBHP should expand the network when members’ access can be improved and when network deficiencies can be closed by available providers. When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those counties.

VII. Quality-of-Care Surveys – Member Satisfaction Survey

Objectives

The overall objective of member experience surveys is to capture accurate and complete information about consumer-reported experiences with health care.

Section 2.13.A.5 of the MassHealth MBHP contract requires MBHP to conduct satisfaction surveys of covered individuals at least biennially and share the results with MassHealth. The MBHP's Member Satisfaction Survey is a standardized survey designed to collect members ratings of behavioral health treatment and satisfaction with services.

Technical Methods of Data Collection and Analysis

MBHP contracted with SPH Analytics to administer the survey. The standardized survey tool assesses member experience with specialty behavioral health care, including mental health and chemical dependency services. MBHP designed the survey tool, which was redesigned in 2019 and 2020 to enhance its readability. For MY 2021, MBHP included additional questions about members' telehealth experience. For MY 2022, only minimal question/phrasing changes were made. For MY 2023, the assessment of satisfaction with telehealth was reduced to a single question. The survey is organized across six different categories. **Table 22.** provides a list of all six survey categories.

Table 22: MBHP Member Satisfaction Survey Categories

Survey Categories
<ul style="list-style-type: none">• Appointment Access• Appointment Availability• Acceptability of MBHP Practitioners• Acceptability of Telehealth Services• Scope of Service• Experience of Care

MBHP: Massachusetts Behavioral Health Partnership.

The sample frame included members randomly selected from MBHP's outpatient population. SPH Analytics selected a random sample of members who had a behavioral health claim between the third quarter of 2022 through the end of the second quarter of 2023. Members receive a mail packet including a cover letter, mail survey, and business return envelope. Three weeks after the initial mailing, SHP reached out to nonrespondents by phone. Language line assistance was provided when requested. **Table 23** provides a summary of the technical methods of data collection.

Table 23: MBHP Member Satisfaction Survey – Technical Methods of Data Collection, MY 2023

Technical Methods of Data Collection	MBHP
Survey vendor	SPH Analytics
Survey tool	MBHP's Member Satisfaction Survey
Survey timeframe	11/02/2022 – Initial mailing began 11/28/2022 – Phone collection began 1/12/2023 – Data collection closed
Method of collection	Mail and telephone
Sample size	12,500
Response rate	3.2%

MBHP: Massachusetts Behavioral Health Partnership; MY: measurement year.

Description of Data Obtained

IPRO received a copy of the MY 2023 *MBHP Member Experience Annual Report*. The report included descriptions of the project objectives and methodology, as well as survey results and analyses.

Conclusions

To determine MBHP's strengths and opportunities for improvement, IPRO compared the survey results to the benchmark goals set by MBHP. Measures performing above the goal were considered strengths; measures performing at the same level as the goal were considered average; and measures performing below the goal were identified as opportunities for improvement, as explained in **Table 24**.

Table 24: Key for MBHP Member Satisfaction Performance Measure Comparison to the Benchmark Goal

Color Key	How Rate Compares to the Benchmark Goal
< Goal	Below the goal.
= Goal	At the goal.
> Goal	Above the goal.
N/A	Not applicable.

MBHP: Massachusetts Behavioral Health Partnership.

Tables 25–28 show the results of the 2023 MBHP Member Experience Survey. In the Appointment Access and Availability categories, one measure exceeded the goal. In the Acceptability of MBHP Practitioners category, two measures exceeded the goal. In the Scope of Service category, seven measures exceeded the goal, of which four measures were topped out at 100%. In the Experience of Care category, one measure exceeded the goal.

Table 25: MBHP Member Satisfaction Survey Performance – Appointment Access and Availability

Member Experience MBHP Measure	MBHP	Benchmark Goal
When you needed non-life-threatening Emergency Care, did you have to wait? (Answer key: less than 6 hours)	75.6% (< Goal)	≥ 78.3% less than 6 hours
When you needed Urgent Care, when was the earliest appointment that was offered to you? (Answer key: an appointment within 24 hours or an appointment between 25 to 48 hours)	82.2% (< Goal)	≥ 94.5% within 48 hours
When you had a first-time appointment, when was the earliest appointment that was offered to you? (Answer key: an appointment within 10 business days)	56.8% (< Goal)	≥ 70.2%
In the last 12 months, how often were treatment locations close enough for you? (Answer key: always or usually)	86.9% (> Goal)	≥ 86.8%

MBHP: Massachusetts Behavioral Health Partnership.

