External Quality Review
Senior Care Options

Annual Technical Report, Calendar Year 2023

Commonwealth of Massachusetts
Executive Office of Health and Human Services

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I. Executive Summary

Senior Care Options Plans

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 to improve their performance. This annual technical report (ATR) describes the results of the EQR for Senior Care Options (SCO) plans that furnish health care services to Medicaid Enrollees in Massachusetts (i.e., the Medicare-Medicaid eligible population which includes Enrollees who are Medicaid only).

Massachusetts's Medicaid program (known as "MassHealth"), administered by the Massachusetts Executive Office of Health and Human Services (EOHHS), contracted with six SCO plans during the 2023 calendar year (CY). SCOs are health plans for MassHealth Enrollees aged 65 years and older and dual-eligible members aged 65 years and older. SCO plans include all MassHealth and Medicare benefits, together with prescription drug coverage.[1] They cover medical, behavioral health, and long-term services and supports (LTSS), and provide care coordination for members with chronic conditions. In addition to care coordination, SCOs also offer social and geriatric support services to help seniors stay independently at home as long as possible. MassHealth's SCOs are listed in **Table 1**.

Table 1: MassHealth's SCOs – CY 2023

Senior Care Options (SCO) Name	Abbreviation Used in the Report	Members as of December 25, 2023	Percent of Total SCO Population
Boston Medical Center Health Plan Senior Care Option	WellSense SCO	2,162	3%
Commonwealth Care Alliance	CCA SCO	15,512	20%
NaviCare (HMO) Fallon Health	Fallon NaviCare SCO	10,775	14%
Senior Whole Health by Molina	SWH SCO	13,139	17%
Tufts Health Plan Senior Care Option	Tufts SCO	11,398	15%
UnitedHealthcare Senior Care Option	UHC SCO	24,507	32%
All SCO Plans (Total)	N/A	77,493	100%

The **Boston Medical Center Health Plan SCO** (**WellSense SCO**) is a nonprofit health plan that serves 2,162 MassHealth Enrollees who live in Barnstable, Bristol, Hampden, Plymouth, or Suffolk counties. Its corporate parent is Boston Medical Center Health System, Inc. More information about WellSense SCO is available here: Senior Care Options | WellSense Health Plan.

The **Commonwealth Care Alliance SCO** (**CCA SCO**) is a nonprofit health plan that serves 15,512 MassHealth Enrollees who live in Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. CCA SCO is an integrated care system based in Boston. More information about CCA SCO is available here: Senior Care Options for Members | Commonwealth Care Alliance MA.

The **NaviCare Fallon Health** (**Fallon NaviCare SCO**) is a nonprofit health plan that serves 10,775 MassHealth Enrollees across 12 counties in the state of Massachusetts. The Dukes and Nantucket counties are not part of the Fallon NaviCare SCO service area. More information about Fallon NaviCare SCO is available here: FCHP - NaviCare (fallonhealth.org).

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[1] Senior Care Options (SCO) | Mass.gov

The **Senior Whole Health by Molina** (**SWH SCO**) serves 13,139 MassHealth Enrollees who live in Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. Their corporate parent is Molina Healthcare. More information about SWH SCO is available here: [Senior Whole Health by Molina Healthcare](#).

The **Tufts Health Plan Senior Care Options** (**Tufts SCO**) is a nonprofit health plan that serves 11,398 MassHealth Enrollees who live in Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. More information about Tufts SCO is available here: [Tufts Health Plan Senior Care Options | Our Plans | Provider | Tufts Health Plan](#).

The **UnitedHealthcare Senior Care Options** (**UHC SCO**) serves 24,507 MassHealth Enrollees who live in Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. More information about UHC SCO is available here: [Massachusetts Health Plans | UnitedHealthcare Community Plan: Medicare & Medicaid Health Plans (uhccommunityplan.com)](#).

Purpose of Report

The purpose of this ATR 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 the SCO plans met the state standards and whether the state met the federal standards as defined in the CFR.

Scope of External Quality Review Activities

MassHealth contracted with IPRO, an external quality review organization (EQRO), to conduct four mandatory EQR activities, as outlined by the Centers for Medicare and Medicaid Services (CMS), for its six SCO plans. 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 (PIPs) –* This activity validates that SCOs' 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 (PMs) reported by each SCO and determines the extent to which the rates calculated by the SCOs follow state specifications and reporting requirements.

(iii)   *CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP[2] Managed Care Regulations –* This activity determines SCOs' compliance with its contract and with state and federal regulations.

(iv)   *CMS Mandatory Protocol 4: Validation of Network Adequacy –* This activity assesses SCOs' adherence to state standards for travel time and distance to specific provider types, as well as each SCO's ability to provide an adequate provider network to its Medicaid population.

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 SCOs' performance strengths and opportunities for improvement.

All four mandatory EQR activities were conducted in accordance with CMS EQR 2023 protocols. CMS defined *validation* in *Title 42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to

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[2] Children's Health Insurance Program.

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 2023 demonstrated that MassHealth and the SCO plans share a commitment to improvement in providing high-quality, timely, and accessible care for members.

IPRO used the analyses and evaluations of CY 2023 EQR activity findings to assess the performance of MassHealth's SCOs in providing quality, timely, and accessible health care services to Medicaid members. The individual SCOs were evaluated against state and national benchmarks for measures related to the **quality**, **access**, and **timeliness** domains. These plan-level findings and recommendations for each SCO 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 SCO program were also compared and analyzed to develop overarching conclusions and recommendations for MassHealth. The following provides a high-level summary of these findings for the MassHealth Medicaid SCO program.

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 3 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.

Opportunities for Improvement:
Although MassHealth evaluates the effectiveness of its quality strategy, the most recent evaluation, which was conducted on the previous quality strategy, did not clearly assess whether the state met or made progress on its strategic goals and objectives. The evaluation of the current quality strategy should assess whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5).

For example, to assess if MassHealth achieved measurable reductions in health care inequities (goal 2), the state could look at the core set measures stratified by race/ethnicity; to assess if MassHealth made care more value-based (goal 3), the state could look at the number of Enrollees in value-based arrangements. The state may decide to continue with or revise its five strategic goals based on the evaluation.

General Recommendations for MassHealth:

- *Recommendation towards achieving the goals of the Medicaid quality strategy* – MassHealth should assess whether the state met or made progress on the five strategic goals and objectives described in the quality strategy. This assessment should describe whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5). The state may decide to continue with or revise its five strategic goals and objectives based on the evaluation.[3]

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)*. The validation of SCOs' PIPs conducted in CY 2023 demonstrated the following strengths and weaknesses.

Strengths:

The Plans developed and implemented multi-level interventions that focused on member, provider, and health plan levels.

Opportunities for Improvement:

The PIP processes in place prior to IPRO becoming the EQRO of record for Massachusetts had several limitations which impacted and were reflected in SCOs' PIPs, including the following weaknesses observed across all Plans:

- Lack of clearly defined aims and interventions.
- Lack of formal barrier analysis to assess factors underlying suboptimal performance on performance indicators at baseline and inform development of interventions tailored to the unique needs and characteristics of member population.
- Limited/absent use of process measures to track progress with respect to intervention implementation.
- Modifications made to interventions throughout the PIP cycle were generally not evident, and where evident, were not documented uniformly.
- Efforts to promote sustainability and spread were not clearly and/or uniformly documented across interventions.

General PIP Recommendations for MassHealth:

Recommendation for MassHealth relevant to all SCO Plans towards accelerating the effectiveness of PIPs:

- Standardized structure and reporting requirements should be established to define and describe PIP aims and interventions.
- All Plans should be required to conduct an initial barrier analysis at the outset of every PIP and document it in PIP proposal submission. Additionally, Plans should be required/expected to conduct additional analyses throughout the process as additional barriers are discovered.
- For each PIP intervention, Plans should be required to track implementation progress with at least one intervention-specific process measure. Rates should be tracked/reported on at least a quarterly basis throughout the PIP cycle.
- Plans should be required to document modifications made to interventions throughout the PIP cycle in a uniform fashion within the PIP template.

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[3] Considerations for addressing the evaluation of the quality strategy are described in the *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Quality Strategy Toolkit* on page 29, available at Medicaid and Children's Health Insurance Program (CHIP) Managed Care Quality Strategy Toolkit.

- Plans should be required to document efforts to promote sustainability and spread in a standardized manner across all interventions (and PIPs) in the final PIP report.

SCO-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 SCO 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.

SCOs are evaluated on a set of Healthcare Effectiveness Data and Information Set (HEDIS®) and non-HEDIS measures (i.e., measures that are not reported to the National Committee for Quality Assurance [NCQA] via the Interactive Data Submission System [IDSS]). HEDIS rates are calculated by each SCO and reported to the state.

IPRO conducted performance measure validation (PMV) 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 reviewed SCOs' Final Audit Reports (FARs) issued by independent HEDIS auditors. IPRO found that SCOs were fully compliant with appliable NCQA information system standards. No issues were identified.