Table 26: MBHP Member Satisfaction Survey Performance – Acceptability of MBHP Practitioners

Member Experience MBHP Measure	MBHP	Benchmark Goal
In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas? A. Language? (Answer key: always or usually)	94.0% (< Goal)	≥ 95.0%
In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas? B. Communication? (Answer key: always or usually)	92.4% (< Goal)	≥ 95.0%

Member Experience MBHP Measure	MBHP	Benchmark Goal
In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas? C. Religious? (Answer key: usually or always)	74.1% (> Goal)	≥ 73.5%
In the last 12 months, how often did counseling or treatment meet your needs concerning the following areas? D. Cultural? (Answer key: usually or always)	76.6% (< Goal)	≥ 78.5%
In the last 12 months, how often were those you saw for counseling or treatment just right for your needs? (Answer key: always or usually)	88.3% (= Goal)	≥ 88.3%
How satisfied are you with all your counseling or treatment in the last 12 months? (Answer key: very satisfied or somewhat satisfied)	91.8% (< Goal)	≥ 95.0%
In the last 12 months, have you stayed overnight in a hospital or facility for any mental health or substance use services? IF YES: how satisfied are you with the treatment you got from this facility?	57.1% (< Goal)	≥ 84.7%
Do you feel the number of days approved for your stay was enough? (Answer key: yes)	76.2% (< Goal)	≥ 95.0%
How satisfied are you with the ease of getting needed mental health or substance use care in the last 12 months? (Answer key: very satisfied or somewhat satisfied)	86.6% (< Goal)	≥ 88.2%
In the last 12 months, have you had any services via telehealth? (Answer key: yes)	81.6% (N/A)	N/A
Overall satisfaction with telehealth	95.7% (> Goal)	≥ 95.0%

MBHP: Massachusetts Behavioral Health Partnership; N/A: not applicable.

Table 27: MBHP Member Satisfaction Survey Performance – Scope of Service

Member Experience MBHP Measure	MBHP	Benchmark Goal
In the last 12 months, have you called MBHP for any reason? IF YES: how many calls to an MBHP staff member did it take to get all the information you needed?	82.6% (> Goal)	≥ 80.4%
How often did MBHP staff member(s) treat you with courtesy and respect? (Answer key: always or usually)	90.0% (< Goal)	≥ 93.4%
How often did MBHP staff member(s) give you all the information or help you needed? (Answer key: always or usually)	84.3% (> Goal)	≥ 83.5%
How satisfied are you with the quality of services you got from MBHP staff member(s)? (Answer key: very or somewhat satisfied)	87.9% (< Goal)	≥ 91.3%
Overall satisfaction with language assistance (Answer key: very or somewhat satisfied)	100% (> Goal)	≥ 85.0%
Accuracy of language assistance (Answer key: very or somewhat satisfied)	100% (> Goal)	≥ 85%
Ease of getting language assistance (Answer key: very or somewhat satisfied)	100% (> Goal)	≥ 85%
Timeliness of getting language assistance (Answer key: very or somewhat satisfied)	100% (> Goal)	≥ 85%
How satisfied are you with the quality of service you got when you called MBHP to find a provider? (Answer key: very or somewhat satisfied)	84.6% (> Goal)	≥ 78.1%
How satisfied are you with the services you get from MBHP? (Answer key: very or somewhat satisfied)	90.9% (< Goal)	≥ 95.0%
How likely would you be to recommend MBHP to your family and friends? (Answer key: very or somewhat satisfied)	91.8% (< Goal)	≥ 95.0%

MBHP: Massachusetts Behavioral Health Partnership.

Table 28: MBHP Member Satisfaction Survey Performance – Experience of Care

Member Experience MBHP Measure	MBHP	Benchmark Goal
Did those you saw for counseling or treatment tell you what side effects of those medicines to watch for? (Answer key: yes)	78.0% (< Goal)	≥ 82.0%
In the last 12 months, how much were you helped by the counseling or treatment you had? (Answer key: a lot or somewhat)	87.4% (< Goal)	≥ 91.2%
A personal doctor is a doctor you see for your physical health. In the last 12 months, how often did your personal doctor seem to know about the counseling or treatment you had? (Answer key: always or usually)	69.0% (< Goal)	≥ 78.3%
In the last 12 months, how often did those you have seen for counseling and treatment seem to know about the care you had from medical doctors? (Answer key: always or usually)	76.1% (> Goal)	≥ 74.1%

MBHP: Massachusetts Behavioral Health Partnership.

VIII. MCP Responses to the Previous EQR Recommendations

Title 42 CFR § 438.364 External quality review results(a)(6) require each annual technical report include “an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI⁷ made by the EQRO during the previous year’s EQR.” **Table 29** displays MBHP’s responses to the recommendations for QI made during CY 2023, as well as IPRO’s assessment of these responses.

Table 29: MBHP Response to Previous EQR Recommendations

Recommendation for MBHP	MBHP Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 IET: In the future, MBHP should develop interventions specifically targeting sub-populations where the results indicate disparities of care.	<p>MBHP is stratifying performance/HEDIS data by race and ethnicity. We will also look at data stratified by other demographic information in the future. We plan to design interventions to specifically address disparities that are identified. This will be accomplished through stratified quality data analysis, identification of disparities, sharing the results with our clinical and network colleagues to as well as consumer and family advisory committees where we will solicit input on interventions to address identified route causes by quarter one of 2025. We will implement population focused interventions to reduce disparities and will monitor quality data on a quarterly basis and stratify by demographic data to assess progress in decreasing disparities.</p> <p>Sub-population intervention development was not required in the past. MBHP is assessing the feasibility of capturing this population in the future. If feasible, MBHP will incorporate the work into the ADD and POD M PIP.</p>	Addressed
PIP 2 Telehealth: MBHP may want to consider addressing disparities with a targeted intervention towards sub-populations. The satisfaction survey indicated some differences in telehealth acceptance but it's unclear that the differences were sizable enough to warrant targeted interventions.	<p>MBHP stratified HEDIS FUH 7-Day performance data by race and found that the Black or African American population has performed at least six percentage points lower compared to the overall MBHP population in each of the last three measurement years (2021,2022, and 2023). MBHP’s Provider Quality Managers (PQMs) will bring this information to individual IP providers and gather feedback about how IP providers and MBHP can collaborate to address this disparity. MBHP will also explore whether there is similar disparity in telehealth utilization (for successful 7- day follow-up) comparing telehealth utilization by the Black or African American population to the overall MBHP population. This will further inform MBHP about whether targeted interventions are warranted around supporting telehealth utilization for this sub-population. Results of the stratified quality data analysis will be shared with clinical and network colleagues, consumer and family advisory committees, and IP providers, and we will solicit input on interventions to address identified route causes by quarter one of 2025. We plan to implement population focused interventions to reduce disparities and will monitor quality data on a quarterly basis and stratify by demographic data to assess progress in decreasing disparities.</p>	Partially Addressed

⁷ Quality improvement.

Recommendation for MBHP	MBHP Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PMV: The Follow-Up Care for Children Prescribed ADHD Medication (Continuation) measure rate was below the 25th percentile.</p> <p>Rates for the following measures were at or above the 25th percentile but below the 50th percentile:</p> <ul style="list-style-type: none"> Follow-Up Care for Children Prescribed ADHD Medication (Initiation) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Initiation of Alcohol and Other Drug Abuse or Dependence Treatment <p>MBHP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.</p>	<p>MBHP selected the ADHD HEDIS measure (Initiation and Continuation) as an EQRO PIP for CY 2024. MBHP completed a root cause analysis and have designed quality improvement interventions aimed at improving these measures. These interventions include notifying providers who have low performance via letter and having the PCC Managers educate practices about the importance of follow-up. MBHP also conducted a root cause analysis for the HEDIS measures of Diabetes Screening for People with Schizophrenia or Bipolar D/o, who are using Antipsychotic Medications (SSD) and Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET). MBHP designed an intervention for the SSD measure, where a report is run for all Members due for screening and our Access Line clinicians will call them to support scheduling. The Primary Care Clinician Support Managers will be reaching out to the Primary Care Providers to alert them to their Members who need screenings as well. MBHP recently completed its performance improvement project (PIP) for the IET measure. The primary intervention for this project was increasing the use of Recovery Support Navigators (RSNs) and Recovery Coaches (RCs) to support Members with initiating and engaging in follow-up after an SUD diagnosis. MBHP's performance on IET improved by 4.5% (Initiation) and 10.7% (Engagement) in MY2023 over MY2022 and rates have continued to increase through 2024 Q2. MBHP will continue to promote the use of RSN and RC services to support Members with aftercare engagement following an SUD diagnosis. These interventions for ADHD and SSD will be accomplished by the end of 2024. If the intervention is successful, we will do it again in Q4 of 2025.</p>	<p>Addressed</p>

Recommendation for MBHP	MBHP Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>Compliance: MBHP is required to address all deficient and partially met requirements based on IPRO's recommendations outlined in the final validation tools sent by IPRO to the MCP on 2/2/2024. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2024.</p> <p>Lack of compliance with 10 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights and protections (1) • Coordination and continuity of care (3) • Coverage and authorization of services (1) • Provider Selection (3) • Subcontractual Relationships and Delegations (2) <p>Partial compliance with 17 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee Rights and Protections (9) • Availability of services (2) • Coordination and continuity of care (2) • Provider Selection (2) • Subcontractual Relationships and Delegations (1) • Health information systems (1) 	<p>As a goal for 2024, MBHP launched a Standard Operating Procedure (SOP) and Policy and Procedure (P&P) Initiative. During this process, each department within MBHP (Medical Affairs, Quality, Health Equity, Clinical, Operations, Finance, and Contract Compliance) were required to conduct a gap analysis. This analysis included feedback from EQRO and Contract Compliance recommendations as a guide. Each department identified deficiencies with their documentation of processes and the need to create addendums for existing policies. This initiative is due to be concluded by December 2024. In addition to the creation of new SOP's, Policies, Procedures, and addenda's, MBHP created new storage locations for the policies and achieved those that were out of date or no longer relevant. Each of the newly created SOP's, Policies, Procedures, and addenda's will be reviewed annually or as needed (except Clinical, which may need to update more frequently based on CMS or other lawful requirements).</p>	<p>Addressed</p>
<p>Network – Data Integrity: IPRO recommends that MBHP deduplicate in-network provider data before data files are submitted for analysis.</p>	<p>MBHP identified a coding error in the report that was submitted to EQRO, thus this cannot be considered an accurate assessment of its network capabilities. A new process will be implemented to improve the accuracy of the reports. This process will involve the Network Team reviewing all reports for accuracy and having a validation process documented and has been put in place December 2023.</p>	<p>Addressed</p>