IPRO aggregated the SCO measure rates to provide comparative information for all SCO Plans. When compared to the MY2022 NCQA Quality Compass® National Medicare percentiles, the best performance was found for the following measures and Plans:
- Pharmacotherapy Management of COPD Exacerbation Bronchodilators (WellSense SCO, Tufts SCO, UHC SCO)
- Follow-up after Hospitalization for Mental Illness; 7 days and 30 days (CCA SCO and Tufts SCO)
- Antidepressant Medication Management Continuation (SWH SCO and weighted statewide mean)
- Colorectal Cancer Screening (UHC SCO)
- Transitions of Care: Medication Reconciliation Post-Discharge (Fallon SCO)
- Osteoporosis Management in Women Who Had a Fracture (Fallon SCO)
- Antidepressant Medication Management Acute (SWH SCO)

Opportunities for Improvement:

The performance varied across measures with the opportunities for improvement in the following areas:
- Use of High-Risk Medications in the Elderly, Total Rate (CCA SCO, Fallon SCO, UHC SCO, and the weighted statewide mean)
- Plan All-Cause Readmission (Observed/Expected Ratio) (All SCOs except Fallon)
- Controlling High Blood Pressure (Fallon SCO and SWH SCO)
- Pharmacotherapy Management of COPD Exacerbation Corticosteroids (WellSense SCO and CCA SCO)
- Osteoporosis Management in Women Who Had a Fracture (SWH SCO and Tufts SCO)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SWH SCO)
- Potentially Harmful Drug Disease Interactions in the Elderly; Total (Fallon SCO)
- Follow-up after Hospitalization for Mental Illness; 7 days (UHC SCO)

General Recommendations for MassHealth:

- *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.

PMV findings are provided in **Section IV** of this report.

Compliance Review
IPRO evaluated SCO Plans' compliance with Medicaid and CHIP managed care regulations.

Strengths:
MassHealth's contracts with MCPs outline specific terms and conditions that MCPs 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, enforce beneficiary rights and protections, as well as monitor the quality of healthcare services provided by MCPs. MassHealth collaborates with MCPs to identify areas for improvement, and MCPs actively engage in performance improvement initiatives.

MassHealth monitors MCPs compliance with contractual obligations via regular audits, reviews, and reporting requirements. SCO Plans undergo compliance reviews every 3 years. The next compliance review will be conducted in CY 2026.

The validation of SCO Plans conducted in CY 2023 demonstrated SCO Plans' commitment to their members and providers, as well as strong operations. Of the 14 areas of review, Tufts SCO and SWH scored 100% in 10 domains; WellSense SCO and Fallon NaviCare scored 100% in 8 domains; and CCA SCO and UHC SCO scored 100% in 7 domains.

Opportunities for Improvement:
Significant gaps were identified in the following areas:
- Disenrollment requirements and limitations (Tufts SCO)
- Enrollee rights and protections (WellSense SCO and Fallon)
- Emergency and post-stabilization services (CCA SCO)
- Coordination and continuity of care (WellSense SCO, CCA SCO, Fallon SCO, SWH, and Tufts SCO)
- Subcontractual relationships and delegation (UHC SCO)

SCO Plans were not always able to identify policy documentation and provide evidence that all requirements were being implemented. The absence of policies can result in inconsistent practices and lead to variations in the quality of provided services.

Some contractual requirements were written in complex language that left room for interpretation that could impede implementation. For example, the Enrollee Access to Services requirement in Section 2.6 lacked clarity in terms of network adequacy standards, indicators, and provider types. Some requirements remained in the contract even though they were retired, postponed, or did not apply to the SCO population. Overly complex regulations or out-of-date requirements may hinder implementation and a broader understanding of contractual obligations leading to inefficiencies and non-compliance.

General EQR Recommendations for MassHealth:

- *Recommendation towards better policy documentation* – To encourage consistent practices and compliance with MassHealth standards, MassHealth should require MCPs to establish and maintain well-defined policies and procedures.
- *Recommendation towards using plain language in contractual requirements* – To improve clarity, accessibility, and compliance, MassHealth should use plain language and express contractual requirements in straightforward terms that can be easily understood by a broader audience.
- *Recommendation towards addressing gaps identified through the compliance review* – To effectively address the areas of non-compliance, MassHealth should establish direct communication with the MCP to discuss the identified issue, provide the MCP with a detailed explanation of the requirements that were not being met, and collaborate to develop a resolution strategy.
- *Suggestion towards addressing program wide weakness in Care Coordination* – MassHealth could consider addressing the gap in compliance related to care coordination, specifically in the area of care management process (ensuring timely assessments are completed, care plans are development and updated per requirements, discharge planning is completed) and care plan documentation (assessments, care plans, member sign-off, etc.). While there were minor gaps in policy documentation across the MCPs, the key driver of lower compliance scores in this domain is found in the area of care management file reviews.

SCO-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:
MassHealth developed 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 substance use disorder [SUD]), adult and pediatric specialists, hospitals, pharmacy services, and LTSS. MassHealth did not develop standards for pediatric dental services because dental services are carved out from managed care.

Network adequacy is an integral part of MassHealth's strategic goals. One of the goals of MassHealth's quality strategy is to promote 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.

Travel time and distance standards and availability standards are defined in the SCOs' contracts with MassHealth. 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 a provider type.

All SCO plans had adequate networks of adult primary care, the majority of specialist providers, pharmacy, and behavioral health outpatient providers.

Opportunities for Improvement:
Although the travel time and distance standards are defined in the SCO contracts with MassHealth, the definitions of the network adequacy indicators have not been shared with the MCPs. Network adequacy indicators are metrics used to measure adherence to network adequacy standards.[4] The definitions of the network adequacy indictors as agreed upon for the purpose of this EQR are included in **Appendix D**.

IPRO found that the format of the report templates utilized to request in-network providers lists may cause duplication of records submitted for the time and distance analysis. IPRO used the same templates to request data from the MCPs. Duplicate records were removed before the analysis was conducted. IPRO also identified and corrected several issues with network provider data submitted by MCPs.

After duplicate records were removed, IPRO evaluated each SCO's provider network to determine compliance with the time and distance standards established by MassHealth. Access was assessed for a total of 56 provider types. The results show that all SCOs had some type of LTSS provider network deficiency. SWH SCO had network deficiencies for 29 provider types.

Finally, IPRO conducted provider directory audits and calculated the percentage of providers with verified telephone number, address, and specialty information as well as providers' participation in Medicaid and panel status. The accuracy of information varied widely. Provider directory accuracy thresholds were not established.

General Recommendations for MassHealth:
- *Recommendations towards network data integrity* - The format of the submission templates should be adjusted to improve data submission accuracy and reduce duplications of the data.
- *Recommendations towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access. MassHealth should share with MCPs the definitions of the network adequacy indicators that were identified for the purpose of this EQR (**Appendix D**).
- *Recommendations towards better provider directories* – The findings from the *2023 Provider Directory Audit* should be used to improve and develop further network adequacy activities.

SCO-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 contracted SCO Plans to conduct an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey using an approved CAHPS vendor and report CAHPS data to MassHealth. Each SCO Plan independently contracted with a CMS-approved survey vendor to administer the MA-PD CAHPS surveys.

CMS uses information from MA-PD CAHPS to further evaluate health plans' part D operations; MassHealth monitors SCO Plans' submissions of CAHPS surveys and uses the results to identify opportunities for improvement and inform MassHealth's quality management work.

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[4] CMS External Quality Review (EQR) Protocols, February 2023. Available at: CMS External Quality Review (EQR) Protocols (medicaid.gov) Accessed on 1/21/2024.

SCO weighted mean scores exceeded the Annual Flu Vaccine, Rating of Prescription Drug Plan, Rating of Health Care Quality, and Rating of Health Plan measures benchmarks. The benchmarks were the Medicare Advantage national mean scores.

Opportunities for Improvement:
The MassHealth SCO weighted mean was below the Getting Needed Care, Getting Appointments and Care Quickly, Care Coordination, and Getting Needed Prescription Drugs benchmarks.

Summarized information about health plans' performance is not available on the MassHealth website. Making survey reports publicly available could help inform consumers' choices when selecting a One Care Plan.

General Recommendations for MassHealth:
- *Recommendation towards better performance on CAHPS measures* – MassHealth should continue to utilize CAHPS data to evaluate SCO Plans' performance and to support the development of major initiatives, and quality improvement strategies, accordingly.
- *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.