Recommendation for MBHP	MBHP Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>Network – Time and Distance: Access was assessed for a total of 26 provider types. MBHP had deficient networks of all provider types except for two.</p> <p>MBHP should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	<p>MBHP identified a coding error in the report that was submitted to EQRO, thus this cannot be considered an accurate assessment of its network capabilities. A new process will be implemented to improve the accuracy of the reports. This process will involve the Network Team reviewing all reports for accuracy and having a validation process documented and has been put in place December 2023.</p>	<p>Remains an Opportunity for Improvement</p>
<p>Network – Provider Directory: MBHP's accuracy rate was below 20% for the following provider types:</p> <ul style="list-style-type: none"> • Applied Behavioral Analysts (ABA) (15.38%) • Psychiatric Nurse Mental Health Clinical Specialist (9.09%) • Licensed Independent Clinical Social Worker (7.69%) • Licensed Mental Health Counselor (7.69%) • Licensed Psychologist (Doctorate Level) (7.69%) • Licensed Certified Social Worker (0.00%) <p>MBHP should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. MBHP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement</p>	<p>In the past year, MBHP partnered with the Provider Directory Team to analyze the data in the Provider Directory. We identified 3 root causes and implemented new interventions to mitigate this going forward. The first being to do a manual pull of provider information from the CAQH to update provider information. The second was to implement a digital survey where providers were asked to verify their information was correct and make corrections if it was not. We also have started manual quarterly audits of the directory and have added reminders in the provider newsletter to update their information. This has all been implemented. We will do the digital survey annually, the manual audit quarterly and monitor performance. We will use the results of the quarterly audit to monitor performance. The results of our digital survey will also be a way to monitor accuracy.</p>	<p>Addressed</p>

Recommendation for MBHP	MBHP Response/Actions Taken	IPRO Assessment of MCP Response ¹
programs and network development plans.		
<p>Quality-of-Care Surveys: Sixteen of MBHP measures scored below the benchmark goal.</p> <p>MBHP should utilize the results of the Member Satisfaction Survey to drive performance improvement as it relates to member experience. Considering the high scores and some measures reaching 100% satisfaction, MBHP should also utilize complaints and grievances to identify new questions, expand the survey, and gain deeper insights.</p>	<p>MBHP will examine the results of its complaints and grievance data to explore if there are opportunities to develop additional questions for the Member survey. This will be accomplished over 2024 Q4 by examining the complaints and grievances data from 2023 and year to date 2024, so that there will be opportunity to develop and add question(s) to the 2025 Member survey, if applicable. MBHP anticipates to identify areas of dissatisfaction within the complaints and grievances data, which inform additional question(s) for future surveys that will garner deeper insights into Members' experience with MBHP and the services provided by network providers. • What is the MCP's process for monitoring the actions to determine their effectiveness? MBHP will monitor results of the new question(s) on the Member survey, which is administered annually, and will develop interventions to address Member experience if warranted by the results of the new survey question(s).</p>	Addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. MBHP: Massachusetts Behavioral Health Partnership; MCP: managed care plan; EQR: external quality review.

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

Table 30 highlight MBHP’s performance strengths, opportunities for improvement, follow-up on prior EQRO recommendations, and this year’s recommendations based on the aggregated results of CY 2024 EQR activities as they relate to **quality**, **timeliness**, and **access**.