SCO-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 the SCOs 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
Here is a summary of all recommendations for MassHealth:
- *Recommendation towards achieving the goals of the Medicaid quality strategy* – MassHealth should assess whether the state met or made progress on the five strategic goals and objectives described in the quality strategy.
- *Recommendation for MassHealth relevant to all SCO Plans towards accelerating the effectiveness of PIPs*:
  - Standardized structure and reporting requirements should be established to define and describe PIP aims and interventions.
  - All Plans should be required to conduct an initial barrier analysis at the outset of every PIP and document it in PIP proposal submission. Additionally, Plans should be required/expected to conduct additional analyses throughout the process as additional barriers are discovered.
  - For each PIP intervention, Plans should be required to track implementation progress with at least one intervention-specific process measure. Rates should be tracked/reported on at least a quarterly basis throughout the PIP cycle.
  - Plans should be required to document modifications made to interventions throughout the PIP cycle in a uniform fashion within the PIP template.
  - Plans should be required to document efforts to promote sustainability and spread in a standardized manner across all interventions (and PIPs) in the final PIP report.
- *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* – To encourage consistent practices and compliance with MassHealth standards, MassHealth should require MCPs to establish and maintain well-defined policies and procedures.
- *Recommendation towards using plain language in contractual requirements* – To improve clarity, accessibility, and compliance, MassHealth should use plain language and express contractual requirements in straightforward terms that can be easily understood by a broader audience.
- *Recommendation towards addressing gaps identified through the compliance review* – To effectively address the areas of non-compliance, MassHealth should establish direct communication with the MCP to discuss the identified issue, provide the MCP with a detailed explanation of the requirements that were not being met, and collaborate to develop a resolution strategy.
- *Suggestion towards addressing program wide weakness in Care Coordination* – MassHealth could consider addressing the gap in compliance related to care coordination, specifically in the area of care management process (ensuring timely assessments are completed, care plans are development and updated per requirements, discharge planning is completed) and care plan documentation (assessments, care plans, member sign off, etc.). While there were minor gaps in policy documentation across the MCPs, the key driver of lower compliance scores in this domain is found in the area of care management file reviews.
- *Recommendations towards network data integrity* - The format of the submission templates should be adjusted to improve data submission accuracy and reduce duplications of the data.
- *Recommendations towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access. MassHealth should share with MCPs the definitions of the network adequacy indicators that were identified for the purpose of this EQR (**Appendix D**).
- *Recommendations towards better provider directories* – The findings from the *2023 Provider Directory Audit* should be used to improve and develop further network adequacy activities.
- *Recommendation towards better performance on CAHPS measures* – MassHealth should continue to utilize CAHPS data to evaluate SCO Plans' performance and to support the development of major initiatives, and quality improvement strategies, accordingly.
- *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 SCO Plans
SCO-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. Massachusetts's Medicaid 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.[5]

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 2**.

Table 2: 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**.

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[5] MassHealth 2022 Comprehensive Quality Strategy (mass.gov)

MassHealth Managed Care Programs

Under its quality strategy, EOHHS contracts with managed care organizations (MCOs), accountable care organizations (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 seven distinct managed care programs described next.

1. The **Accountable Care Partnership Plans** (ACPPs) are health plans consisting of groups of primary care providers who partner with one managed care organization to provide coordinated care and create a full network of providers, including specialists, behavioral health providers, and hospitals. As accountable care organizations, ACPPs are rewarded for spending Medicaid dollars more wisely while providing high quality care to MassHealth Enrollees. To select an Accountable Care Partnership Plan, 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** (PCACOs) are health plans consisting of groups of primary care providers who contract directly with MassHealth to provide integrated and coordinated care. A PCACO functions as an accountable care organization and a primary care case management arrangement. In contrast to ACPPs, a PCACO does not partner with just one managed care organization. Instead, PCACOs use the MassHealth network of specialists and hospitals. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership (MBHP).

3. **Managed Care Organizations** (MCOs) are health plans run by health insurance companies with their own provider network that includes primary care providers, specialists, behavioral health providers, and hospitals.

4. **Primary Care Clinician Plan** (PCCP) is a primary care case management arrangement, where Medicaid Enrollees select or are assigned to a primary care provider, 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 Massachusetts Behavioral Health Partnership's network of behavioral health providers.

5. **Massachusetts Behavioral Health Partnership** is a health plan that manages behavioral health care for MassHealth's Primary Care Accountable Care Organizations and the Primary Care Clinician Plan. 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.[6]

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 long-term services and support. This plan is for Enrollees between 21 and 64 years old who are dually enrolled in Medicaid and Medicare.[7]

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 or older and it offers services to help seniors stay independently at home by combining healthcare services with social supports.[8]

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.

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[6] Massachusetts Behavioral Health Partnership. Available at: https://www.masspartnership.com/index.aspx
[7] One Care Facts and Features. Available at: https://www.mass.gov/doc/one-care-facts-and-features-brochure/download
[8] Senior Care Options (SCO) Overview. Available at: https://www.mass.gov/service-details/senior-care-options-sco-overview

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**.

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, MCOs, SCOs, One Care Plans and MBHP calculate HEDIS rates and are required to report on these metrics on a regular basis, whereas 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 two PCCM arrangements (i.e., PC ACOs and PCCP), all health plans are required to develop two PIPs. MassHealth requires that within each project there is at least one intervention focused on health equity, which supports MassHealth's strategic goal to promote equitable care.

Member Experience of Care Surveys

Each MCO, One Care Plan, and SCO independently contracts with a certified 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 ACPP, a PC ACO, and the PCCP, MassHealth conducts an annual survey adapted from CG-CAHPS that assesses members experiences with providers and staff in physician practices and groups. Survey scores are used in the evaluation of ACOs' 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.

Quality and Equity Incentive Programs

Quality and Equity Incentive Programs are initiatives coordinated between MassHealth's Accountable Care Organizations and acute hospitals with an overarching goal to improve quality of care and advance health equity. Health equity is defined as the opportunity for everyone to attain their full health potential regardless of their social position or socially assigned circumstance. ACOs quality and equity performance is incentivized through programs implemented under managed care authority. Hospitals quality performance is incentivized through the "Clinical Quality Incentive Program" implemented under State Plan Authority, while hospitals equity performance is incentivized through the "Hospital Quality and Equity Initiative" authorized under the 1115 Demonstration Waiver. Under the "Hospital Quality and Equity Initiative," private acute hospitals and the Commonwealth's only non-state-owned public hospital, Cambridge Health Alliance, are assessed on the completeness of social needs data (domain 1), performance on quality metrics and associated reductions in disparities (domain 2), and improvements in provider and workforce capacity and collaboration between health system partners (domain 3). MassHealth's ACOs and hospitals work towards coordinated deliverables aligned in support of the common goals of the incentive programs.[9] For example, in 2023, ACOs and hospitals partnered to work together on equity-focused performance improvement projects.

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 (BHHL) that became available in 2023. The Behavioral Health Help Line is free and available to all Massachusetts residents.[10]

Findings from State's Evaluation of the Effectiveness of its 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 the updates to the quality strategy must consider the EQR recommendations.

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 also relies on the EQR process to assess the managed care programs' effectiveness in providing high quality accessible services.

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.

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[9] MassHealth QEIP Deliverables Timelines. Available at: download (mass.gov). Accessed on 12.29.2023.
[10] Behavioral Health Help Line FAQ. Available at: Behavioral Health Help Line (BHHL) FAQ | Mass.gov. Accessed on 12.29.2023.

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 PMV and compliance activities when plans received a full assessment as part of a HEDIS Compliance Audit or NCQA accreditation, worked with a certified vendor, and 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 evaluation of the effectiveness of the quality strategy should describe whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5). IPRO recommends that the evaluation of the current quality strategy, published in June 2022, clearly assesses whether the state met or made progress on its five strategic goals and objectives. For example, to assess if MassHealth achieved measurable reduction in health care inequities (goal 2), the state could look at the core set measures stratified by race and ethnicity; to assess if MassHealth made care more value-based (goal 3), the state could look at the number of Enrollees in value-based arrangements. The state may decide to continue with or revise its five strategic goals based on the evaluation.

III.   Validation of Performance Improvement Projects

Objectives

Title 42 CFR § 438.330(d) establishes that state agencies require contracted Managed Care Plans (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 2.9.C of the Second Amended and Restated MassHealth SCO Contract and Appendix L to the MassHealth SCO Contract require the SCOs to annually develop at least two PIPs in the areas of integration of primary care, long term care, and behavioral health or areas that involve the implementation of interventions to achieve improvement in the access to and quality of care. MassHealth requires that within each PIP, there is at least one intervention focused on health equity. MassHealth can also modify the PIP cycle to address immediate priorities.

For the CY 2023, SCO Plans were required to close both of their PIPs because the State was transitioning all MassHealth managed care programs to a new reporting cycle. The 2023 closeout PIPs were focused on the following priority areas selected by MassHealth in alignment with its quality strategy goals: care coordination/planning and prevention and wellness. Specific SCO PIP topics are displayed in **Table 3**.

Table 3: SCO PIP Topics – CY 2023

SCO	PIP Topics
WellSense SCO	**PIP 1: Care Planning – Year 1 Remeasurement Report** Improving the transitions of care rate for all WellSense SCO members, with a special focus on reducing racial disparities in care coordination and planning **PIP 2: Flu – Year 2 Remeasurement Report** Increasing the rate of flu vaccination for all WellSense SCO members, with a special focus on reducing racial disparities in flu vaccination access
CCA SCO	**PIP 1: Care Planning – Year 1 Remeasurement Report** Improving rates of medication reconciliation post-discharge for CCA Senior Care Options members **PIP 2: Flu – Year 2 Remeasurement Report** Flu vaccine improvement
Fallon NaviCare SCO	**PIP 1: Care Planning – Year 1 Remeasurement Report** Patient engagement after inpatient discharge **PIP 2: Flu – Year 2 Remeasurement Report** Increasing flu vaccination rates for NaviCare members
Senior Whole Health SCO	**PIP 1: Care Planning – Year 1 Remeasurement Report** Improve rate of patient engagement after inpatient discharge as evidenced by documentation of patient engagement that occurs within 30 days after discharge with a special focus on reducing health disparities in region(s) at risk for non-engagement **PIP 2: Flu – Year 2 Remeasurement Report** Increase the rate of flu vaccination among Senior Whole Health (SWH) members with a special focus on reducing racial disparities in flu vaccination access
Tufts SCO	**PIP 1: Care Planning – Year 1 Remeasurement Report** Increasing transitions of care support to include medication reconciliation **PIP 2: Flu– Year 2 Remeasurement Report** Increase flu vaccination rate among SCO members

SCO	PIP Topics
UHC SCO	**PIP 1: Care Planning – Year 1 Remeasurement Report** Care Coordination and Planning: Improving medication reconciliation post-discharge rates for SCO members living in the community **PIP 2: Flu – Year 2 Remeasurement Report** Improving flu vaccination rates for UnitedHealthcare Senior Care Options Community Plan members

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an External Quality Review Organization (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 MassHealth SCO Plans during the 2023 CY.

Technical Methods of Data Collection and Analysis

IPRO conducted individual progress calls with SCOs to review the progress of the PIP in April and May 2023. SCOs concluded their PIPs in June of 2023 and submitted closeout reports to IPRO in September of the same year. The report template and validation tool were developed by IPRO by merging a template that had been in use by health plans since the inception of their projects, with IPRO's standardized template. This integration allowed IPRO to enhance the original template report and include additional questions about successes and challenges encountered during the PIP and sustainability efforts.

In the closeout reports, SCOs described project goals, anticipated barriers, interventions, performance measures, and their evaluation of the effectiveness of the project. The Plans completed these reports electronically and submitted them to IPRO through a web-based project management and collaboration platform. IPRO was available for individual health plan questions and ad hoc calls related to the PIP throughout this process.

The analysis of the collected information focused on several key aspects, including an assessment of the quality of the data, appropriateness of the interventions, and interpretation of the results. It aimed to evaluate an alignment between the interventions and project goals and whether reported improvements could be maintained over time. The analysis of other PIP elements, such as the appropriateness of the topic, aim statement, population, sampling methods, and the variables, was conducted during the baseline and previous remeasurement years.

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 and Comparative Findings

IPRO assigned 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 evaluated IPRO's overall confidence in the PIP's ability to produce significant evidence of improvement. Evidence of improvement was assessed in multiple activities throughout the PIP cycle, including identification of barriers, intervention selection and implementation, data informed modifications to interventions, and improvement of performance indicator rates. Both ratings used the following scale: high confidence, moderate confidence, low confidence, and no confidence.

Rating 1: Adherence to Acceptable Methodology - Validation results summary

Overall, the ratings for PIP adherence to acceptable methodology were high, with 9 PIPs receiving high confidence and 3 PIPs receiving moderate confidence.

Rating 2: Evidence of Improvement - Validation results summary

The ratings of overall confidence that the PIP produced significant evidence of improvement were high with 7 PIPs receiving a rating of high confidence and 5 PIPs receiving a rating of moderate confidence.

PIP validation results are reported in **Tables 4–9** for each SCO.

Table 4: WellSense SCO PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Care Planning	Moderate Confidence	High Confidence
PIP 2: Flu	High Confidence	Moderate Confidence

Table 5: CCA SCO PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Care Planning	High Confidence	High Confidence
PIP 2: Flu	High Confidence	High Confidence

Table 6: Fallon NaviCare SCO PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Care Planning	High Confidence	High Confidence
PIP 2: Flu	High Confidence	Moderate Confidence

Table 7: Senior Whole Health SCO PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Care Planning	Moderate Confidence	High Confidence
PIP 2: Flu	Moderate Confidence	High Confidence

Table 8: Tufts SCO PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Care Planning	High Confidence	Moderate Confidence
PIP 2: Flu	High Confidence	Moderate Confidence

Table 9: UHC SCO PIP Validation Confidence Ratings – CY 2023

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Care Planning	High Confidence	High Confidence
PIP 2: Flu	High Confidence	Moderate Confidence

WellSense SCO PIPs

WellSense SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 10–13**.

Table 10: WellSense SCO PIP 1 Summary, 2023

WellSense SCO PIP 1: Improving the transitions of care rate for all WellSense SCO members, with a special focus on reducing racial disparities in care coordination and planning
Validation Summary
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim The goals for this project include: 1. Identify and understand any barriers to providing a documented care plan based on race, ethnicity, or language. 2. Reduce identified disparities in care planning access. 3. Increase the percentage of members who have a documented care plan by 5%. 4. Streamline communication regarding care plans during in-home assessments to ensure members are aware they have a documented care plan and are fully engaged in choosing the services included and persons involved in their care plans. **Interventions in 2023** ▪ Provide culturally appropriate outreach to members of Haitian ethnicity, or speakers of Haitian Creole or Portuguese, who have declined or failed to respond to in-home assessment scheduling attempts. ▪ Hire and train dedicated Transitions of Care nurse care manager (RN). **Performance Improvement Summary** ▪ **Performance Indicator Results Summary:** Performance indicator demonstrated improvement between baseline and year one, and with the finalized HEDIS rate of 72%, the improvement goal of a 5% increase in the HEDIS TRC measurement (67.91% BL to 71.31% MY1) was achieved. Data collected thus far from January 1 to June 15, 2023, was not final. WellSense stated that 2023 data (thus far) showed an increase compared to the prior year's performance (19% for Jan-Jun MY1 vs. 21% for Jan-Jun 15 MY2) and that this may translate to an overall increase for 2023 once all data are collected and analyzed. ▪ **Summary of factors associated with success:** Project objectives of improving care transitions and reducing disparities in care coordination and planning were met. Matrix in home visits are a valuable resource to schedule and conduct in-home visits and assessments for the SCO population and are expected to improve the quality of care and care coordination members receive in several areas. They cover aspects of physical health, mental health, social determinants of health, and habitation/environmental concerns. In addition, they serve to close care gaps and help complete/update REL information. Also, the availability of several dedicated TOC nurses provides a valuable resource to follow up with members post-discharge from the hospital. The TOC nurses assist in follow up appointments, medication reconciliation, and ensure transportation needs are met. The TOC nurse support, with strong physician engagement for post-discharge member follow-up appointments, may be factors that bolstered the strong MY 2022 performance. ▪ **Summary of challenges/barriers faced during the PIP:** Timing of in-home assessments by Matrix and data collection timeline are not aligned with the mid-year close-out reporting. Both activities occur during the latter half and at the end of the measurement year, whereas the close out reporting only reflects activities and measurement for the first half of the year. WellSense also identified staffing turnover within care management for transitions of care and difficulties in gathering in-depth Race Ethnicity and Language data as barriers and limitations during the project. WellSense identified a need to communicate with members about the availability of care coordination services and member care team roles. They also emphasized the ongoing need to expand care management staffing and improve operational processes to offset care management resource constraints. ▪ **Summary of how entities will use the PIP findings:** WellSense indicated that findings from this PIP could be applied to other members through collaboration within WellSense and for BMC providers within workgroups.

Table 11: WellSense SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Transitions of Care (TRC) total rate	2022 (baseline, MY 2021 data)	67.91%*
Indicator 1: Transitions of Care (TRC) total rate	2023 (remeasurement year 1)	71.31%

*Plan reported different rates in the previous reporting cycle. WellSense SCO reported a baseline rate of 38.7% in 2022.

Table 12: WellSense SCO PIP 2 Summary, 2023

WellSense SCO PIP 2: Increasing the rate of flu vaccination for all WellSense SCO members, with a special focus on reducing racial disparities in flu vaccination access
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence
Aim The goals for this project include: 1. Increase the collection of flu vaccination data to have a more accurate picture of the flu vaccination activity among different subsets of the population. 2. Identify and understand barriers to flu vaccinations specific to different racial groups. 3. Reduce racial disparities in flu vaccination access. 4. Increase the rate of flu vaccinations for all SCO members by implementing culturally appropriate interventions. **Interventions in 2023** ▪ Educate, engage, and solicit feedback from provider practices to increase/improve flu vaccination among the Hispanic, White male, and Spanish-speaking members. ▪ Educational flu vaccination outreach for SCO member populations at risk of experiencing disparities related to Race, Ethnicity or Language (updated from: educational flu vaccination outreach for Hispanic and White male and Spanish-speaking members). ▪ Engage and solicit feedback from provider practices to increase/improve flu vaccination among populations at risk of experiencing REL-related disparities. **Performance Improvement Summary** **Performance Indicator Results Summary:** Performance declined. **Summary of factors associated with success:** Translation of Haitian Creole and Portuguese led to improvement and timing of member engagement could help improve future member communications. **Summary of challenges/barriers faced during the PIP:** Staffing shortages has had a negative effect on how intervention were carried out and new communication processes created delay in 2023 mailers. **Summary of how entities will use the PIP findings:** The findings from the PIP will help with collaboration with health plan and hospital teams and workgroups. **Summary of weaknesses:** Plan's submission contained minor formatting errors. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.

Table 13: WellSense SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Rate of flu vaccinations among WellSense SCO members	2021 (baseline, 09.2019 -3.2020 MY data)	56.05%
Indicator 1: Rate of flu vaccinations among WellSense SCO members	2022 (remeasurement year 1)	59%
Indicator 1: Rate of flu vaccinations among WellSense SCO members	2023 (remeasurement year 2)	53%

Recommendations

- *Recommendation for PIP 1*: In future PIPs, IPRO recommends using interventions that target multiple levels (i.e., members, providers, and Plan level interventions).
- *Recommendation for PIP 1*: In future PIPs, IPRO recommends a thorough review of all data presented in PIP reports and supporting appendices to confirm accuracy, consistency, and continuity.
- *Recommendation for PIP 2*: IPRO recommends reviewing figures for consistency of formatting (rounding to 2 decimal places) in future reports. Please see general recommendations for additional recommendations relevant to all Plans.