Table 30: MBHP Strengths, Opportunities for Improvement, and EQR Recommendations

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: POD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
PIP 2: ADD	There is high confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Performance Measure Validation: NCQA measures	<p>MBHP demonstrated compliance with information system standards. No issues were identified. MBHP HEDIS rates were above the 90th national Medicaid percentile of the NCQA Quality Compass on the following measures:</p> <ul style="list-style-type: none"> Follow-up After Emergency Department Visit for Mental Illness (7 days) Follow-up After Emergency Department Visit for Mental Illness (30 days) Pharmacotherapy for Opioid Use Disorder 	<p>Currently, the membership data available to MBHP have race and ethnicity data in one single field and are not consistently available. MBHP is using a mapping methodology to report rates that require race and ethnicity stratification that is acceptable.</p> <p>It was noted that the measure specifications used to calculate the 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility measure were not current. However, since the most current version of the specifications did not have any changes from the prior version besides the updated value set, the measure rates are considered reportable. Rates for the following measures were at or below the 25th percentile:</p> <ul style="list-style-type: none"> Follow-up Care for Children Prescribed ADHD Medication (Initiation) Follow-up Care for Children Prescribed ADHD Medication (Continuation) 	<p>Recommendation 1: MBHP should implement processes to obtain distinct and complete race and ethnicity data so that measures that require race and ethnicity stratification can be reported.</p> <p>Recommendation 2: MBHP should ensure that clarification is obtained from MassHealth on the specifications and versions that should be used for measure rate calculation and reporting.</p> <p>Recommendation 3: MBHP should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.</p>	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Compliance Review	MBHP demonstrated compliance with most of the federal and state contractual standards	<p>Lack of compliance with 10 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights and protections (1) • Coordination and continuity of care (3) • Coverage and authorization of services (1) • Provider Selection (3) • Subcontractual Relationships and Delegations (2) <p>Partial compliance with 17 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee Rights and Protections (9) • Availability of services (2) • Coordination and continuity of care (2) • Provider Selection (2) • Subcontractual Relationships and Delegations (1) • Health information systems (1) 	MBHP is required to address all deficient and partially met requirements based on IPRO's recommendations outlined in the final validation tools sent by IPRO to the MCP on 2/2/2024. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2024.	Quality, Timeliness, Access
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by MBHP to monitor network adequacy were mostly accurate and current except for duplicative provider records.	MBHP submitted many duplicates for facility providers due to variations in the facility names, such as including individual providers name, including suite names in the address, submitting departments, and facility name variations. IPRO removed a total of 945 duplicate providers from MBHP's provider lists prior to conducting the analysis.	MBHP should clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	MBHP used the correct MassHealth standards for all provider types. When IPRO compared MBHP’s results for Psychiatric Inpatient Adult, Psychiatric Inpatient Adolescent, Psychiatric Inpatient Child, and Intensive Inpatient SUD Services (ASAM Level 4), the comparison showed that IPRO and MBHP had identical results for all four provider types in all counties, except in a few counties for ASAM Level 4. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	MBHP had duplicative records for many behavioral health diversionary services, all standard outpatient services, and all intensive home and community-based services. Because of the quality of the provider data, IPRO was not able to compare MBHP’s results for those provider types.	MBHP should use clean (deduplicated) data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – Gaps in Provider Networks	MBHP demonstrated adequate networks for Psychiatric Inpatient Adult, Community Crisis Stabilization, Behavioral Health Outpatient, and Opioid Treatment Programs in all 14 counties.	Other MBHP provider networks had gaps in at least one county. IPRO’s analysis revealed network gaps for all intensive home and community-based services.	<p>MBHP should expand the network when members’ access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should explain what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
Quality-of-care Surveys	<p>MBHP exceeded its benchmark goal on 11 measures. The following measures were topped-out at 100%:</p> <ul style="list-style-type: none"> • Overall satisfaction with language assistance (Answer key: very or somewhat satisfied) • Accuracy of language assistance (Answer key: very or somewhat satisfied) • Ease of getting language assistance (Answer key: very or somewhat satisfied) • Timeliness of getting language assistance (Answer key: very or somewhat satisfied) 	Seventeen MBHP measures scored below the benchmark goal.	MBHP should utilize the results of the Member Satisfaction Survey to drive performance improvement as it relates to member experience. Considering the high scores and some measures reaching 100% satisfaction, MBHP should also utilize complaints and grievances to identify new questions, expand the survey, and gain deeper insights.	Quality, Timeliness, Access

MBHP: Massachusetts Behavioral Health Partnership; EQR: external quality review; PIP: performance improvement project; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; ADHD: attention deficit hyperactivity disorder; CY: calendar year; MCP: managed care plan; N/A: not applicable; .

X. Required Elements in EQR Technical Report

The Balanced Budget Act of 1998 established that state agencies contracting with MCPs provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCP. The federal requirements for the annual EQR of contracted MCPs are set forth in *Title 42 CFR § 438.350 External quality review (a) through (f)*.

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

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

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

Elements required in EQR technical report, including the requirements for the PIP validation, performance measure validation, and review of compliance activities, are listed in **Table 31**.

Table 31: Required Elements in EQR Technical Report

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

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

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.358(b)(1)(iii)</i>	<p>Technical report must include information on a review, conducted within the previous three-year period, to determine each MCO's, PIHP's, PAHP's or PCCM's compliance with the standards set forth in Subpart D and the QAPI requirements described in Title 42 CFR § 438.330.</p> <p>The technical report must provide MCP results for the 11 Subpart D and QAPI standards.</p>	<p>This report includes information on a review, conducted in 2023, to determine MBHP's compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i>; see Section V.</p>

EQR: external quality review; CFR: Code of Federal Regulations; §: section; CHIP: Children's Health Insurance Program; MCP: managed care plan; MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan; PCCM: primary care case management; PIP: performance improvement project; EQRO: external quality review organization; PHI: protected health information; QAPI: quality assurance and performance improvement.

XI. Appendix A – MassHealth Quality Goals and Objectives

Table A1: MassHealth Quality Strategy Goals and Objectives – Goal 1

Goal 1	Promote better care: Promote safe and high-quality care for MassHealth members
1.1	Focus on timely preventative, primary care services with access to integrated care and community-based services and supports
1.2	Promote effective prevention and treatment to address acute and chronic conditions in at-risk populations
1.3	Strengthen access, accommodations, and experience for members with disabilities, including enhanced identification and screening, and improvements to coordinated care

Table A2: MassHealth Quality Strategy Goals and Objectives – Goal 2

Goal 2	Promote equitable care: Achieve measurable reductions in health and health care quality inequities related to race, ethnicity, language, disability, sexual orientation, gender identity, and other social risk factors that MassHealth members experience
2.1	Improve data collection and completeness of social risk factors (SRF), which include race, ethnicity, language, disability (RELD) and sexual orientation and gender identity (SOGI) data
2.2	Assess and prioritize opportunities to reduce health disparities through stratification of quality measures by SRFs, and assessment of member health-related social needs
2.3	Implement strategies to address disparities for at-risk populations including mothers and newborns, justice-involved individuals, and members with disabilities

Table A3: MassHealth Quality Strategy Goals and Objectives – Goal 3

Goal 3	Make care more value-based: Ensure value-based care for our members by holding providers accountable for cost and high quality of patient-centered, equitable care
3.1	Advance design of value-based care focused on primary care provider participation, behavioral health access, and integration and coordination of care
3.2	Develop accountability and performance expectations for measuring and closing significant gaps on health disparities
3.3	Align or integrate other population, provider, or facility-based programs (e.g., hospital, integrated care programs)
3.4	Implement robust quality reporting, performance and improvement, and evaluation processes

Table A4: MassHealth Quality Strategy Goals and Objectives – Goal 4

Goal 4	Promote person and family-centered care: Strengthen member and family-centered approaches to care and focus on engaging members in their health
4.1	Promote requirements and activities that engage providers and members in their care decisions through communications that are clear, timely, accessible, and culturally and linguistically appropriate
4.2	Capture member experience across our populations for members receiving acute care, primary care, behavioral health, and long-term services and supports
4.3	Utilize member engagement processes to systematically receive feedback to drive program and care improvement

Table A5: MassHealth Quality Strategy Goals and Objectives – Goal 5

Goal 5	Improve care through better integration, communication, and coordination across the care continuum and across care teams for our members
5.1	Invest in systems and interventions to improve verbal, written, and electronic communications among caregivers to reduce harm or avoidable hospitalizations and ensure safe and seamless care for members
5.2	Proactively engage members with high and rising risk to streamline care coordination and ensure members have an identified single accountable point of contact
5.3	Streamline and centralize behavioral health care to increase timely access and coordination of appropriate care options and reduce mental health and SUD emergencies

XII. Appendix B – MassHealth Managed Care Programs and Plans

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

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Accountable Care Partnership Plan (ACPP)	<p>Groups of primary care providers working with one managed care organization to create a full network of providers.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> BeHealthy Partnership Plan Berkshire Fallon Health Collaborative East Boston Neighborhood Health WellSense Alliance 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 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
Primary Care Accountable Care Organization (PC ACO)	<p>Groups of primary care providers forming an ACO that works directly with MassHealth’s network of specialists and hospitals for care and coordination of care.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> Community Care Cooperative Revere Medical
Managed Care Organization (MCO)	<p>Capitated model for services delivery in which care is offered through a closed network of PCPs, specialists, behavioral health providers, and hospitals.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> Boston Medical Center HealthNet Plan WellSense Tufts Health Together
Primary Care Clinician Plan (PCCP)	<p>Members select or are assigned a primary care clinician (PCC) from a network of MassHealth hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP).</p>	Not applicable – MassHealth

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	<ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	
Massachusetts Behavioral Health Partnership (MBHP)	<p>Capitated behavioral health model providing or managing behavioral health services, including visits to a licensed therapist, crisis counseling and emergency services, SUD and detox services, care management, and community support services.</p> <ul style="list-style-type: none"> Population: Medicaid members under 65 years of age who are enrolled in the PCCP or a PC ACO (which are the two PCCM programs), as well as children in state custody not otherwise enrolled in managed care. Managed Care Authority: 1115 Demonstration Waiver. 	MBHP
One Care Plan	<p>Integrated care option for persons with disabilities in which members receive all medical and behavioral health services and long-term services and support through integrated care. Effective January 1, 2026, the One Care Plan program will shift from a Medicare-Medicaid Plan (MMP) demonstration to a Medicare Fully Integrated Dual-Eligible Special Needs Plan (FIDE-SNP) with a companion Medicaid managed care plan.</p> <ul style="list-style-type: none"> Population: Dual-eligible Medicaid members ages 21–64 years at the time of enrollment with MassHealth and Medicare coverage. Managed Care Authority: Financial Alignment Initiative Demonstration. 	<ol style="list-style-type: none"> 1. Commonwealth Care Alliance 2. Tufts Health Plan Unify 3. UnitedHealthcare Connected for One Care
Senior Care Options (SCO)	<p>Medicare FIDE-SNPs with companion Medicaid managed care plans providing medical, behavioral health, and long-term, social, and geriatric support services, as well as respite care.</p> <ul style="list-style-type: none"> Population: Medicaid members over 65 years of age and dual-eligible members over 65 years of age. Managed Care Authority: 1915(a) Waiver/1915(c) Waiver. 	<ol style="list-style-type: none"> 1. WellSense Senior Care Option 2. Commonwealth Care Alliance 3. NaviCare Fallon Health 4. Senior Whole Health by Molina 5. Tufts Health Plan Senior Care Option 6. UnitedHealthcare Senior Care Options