CCA SCO PIPs

CCA SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 14–17**.

Table 14: CCA SCO PIP 1 Summary, 2023

CCA SCO PIP 1: Improving rates of medication reconciliation post-discharge for CCA Senior Care Options members
Validation Summary
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim
The goal of this project is to increase the post-discharge medication reconciliation rate for CCA Senior Care Option (SCO) members to at least 80%, assuring that SCO members admitted to an acute or non-acute inpatient facility receive a medication reconciliation as soon as possible after discharge and no later than 30 days after discharge.
Interventions in 2023
▪ Engage with inpatient facility case management to identify and collaboratively address member Social Determinants of Health needs.
▪ Collaborate with Network Inpatient Facilities to support best practice for dissemination of discharge information to CCA.
▪ Analyze and optimize CCA's documentation workflows as they relate to completion of medication reconciliation post-discharge for RN Care Partners and Community RNs.
▪ Provide RN Care Partner and Community RN education regarding best practices and documentation requirements for medication reconciliation post-discharge.
Performance Improvement Summary
▪ **Performance Indicator Results Summary:** Demonstrated improvement in Indicator 1: Medication Reconciliation within 30 days Post-Discharge (MRP). There was an increase in the MRP rate of 17.92% from the baseline year (68.13%) to the remeasurement year (86.05%) and 13.05% above the goal of 73.0%.
▪ **Summary of factors associated with success:** The Plan created and implemented two new workflows involving RN Care Partners and Community RN documentation and robotic process automation which made discharge information received from the inpatient facility more easily accessible to CCA clinicians. The Plan saw a significant increase in growth over the past two years with an increase in a number of urgent priorities but was able to manage the growth and changes within the organization which contributed to the success of the interventions.
▪ **Summary of challenges/barriers faced during the PIP:** The challenges observed during the PIP included claims data lag, low survey responses, member's inability to recall certain elements of hospitalization, lack of consistent data checks and lack of available analytical resources to process data.
▪ **Summary of how entities will use the PIP findings:** The PIP findings have not been officially shared across the organization, but the Plan has presented the PIP topic and planned interventions to the internal clinical quality subcommittee. CCA plans to share key findings and lessons learned with clinical staff and leadership at all internal meetings, and with members and providers.

CCA SCO PIP 1: Improving rates of medication reconciliation post-discharge for CCA Senior Care Options members
▪ **Summary of weaknesses:** The Plan's discussion of how individual interventions may have impacted performance outcomes (section 10) should be more robust. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.

Table 15: CCA SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Medication Reconciliation within 30 days post-discharge	2022 (baseline, MY 2021 data)	68.13%
Indicator 1: Medication Reconciliation within 30 days post-discharge	2023 (remeasurement year 1)	86.05%

Table 16: CCA SCO PIP 2 Summary, 2023

CCA SCO PIP 2: Flu vaccine improvement
Validation Summary
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence

Aim

To improve CCA's SCO Influenza Vaccination Rates with particular focus on the population subgroups identified as having historically lower vaccination rates compared to the overall SCO population vaccination rates and/or compared to the SCO population subgroups with the highest vaccination rates. Subgroup analyses included examination of vaccination rates by race/ethnicity, age, primary language, the presence of certain chronic conditions, prior vaccination history, primary care engagement, and primary care location.

Interventions in 2023
- The Vaccine task force design and implementation of operational standards and practices for vaccine administration at CCA.
- Increase provider knowledge and skills regarding understanding and overcoming CCA SCO member reasons for vaccine hesitancy, within the CCA primary care provider team.
- Educate CCA SCO members, promote the importance of the Influenza vaccine, and increase their willingness to get the vaccine.

Performance Improvement Summary
- **Demonstrated improvement Indicator 1:** CCA Primary Care SCO-product patients who received an annual influenza vaccination demonstrated an 8.60% increase in performance from Measurement Year 1 (65.40%) to Measurement Year 2 (74.0%) but did not meet the flu vaccine goal of 80%. The Measurement Year 2 results saw an overall increase of 9.47% from the baseline year (64.53%) rate.
- **Performance declined Indicator 2:** CCA SCO members who received an annual flu vaccination demonstrated a 4.43% decrease in performance from Measurement Year 1 (64.70%) to Measurement Year 2 (60.27%) and a decrease of 4.70% from the baseline year rate (64.90%).
- **Summary of factors associated with success:** There was an increase in the vaccination rates among CCA Primary Care SCO members due to provider educational interventions and the ongoing commitment of the practice team to focus on increasing flu vaccination rates. Postcard messages were sent to those members with a history of vaccination that "skipped" the 2021-2022 Flu season.
- **Summary of challenges/barriers faced during the PIP:** Member confusion/hesitancy regarding vaccine safety and efficacy related to false messaging. Primary Care office staffing shortages resulted in less-than-optimal flu immunization programs.
- **Summary of how entities will use the PIP findings:** The Plan will use the PIP findings in the following ways 1. Utilize the project's key findings in the design and implementation of the 2023/2024 flu vaccination improvement strategies 2. Send PCP practices flu vaccination performance data and education material 3. Provide member education regarding flu vaccination through member newsletters and reminder mailings 4. Leverage experience with SCO and One Care to support MA dual and non-dual plans in the development and implementation of flu

CCA SCO PIP 2: Flu vaccine improvement
vaccination improvement efforts. 5. Share findings with clinical and care management leadership at the CCA Clinical Quality Subcommittee.
▪ **Summary of weaknesses:** The Plan's submission contained minor rounding errors. Please see the section on general weaknesses for additional information regarding weaknesses observed across Plans.

Table 17: CCA SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Primary care SCO patients who received an annual flu vaccination	2021 (baseline, 2020–2021 flu season)	64.3%
Indicator 1: Primary care SCO patients who received an annual flu vaccination	2022 (remeasurement year 1)	65.4%
Indicator 1: Primary care SCO patients who received an annual flu vaccination	2023 (remeasurement year 2)	74.0%
Indicator 2: SCO members who have received an annual flu vaccination	2021 (baseline, 2020–2021 flu season)	64.9%*
Indicator 2: SCO members who have received an annual flu vaccination	2022 (remeasurement year 1)	64.7%*
Indicator 2: SCO members who have received an annual flu vaccination	2023 (remeasurement year 2)	60.2%

*Plan reported different rates for indicator 2 from the previous reporting period. CCA SCO reported a baseline indicator 2 rate of 65.1% in 2021, and a remeasurement 1 rate of 64.7% in 2022.

Recommendations

- *Recommendation for PIP 1*: Where possible, in future PIPs, conclusions should be supported by plan data regarding the implementation and/or utilization of individual interventions. Please see general recommendations for additional recommendations relevant to all Plans.
- *Recommendation for PIP 2*: Recommend that Plan review all data presented in PIP reports for accuracy in future PIP submissions. Please see general recommendations for additional recommendations relevant to all Plans.

Fallon NaviCare SCO PIPs

Fallon NaviCare SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 18–21**.

Table 18: Fallon NaviCare SCO PIP 1 Summary, 2023

Fallon NaviCare SCO PIP 1: Patient engagement after inpatient discharge
Validation Summary
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim
To increase rates of follow-up visits to Primary Care Providers/specialists following a care transition and specifically for the non-English speaking subset of the member population. This will be accomplished via targeted member education during their two follow up calls from NaviCare staff, and by supporting Primary Care Providers in their efforts to assess this population following their care transition.
Interventions in 2023
▪ Two-week post transition of care (TOC) follow-up assessment.
▪ Supporting PCPs/specialists in their efforts to encourage member attendance at follow up appointments.
▪ Supporting non-English speaking population navigate through their care transition to avoid hospital readmission.

Fallon NaviCare SCO PIP 1: Patient engagement after inpatient discharge

Performance Improvement Summary
- **Performance Indicator Results Summary:** Demonstrated improvement. The Plan saw a 3.41% increase in performance from the baseline year (84.67%) to Measurement Year 1 (88.08%) and exceeded the target goal of 87.50% by 0.58%.
- **Summary of factors associated with success:** The two week assessment call helped to evaluate the members' care needs and provide a plan to both the member and care team to follow up on post discharge care.
- **Summary of challenges/barriers faced during the PIP**: A continued area for growth is the reporting and assessment of independent interventions to determine ongoing effectiveness. The Plan mentioned working to improve the completion rate of the two week follow up assessments.
- **Summary of how entities will use the PIP findings:** The Plan uses a quarterly newsletter to relay information to both providers and members regarding initiatives and findings. Internal progress reports are provided to internal teams as well as higher level stakeholders via committee meetings. There is a current stakeholder focus on developing and implementing more robust reporting and enhancing the two week follow-up assessment as needed.
- **Summary of weaknesses:** The Plan's discussion of how individual interventions may have impacted performance outcomes (section 10) should be more robust. Please see the section on general weaknesses for additional information regarding weaknesses observed across Plans.

Table 19: Fallon NaviCare SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Transitions of Care – Patient Engagement After Inpatient Discharge	2022 (baseline, MY 2020 data)	84.67%
Indicator 1: Transitions of Care – Patient Engagement After Inpatient Discharge	2023 (remeasurement year 1)	88.08%

Table 20: Fallon NaviCare SCO PIP 2 Summary, 2023

Fallon NaviCare SCO PIP 2: Increasing flu vaccination rates for NaviCare members

Validation Summary
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence
Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence

Aim
Providing comprehensive care for members is a priority for the Plan for many reasons. The overarching goal of the NaviCare program is to maintain the Enrollee in the least restrictive setting, functioning at the highest level possible. It is recommended that older, frail individuals receive a flu vaccine annually to mitigate the effects of or prevent the flu, which could lead to serious health complications, hospitalization, and even death for elders, especially those with underlying health issues. Furthermore, socioeconomic issues can often exacerbate illness and disparities in care may result in members who identify as part of a particular Racial, Ethnic, or Linguistic group to be overlooked or forgo vaccination. Preventing or mitigating the effects of severe illness from the flu virus can result in increased quality of life for the member. Conversely, a decline in health may result in an increase in utilization of medical and other support services, with the additional burden of increased cost of care per member for the Plan.

Interventions in 2023
- Comprehensive flu vaccination outreach program for NaviCare members.
- Encouraging member flu vaccinations via the Member incentive benefit program.
- Increase the flu vaccination rates of the three lowest performing providers.

Performance Improvement Summary
- **Performance Indicator Results Summary:** Performance declined. The Plan saw a 1.28 % decrease in member flu vaccination performance rates from Measurement Year 1 (64.09%) to Measurement Year 2 (62.81%). The

Fallon NaviCare SCO PIP 2: Increasing flu vaccination rates for NaviCare members

Measurement Year 2 rate was also a 5.03% decrease from the baseline year (67.84%) and 15.19% below the goal (78.0%).

- **Summary of factors associated with success:** The implementation of strategic and consistent outreach to members paired with conveniently placed flu vaccination clinics has successfully helped members receive vaccinations as intended. The provider outreach intervention showed encouraging improvements in the three providers targeted within the project.
- **Summary of challenges/barriers faced during the PIP:** The issue of self-reported data not being represented in claims data is a major data collection challenge with the Plan not being able to truly gauge the effectiveness of interventions. The Plan also experienced member abrasion due to the misalignment of the benefit year to the flu season which impacted the use of the Healthy Eating Card benefit incentive by leaving the member a short timeframe to utilize the benefit. Additionally, hard to reach members and increased vaccine hesitancy related to Covid-19 were barriers that the program identified and is continuously committed to attempt to mitigate.
- **Summary of how entities will use the PIP findings:** The NaviCare program discusses flu vaccination rates during weekly team huddles during the flu season, as well as reporting out in monthly division meetings. To disseminate information further in the organization, reports are given to two different committees which are funneled up through the quality leadership team. The lowest performing providers are made aware of their standings and the goals set for the upcoming flu seasons. NaviCare plans to implement updated reporting to capture MIIS data and refusal reasons to help determine more comprehensive information regarding members and the best way to approach individuals moving forward.
- **Summary of weaknesses:** The data challenges faced by the Plan limited their ability to assess the effectiveness of interventions. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.

Table 21: Fallon NaviCare SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Rate of Flu Vaccinations	2021 (baseline, 09.2019 -3.2020 MY data)	67.8%
Indicator 1: Rate of Flu Vaccinations	2022 (remeasurement year 1)	64.09%
Indicator 1: Rate of Flu Vaccinations	2023 (remeasurement year 2)	62.81%

Recommendations

- *Recommendation for PIP 1*: Recommend the Plan providing more in-depth discussion on the factors that attributed to the success/barriers of performance outcomes in future PIP submissions. Where possible, in future PIPs, conclusions should be supported by plan data regarding implementation and/or utilization of individual interventions. Please see general recommendations for additional recommendations relevant to all Plans.
- *Recommendation for PIP 2*: IPRO suggests that the Plan, in future PIP submissions, review and modify existing interventions and data collection methods on a frequent basis to ensure availability, completeness, and accuracy of data collected. Please see general recommendations for additional recommendations relevant to all Plans.

Senior Whole Health SCO PIPs

Senior Whole Health SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 22–25**.

Table 22: Senior Whole Health SCO PIP 1 Summary, 2023

Senior Whole Health SCO PIP 1: Improve rate of patient engagement after inpatient discharge as evidenced by documentation of patient engagement that occurs within 30 days after discharge with a special focus on reducing health disparities in region(s) at risk for non-engagement
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim To work collaboratively among all departments as well as with community partners and providers to achieve the desired goal of improved patient engagement after inpatient discharge by the end of this PIP cycle. Over the three-year project cycle, SWH will implement a plan to achieve the high-level goals as listed below. • Improve rate of compliance with follow up visit within 30 days of discharge from health care facility to home among primary member groups identified as low engagers by creating comprehensive care plans and enhancing communication with members. • Improve rate of compliance with follow up visit within 30 days of discharge from health care facility to home among primary provider groups identified as low engagers by removing language barriers and enhancing provider communication with members. **Interventions in 2023** ▪ Intervention 1 (Improve rate of compliance with follow up visit within 30 days of discharge from health care facility to home among Suffolk County members who have language, cultural, and social determinants of health disparities, by improving coordination of care through development of standardized care plan interventions and transition of care call template) was discontinued in 2023. ▪ Improve rate of compliance with follow up visit within 30 days of discharge from health care facility to home among Suffolk County members who have language, cultural, and social determinants of health disparities, by enhancing communication with members. ▪ Improve rate of member compliance with follow up visit within 30 days of discharge from health care facility to home among providers who care for Suffolk County members who have language, cultural, and social determinants of health disparities, by enhancing provider communication with members. **Performance Improvement Summary** ▪ **Performance Indicator Results Summary: Demonstrated improvement:** SWH experienced an increase in the Transitions of Care HEDIS indicator-- Patient Engagement After Inpatient Discharge -- Goal (updated) was 78%; Baseline (2021 data) was 71.10% (2378/3363-updated); and PIP year 1 rate was 86.36% (2026/2346); SWH also experienced a similar increase in the same measure, with focus on Suffolk County members, whom were targeted for improving possible disparities -- Goal was 83%; Baseline was 75.60% (601/795-updated); and PIP year 1 rate for the Suffolk population was 86.35% (468/542); performance in both indicators exceeded the goals set by the Plan for this PIP. NOTE* Per SWH TOC team: The data available to this team at time of MY2021 reporting for PIP submission were as reported earlier in this report. The PIP team identified that the original data reported in the baseline PIP report was incomplete due to ongoing work on data systems after the transition to our new parent company, and the actual HEDIS reported rate for Patient Engagement After Discharge was updated at a later date. ▪ **Summary of factors associated with success:** SWH attributes the activities and dedication of the SWH TOC Nurse Care Manager (NCM) in their engagement with members after discharge to the success of this intervention. SWH also attributes the intervention of providing notifications to providers upon member discharge to the increase in performance. SWH also believes provider education on the availability of Globo services made a positive impact on members. ▪ **Summary of challenges/barriers faced during the PIP:** Transition to Molina data systems posed challenges to SWH's ability to measure interventions and outcomes, and the inability to correlate specific data related to interventions

Senior Whole Health SCO PIP 1: Improve rate of patient engagement after inpatient discharge as evidenced by documentation of patient engagement that occurs within 30 days after discharge with a special focus on reducing health disparities in region(s) at risk for non-engagement

(member engagement after discharge follow-up appointments and integration of Globo interpreter services). The data available is the quantity of calls and calls by language; but the calls could not be tied directly to member activities, such as provider visits. Motivational Interviewing training was offered to providers and their staff, but there was no provider engagement in the live training. A virtual resource was created and posted to the provider portal, but they are unable to track provider engagement at this time. Team staffing changes and challenges related to the transition to a new parent company impacted SWH's ability to develop community partnerships to address barriers for members who were difficult to reach.

- **Summary of how entities will use the PIP findings:** The SWH Clinical team is highly engaged in the process of development and use of the standardized care template. The clinical TOC NCM team is flexible in learning and applying new interventions to address barriers for members. The SWH team continues to develop ideas for improved provider engagement for participation in training. The SWH analyst teams working on developing the MA TOC dashboard have been flexible and responsive as we set goals, encounter barriers, and pivot to attain the data for intervention measurement and outcomes. SWH will present TOC PIP findings at an upcoming Medical Advisory Committee meeting to engage medical professionals and request input for notifying providers of the findings of the TOC PIP.
- **Summary of weaknesses:** The Plan experienced several issues related to data collection and reporting that limited their ability to draw conclusions regarding intervention effectiveness. Please see the section on general weaknesses for additional information regarding weaknesses observed across Plans.

Table 23: Senior Whole Health PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Transitions of Care, Patient Engagement After Inpatient Discharge – Overall members	2022 (baseline, MY 2021 data)	70.71%*
Indicator 1: Transitions of Care, Patient Engagement After Inpatient Discharge – Overall members	2023 (remeasurement year 1)	86.36%
Indicator 2: Transitions of Care, Patient Engagement After Inpatient Discharge – Suffolk County members	2022 (baseline, MY 2021 data)	75.60%*
Indicator 2: Transitions of Care, Patient Engagement After Inpatient Discharge – Suffolk County members	2023 (remeasurement year 1)	86.3%

*Baseline Data reported in 2022 is different than the above. In 2022, SWH reported the baseline rate for indicator 1 as 57.7% and the baseline rate for indicator 2 as 52.3%.