ACO: accountable care organization; PCP: primary care provider; PCCM: primary care case management.

XIII. Appendix C – MassHealth Quality Measures

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

Measure Steward	Acronym	Measure Name	Core Set	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
NCQA	SAA	Adherence to Antipsychotics for Individuals with Schizophrenia	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
NCQA	AMM	Antidepressant Medication Management – Acute and Continuation	X	N/A	N/A	X	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	AMR	Asthma Medication Ratio	X	N/A	N/A	N/A	N/A	N/A	1.1, 1.2, 3.1
NCQA	AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis	X	N/A	N/A	N/A	N/A	N/A	1.1., 2.2, 3.4
EOHHS	BH CP Engagement	Behavioral Health Community Partner Engagement	N/A	X	X	N/A	N/A	N/A	1.1, 1.3, 2.3, 3.1, 5.2, 5.3
NCQA	BCS	Breast Cancer Screening	X	N/A	N/A	N/A	N/A	N/A	1.1., 2.2, 3.4
NCQA	CCS	Cervical Cancer Screening	X	N/A	N/A	N/A	N/A	N/A	1.1., 2.2, 3.4
NCQA	ACP	Advance Care Planning	N/A	N/A	N/A	X	N/A	N/A	1.1, 3.4, 4.1
NCQA	WCV	Child and Adolescent Well-Care Visits	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
NCQA	CIS	Childhood Immunization Status	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
NCQA	CHL	Chlamydia Screening	X	N/A	N/A	N/A	N/A	N/A	1.1., 2.2, 3.4
NCQA	COL	Colorectal Cancer Screening	X	N/A	N/A	X	N/A	N/A	1.1., 2.2, 3.4
PQA	COB	Concurrent Use of Opioids and Benzodiazepines	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
NCQA	CBP	Controlling High Blood Pressure	X	N/A	N/A	X	X	N/A	1.1, 1.2, 2.2
NCQA	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	X	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (30 days)	X	N/A	N/A	X	N/A	X	3.4, 5.1–5.3
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	X	X	X	N/A	X	X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (30 days)	X	N/A	N/A	N/A	X	X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (7 days)	X	X	X	N/A	X	X	3.4, 5.1–5.3

Measure Steward	Acronym	Measure Name	Core Set	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
NCQA	FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (30 days)	X	N/A	N/A	N/A	N/A	X	3.4, 5.1–5.3
NCQA	FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	X	N/A	N/A	N/A	N/A	X	3.4, 5.1–5.3
NCQA	ADD	Follow-up for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (HEDIS)	X	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	HBD	Hemoglobin A1c Control; HbA1c control (> 9.0%) Poor Control	X	N/A	N/A	N/A	X	N/A	1.1, 1.2, 3.4
NCQA	IMA	Immunizations for Adolescents	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
NCQA	FVA	Influenza Immunization	N/A	N/A	N/A	N/A	X	N/A	1.1, 3.4
MA-PD CAHPs	FVO	Influenza Immunization	N/A	N/A	N/A	X	N/A	N/A	1.1, 3.4, 4.2
NCQA	IET – Initiation/ Engagement	Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment – Initiation and Engagement Total	X	X	X	X	X	X	1.2, 3.4, 5.1–5.3
NCQA	LSC	Lead Screening in Children	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
CMS	MLTSS-7	Managed Long Term Services and Supports Minimizing Facility Length of Stay	N/A	N/A	N/A	X	N/A	N/A	4.1, 5
NCQA	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	X	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	OMW	Osteoporosis Management in Women Who Had a Fracture	N/A	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
NCQA	PBH	Persistence of Beta-Blocker Treatment after Heart Attack	N/A	N/A	N/A	X	N/A	N/A	1.1, 1.2, 3.4
NCQA	PCE	Pharmacotherapy Management of COPD Exacerbation	N/A	N/A	N/A	X	N/A	N/A	1.1, 1.2, 3.4
NCQA	PCR	Plan All Cause Readmission	X	X	X	X	X	N/A	1.2, 3.4, 5.1, 5.2
NCQA	DDE	Potentially Harmful Drug – Disease Interactions in Older Adults	N/A	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
CMS	CDF	Screening for Depression and Follow-Up Plan	X	X	N/A	N/A	N/A	N/A	1.1, 3.1, 5.1, 5.2