Table 24: Senior Whole Health SCO PIP 2 Summary, 2023

Senior Whole Health SCO PIP 2: Increase the rate of flu vaccination among Senior Whole Health (SWH) members with a special focus on reducing racial disparities in flu vaccination access
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim To work collaboratively among all SWH departments as well as with external stakeholders and providers to achieve the desired goal of better flu vaccination rates by the end of this PIP cycle. Over the three-year project cycle, SWH has implemented a plan to achieve the high-level goals as listed below. • Improve the flu vaccination rates among a diverse ethnic member population by reducing barriers to access. • Improve flu vaccination awareness among the members through education and outreach. Create and make available educational resources and tools tailored to the needs of the multicultural population, which will be crucial to reduce racial and cultural disparities. • Increase flu vaccination awareness among network providers through outreach and education to support providers in educating their patients about the importance of flu vaccinations during visits.

Senior Whole Health SCO PIP 2: Increase the rate of flu vaccination among Senior Whole Health (SWH) members with a special focus on reducing racial disparities in flu vaccination access

Interventions in 2023
- Improve flu vaccination rates among diverse SWH member population by reducing barriers to access.
- Increase flu vaccination rates among members through provider education and outreach.

Performance Improvement Summary
- **Performance Indicator Results Summary:** Performance rates declined: The SWH vaccination percentages show a decline between baseline and year 2 of the PIP. Vaccination rate was 65% at baseline (9160/14087), 38.5% for year 1 (5282/13727, with numerator data showing as incomplete due to transitions to Molina databases and systems) [2021-2022], and 49.49% (6,200/12,529) for year 2 [2022-2023]. However, the SWH PIP team stated they were unable to provide any definite conclusions about the progress of this PIP in meeting its performance improvement goal of 68% between baseline to current remeasurement year, due to systems changes.
- **Summary of factors associated with success:** Implementation of some planned flu clinics, generation and distribution of educational materials for members and providers, development of multidisciplinary team working to build a more robust vaccination clinic program aimed at vaccinating SWH members and a focus on those with disparities, and implementation of dashboards and systems that will enable greater visibility to vaccination rates.
- **Summary of challenges/barriers faced during the PIP:** Challenges with migration to new systems and data during the Senior Whole Health transition to Molina Healthcare in January 2022 led to inability to reliably capture all data needed for calculations. Scheduled flu clinics were unable to be conducted to the extent planned due to shifting resources during the transition. Member and provider education and outreach was conducted as planned; however, impact of these interventions was not able to be measured.
- **Summary of how entities will use the PIP findings:** The SWH PIP team stated conclusions were difficult to draw regarding performance because of challenges obtaining data and resources as the organization transitioned to Molina. SWH has used findings and lessons learned during this PIP to build the infrastructure (teams, dashboards, systems, relationships) to address these challenges.
- **Summary of weaknesses:** The Plan faced several challenges related to obtaining data which limited their ability to draw conclusions regarding the effectiveness of individual interventions. Please see the section on general weaknesses for additional information regarding weaknesses observed across Plans.

Table 25: Senior Whole Health PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Flu Vaccination Rates	2021 (baseline, 09.2020 -3.2021 MY data)	65%
Indicator 1: Flu Vaccination Rates	2022 (remeasurement year 1)	38.5%
Indicator 1: Flu Vaccination Rates	2023 (remeasurement year 2)	49.49%

Recommendations
- *Recommendation for PIP 1*: For future PIPs, IPRO recommends checking for formatting and consistency of rounding of figures throughout the document. Please see general recommendations for additional recommendations relevant to all Plans.
- *Recommendation for PIP 2*: No plan-specific recommendations at this time. Please see general recommendations for additional recommendations relevant to all Plans.

Tufts SCO PIPs

Tufts SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 26–29**.

Table 26: Tufts SCO PIP 1 Summary, 2023

Tufts SCO PIP 1: Increasing transitions of care support to include medication reconciliation
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence
Aim This project will focus on medication reconciliation following transitions of care for Tufts Health Plan Senior Care Options (THP SCO) members. A primary focus of this PIP is to provide member support through improved communication during transitions from hospital to home for THP SCO members. The project will implement comprehensive support for members transitioning from a hospital, or other level of post-acute care, to a community setting. An assessment will be performed within seven days post discharge for all THP SCO members. The purpose of the assessment is to review all the supports the member may need so that they can experience a successful transition across the continuum of care and reduce the possibility of a readmission to a hospital. The THP SCO membership is at risk for higher readmission rates as compared to other populations. **Interventions in 2023** ▪ Perform a medication reconciliation assessment within seven days post discharge. ▪ Improve provider claims coding of medication reconciliation. **Performance Improvement Summary** ▪ **Performance Indicator Results Summary:** Performance level decreased. ▪ **Summary of factors associated with success:** Members active engagement with care managers and provider education on correct coding. ▪ **Summary of challenges/barriers faced during the PIP:** The lack of engagements from providers on the coding tip sheet, time constraint on discussions of medication reconciliation with medical directors, and care managers not having the ability to write medication reconciliation notes that meet all of the HEDIS specifications. ▪ **Summary of how entities will use the PIP findings:** The Plan would like to create a plan to share information on the PIP topic with members and providers. ▪ **Summary of weaknesses:** No plan-specific weaknesses identified. Please see the section on general weaknesses for additional information regarding weaknesses observed across Plans.

Table 27: Tufts SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Transitions of Care: Medication Reconciliation Post-Discharge	2022 (baseline, MY 2021 data)	58.64%
Indicator 1: Transitions of Care: Medication Reconciliation Post-Discharge	2023 (remeasurement year 1)	55.72%

Table 28: Tufts SCO PIP 2 Summary, 2023

Tufts SCO PIP 2: Increase flu vaccination rate among SCO members
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence
Aim The goal of the PIP is to increase flu immunization rates among the Tufts Health Plan Senior Care Options membership. This project has a goal of reducing racial, ethnic, or societal health disparities as they relate to the flu vaccination. Receiving the flu vaccine is the most effective way to prevent and spread infection. Tufts SCO members are at a higher

Tufts SCO PIP 2: Increase flu vaccination rate among SCO members

risk to experience increased severity of the illness if they were to contract the flu virus. Members do not always have the resources and understanding to access the flu vaccine.

Interventions in 2023
- Care management member outreach and support.
- Improve member's access to flu vaccine.
- Member outreach and education.
- Provider outreach and education.

Performance Improvement Summary
- **Performance Indicator Results Summary:** Performance level declined.
- **Summary of factors associated with success:** Members who utilize transportation services had a higher rate of flu vaccination than members who do not utilize transportation services. Members who were engaged in care management had higher flu vaccine rates than those who were unengaged in care managed. Satisfaction with care management services, follow-up flu reminder calls in multiple languages, motivational interviewing training for care managers.
- **Summary of challenges/barriers faced during the PIP:** Vaccine fatigue and vaccine hesitancy is suspected to be the reason for the decrease in vaccination rates. Challenges with tracking utilization on interventions. Distrust of the medical community.
- **Summary of how entities will use the PIP findings:** Complete customized scripting for IVR flu reminder calls and continue to engage the PIP focal groups and build trust to overcome vaccine hesitancies.
- **Summary of weaknesses:** Challenges tracking utilization of interventions limited the Plans' ability to draw conclusions regarding the effectiveness of individual interventions. Please see the section on general weaknesses for additional information regarding weaknesses observed across Plans.

Table 29: Tufts SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Flu Immunization Rate	2021 (baseline MY 2021 data)	62.05%
Indicator 1: Flu Immunization Rate	2022 (remeasurement year 1)	61.34%
Indicator 1: Flu Immunization Rate	2023 (remeasurement year 2)	55.99%

Recommendations
- *Recommendation for PIP 1*: No plan-specific recommendations at this time. Please see the general recommendations section for additional recommendations relevant to all Plans.
- *Recommendation for PIP 2*: No plan-specific recommendations at this time. Please see the general recommendations section for additional recommendations relevant to all Plans.

UHC SCO PIPs

UHC SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 30–33**.