Measure Steward	Acronym	Measure Name	Core Set	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
NCQA	PPC	Timeliness of Prenatal Care	X	N/A	N/A	N/A	N/A	N/A	1.1, 2.1, 3.1
NCQA	TRC	Transitions of Care – All Submeasures	N/A	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
NCQA	APP	Use of First-Line Psychosocial Care for Children and Adolescents	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
NCQA	DAE	Use of High-Risk Medications in the Older Adults	N/A	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
PQA	OHD	Use of Opioids at High Dosage in Persons Without Cancer	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
SAMHSA	ODU	Use of Pharmacotherapy for Opioid Use Disorder	X	N/A	N/A	N/A	N/A	N/A	1.2, 3.1, 5.1, 5.2
NCQA	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	N/A	N/A	N/A	X	N/A	N/A	1.2, 3.4
NCQA	W30	Well-Child Visits in the First 30 Months	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1
NCQA	WCC	Weight Assessment and Counseling for Children	X	N/A	N/A	N/A	N/A	N/A	1.1, 3.1

NCQA: National Committee for Quality Assurance; EOHHS: Massachusetts Executive Office of Health and Human Services; MA-PD CAHPS: Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems; ADA DQA: American Dental Association Dental Quality Alliance; CMS: Centers for Medicare and Medicaid Services; COPD: chronic obstructive pulmonary disease.

XIV. Appendix D – MassHealth MBHP Network Adequacy Standards and Indicators

Table D1: MBHP Network Adequacy Standards and Indicators – Inpatient Services

Network Adequacy Standards Source: MBHP Contract - Section 2.9.C	Indicator	Definition of the Indicator
Inpatient Service Provider Types: <ul style="list-style-type: none"> Psych Inpatient Adult Psych Inpatient Adolescent Psych Inpatient Child Managed Inpatient Level 4 (ASAM 4.0) <p>Covered individuals must have access to 2 inpatient service providers within 60 miles or 60 minutes of their residence.</p> <p>MBHP must ensure that, at a minimum, 90% of covered individuals have access to all Medically Necessary BH Services.</p>	Inpatient Service Providers: 90% of covered individuals have access to 2 inpatient service providers within 60 miles or 60 minutes within a covered individual's ZIP code of residence.	Numerator: number of covered individuals in a county for whom one of the following is true: <ul style="list-style-type: none"> Two unique in-network providers are a 60-minute drive or less from a covered individual's ZIP code of residence; OR Two unique in-network providers are 60 miles or less from a covered individual's ZIP code of residence. Denominator: all covered individuals in a county.

Table D2: MBHP Network Adequacy Standards and Indicators – Diversionary Services and Outpatient Services

Network Adequacy Standards Source: MBHP Contract - Section 2.9.C	Indicator	Definition of the Indicator
Diversionary Services: <ul style="list-style-type: none"> Community Crisis Stabilization (New) Community-Based Acute Treatment for Children and Adolescents (CBAT) Monitored Inpatient (Level 3.7) Clinical Support Services for Substance Use Disorders (Level 3.5) Community Support Program (CSP) Partial Hospitalization (PHP) Psychiatric Day Treatment Structured Outpatient Addiction Program (SOAP) Program of Assertive Community Treatment (PACT) Intensive Outpatient Program (IOP) 	BH Diversionary and Outpatient Services: 90% of covered individuals have access to 2 BH service providers within 30 miles or 30 minutes within the covered individual's ZIP code of residence.	Numerator: number of covered individuals in a county for whom one of the following is true: <ul style="list-style-type: none"> Two unique in-network providers are a 30-minute drive or less from a covered individual's ZIP code of residence; OR Two unique in-network providers are 30 miles or less from a covered individual's ZIP code of residence. Denominator: all covered individuals in a county.

Network Adequacy Standards Source: MBHP Contract - Section 2.9.C	Indicator	Definition of the Indicator
<ul style="list-style-type: none"> • Recovery Coaching • Recovery Support Navigators • Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) <p>Outpatient Services - Standard Outpatient Services:</p> <ul style="list-style-type: none"> • BH Outpatient • Psychiatry • Psychology • Psych APN • Opioid Treatment Programs (OTP) <p>Outpatient Services - Intensive Home or Community-Based Services for Youth:</p> <ul style="list-style-type: none"> • In-Home Behavioral Services (IHBS) • In-Home Therapy Services (IHT) • Therapeutic Mentoring (TM) Services <p>Other Behavioral Health Services:</p> <ul style="list-style-type: none"> • Applied Behavioral Analysis (ABA) <p>Covered Individuals must have access to 2 providers for all other BH Covered Services within 30 miles or 30 minutes of their residence.</p> <p>MBHP must ensure that, at a minimum, 90% of covered individuals have access to all Medically Necessary BH Services.</p>		