Table 30: UHC SCO PIP 1 Summary, 2023

UHC SCO PIP 1: Care coordination and planning: Improving medication reconciliation post-discharge rates for SCO members living in the community
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – High Confidence
Aim To provide a safe transition of care experience for UHC SCO members. There are many areas of transition of care, but this PIP aims to focus on the medication reconciliation post discharge (MRP) aspect of the member's transition. The Plan will increase the quantity of MRPs by addressing internal processes and encouraging network providers to code for MRP, and UHC SCO will increase the quality of MRP by encouraging Pharmacy Team and RN Care Managers to integrate the Teach Back method, Three Prime Questions and Motivational Interviewing techniques when conversing with UHC SCO members during the MRP process. Essential to improving the quality of the MRP is to address members' and their caregivers' health literacy needs which is the health equity focus of this PIP. **Interventions in 2023**   - Improve medication reconciliation post discharge (MRP) processes.   - Use of effective communication techniques with members/caregivers during medication reconciliation post discharge.   **Performance Improvement Summary**   **Performance Indicator Results Summary:** Demonstrated improvement. The HEDIS Transitions of Care Medication Reconciliation Post-Discharge (MRP) Remeasurement Rate was 73.48% (302/411). UHC exceeded the project objective of obtaining 60% on the MRP HEDIS measure by 13.48 percentage points.   **Summary of factors associated with success:** Enhanced visibility to MRP status, supporting staff accountability in completing MRP thoroughly and in a timely manner. Added education to staff on appropriate referral of members to pharmacy team for MRP. Quality team monitoring and oversight of clinical and pharmacy teams' MRP processes to ensure documentation is appropriate. In addition, the UHC Clinical Practice Consultants encouraged providers to document when accomplishing MRP with CPTII coding, and it was discussed several times at the UHC Provider Advisory Committee meetings. UHC's baseline MRP CPT coding rate in 2022 was 1.38% and in 2023 was 36.93%. This may have also attributed to the increased MRP compliance rate.   **Summary of challenges/barriers faced during the PIP:** The documentation process required to receive credit for accomplishing a MRP is not intuitive and despite educating the staff they sometimes continue to document in a way that does not receive credit. Membership has grown for SCO and One Care and the pharmacy team reached full capacity in 2022. Due to the complexities of the MRP report and the complexities of the MRP measure it was not always easy to determine if a MRP is needed (they might have been discharged to a rehab facility instead of home), The report only codes RN activity outcome, not allowing visibility of the pharmacy team's work, and the clock start date in the report was confusing for many as it needs to be changed to discharge date.   **Summary of how entities will use the PIP findings:** The Quality team disseminated these findings in August 2023 at UHC's Provider Advisory Committee meeting and Quality Management Committee meeting. The Quality team will disseminate the findings in September with the pharmacy team, clinical leadership, executive leadership, and the State. Members of UHC's Provider Advisory Committee were impressed with the results of our PIP and asked for a copy of this report. We will share this report with them so they can have insight into the processes that attributed to the success of this PIP.   **Summary of weaknesses:** No plan-specific weaknesses were identified. Please see the section on general weaknesses for additional information regarding weaknesses observed across Plans.

Table 31: UHC SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Transitions of Care (TRC) Medication Reconciliation Post-Discharge (MRP)	2022 (baseline MY 2021 data)	55.72%
Indicator 1: Transitions of Care (TRC) Medication Reconciliation Post-Discharge (MRP)	2023 (remeasurement year 1)	73.48%

Table 32: UHC SCO PIP 2 Summary, 2023

UHC SCO PIP 2: Improving flu vaccination rates for UnitedHealthcare Senior Care Options Community Plan members
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – Moderate Confidence
Aim To exceed the Massachusetts flu vaccination rate by obtaining a 76.5% vaccination rate for UHC SCO members. The health plan will achieve an increase in community members' vaccination rates using three approaches. The first action will ensure that members are provided the education they desire to make an informed flu vaccination decision. Secondly, the health plan will engage members who are vaccine-hesitant in trust-building conversations over time. The hope is that these trust-building conversations may lead to a member's decision to be vaccinated. And lastly, member groups with low flu vaccination rates will receive targeted interventions to promote the acceptance of flu vaccination to reduce this health disparity. **Interventions in 2023** ▪ Care manager member outreach with vaccination education and trust-building conversations. ▪ Discontinued in 2023: Community-based flu vaccination clinic for Spanish speaking members. ▪ New Intervention as of 2023: Community-based flu vaccination clinic for Russian speaking members. **Performance Improvement Summary** ▪ **Performance Indicator Results Summary:** Performance declined. The Flu vaccination rate for SCO members decreased from a baseline rate (8/2020-3/2021) of 75.5% (13,966/18,498) to a remeasurement rate (8/2022/3/2023) of 70.5% (14,307/20,295). UHC's vaccination rate decreased by three percentage points and missed the target goal by 5 percentage points. Membership and denominator totals specific to the flu PIP increased each year. ▪ **Summary of factors associated with success:** 100% of members (20,295/20,295) were contacted (voice mail messages were counted as 'contacted') by care managers for Intervention #1. ▪ **Summary of challenges/barriers faced during the PIP:** Implementation of interventions took longer than anticipated, negatively impacting the length of time providers could take advantage of the incentive for Intervention #2. The Covid-19 pandemic may have had a negative impact on the rates of adult Flu vaccination. Primary care practices and pharmacies experienced staffing shortages, and members may have chosen to obtain the COVID vaccine over the influenza vaccine. In addition, the period for the provider incentive was shortened due to the time it took to implement the intervention. ▪ **Summary of how entities will use the PIP findings:** Findings were disseminated in August 2023 at UHC's Provider Advisory Committee meeting and Quality Management Committee meeting. The findings will be shared in September with the Flu Work Group, clinical leadership, executive leadership, and the State. UHC describes the intent to apply lessons learned from this PIP to improve vaccination rates in future seasons. ▪ **Summary of weaknesses:** The timing of intervention implementation was not well-aligned with flu season. The Plan did not conduct a formal barrier analysis which limited their ability to support conclusions drawn regarding the factors that impact performance indicator rates. Please see the section on general weaknesses for additional information regarding weaknesses observed across Plans.

Table 33: UHC SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Flu Vaccination Rate for Members Living in the Community	2021 (baseline, 8.2019-3.2020 MY data)	75.5%
Indicator 1: Flu Vaccination Rate for Members Living in the Community	2022 (remeasurement year 1)	73.5%
Indicator 1: Flu Vaccination Rate for Members Living in the Community	2023 (remeasurement year 2)	70.5%

Recommendations

- *Recommendation for PIP 1*: No plan-specific recommendations at this time. Please see the general recommendations section for additional recommendations relevant to all Plans.
- *Recommendation for PIP 2*: IPRO recommends initiating vaccination incentive programs earlier in the season for future programs and continuing with trust building conversations and education to reduce vaccine hesitancy. Please see general recommendations section for additional recommendations relevant to all Plans.

IV.   Validation of Performance Measures

Objectives

The purpose of PMV is to assess the accuracy of PMs and to determine the extent to which PMs follow state specifications and reporting requirements.

Technical Methods of Data Collection and Analysis

MassHealth evaluates SCOs' performance on HEDIS special needs plans (SNP) measures. SCOs are required to calculate HEDIS SNP measures rates for all SCO members in accordance with HEDIS specifications and report to MassHealth on the same time schedule required by CMS, as outlined in Section 2.13.A of the Second Amended and Restated MassHealth SCO Contract.

For HEDIS measures, IPRO performed an independent evaluation of the MY 2022 HEDIS Compliance Audit FARs, which contained findings related to the information systems standards. An EQRO may review an assessment of the MCP's information systems conducted by another party in lieu of conducting a full Information Systems assessment (ISCA).[11] Since the SCOs' HEDIS rates were audited by an independent NCQA-licensed HEDIS compliance audit organization, all SCO plans received a full ISCA as part of the audit. Onsite (virtual) audits were therefore not necessary to validate reported measures.

Description of Data Obtained

The following information was obtained from each SCO plan: Completed NCQA Record of Administration, Data Management, and Processes (Roadmap) from the current year HEDIS Compliance Audit, as well as associated supplemental documentation, IDSS files, and the FAR.

Conclusions and Comparative Findings

Based on a review of the SCO plans' HEDIS FARs issued by their independent NCQA-certified HEDIS compliance auditors, IPRO found that the SCO plans were fully compliant with all seven of the applicable NCQA information system standards. Findings from IPRO's review of the SCO plans' HEDIS FARs are displayed in **Table 34**.

Table 34: SCO Compliance with Information System Standards – MY 2022

IS Standard	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
1.0 Medical Services Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
5.0 Supplemental Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
6.0 Data Preproduction Processing	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

SCO: senior care option; IS: information system; MY: measurement year.

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[11] The *CMS External Quality Review (EQR) Protocols,* published in February 2023, states that ISCA is a required component of the mandatory EQR activities as part of Protocols 1, 2, 3, and 4. CMS clarified that the systems reviews that are conducted as part of the NCQA HEDIS Compliance Audit may be substituted for an ISCA. The results of HEDIS compliance audits are presented in the HEDIS FARs issued by each SCO's independent auditor.

Validation Findings

- **Information Systems Capabilities Assessment (ISCA)**: The ISCA is conducted to confirm that the SCO plans' information systems (IS) 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, provider data systems. IPRO reviewed the SCO plans' HEDIS final audit reports issued by their independent NCQA-certified HEDIS compliance auditors. 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. The review of each SCO plan's FAR confirmed that the SCO plans used NCQA-certified measure vendors to produce the HEDIS rates. No issues were identified.
- **Medical Record Validation**: Medical record review validation is conducted to confirm that the SCO plans followed appropriate processes to report rates using the hybrid methodology. The review of each SCO plan's FAR confirmed that the SCO plans passed medical record review validation. No issues were identified.
- **Primary Source Validation (PSV)**: PSV is conducted to confirm that the information from the primary source matches the output information used for measure reporting. The review of each SCO plan's FAR confirmed that the SCO plans passed the PSV. No issues were identified.
- **Data Collection and Integration Validation**: This includes a review of the processes used to collect, calculate, and report the PMs, 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. The review of each SCO plan's FAR confirmed that the SCO plans met all requirements related to data collection and integration. No 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.

Comparative Findings

IPRO aggregated the SCO plan rates to provide methodologically appropriate, comparative information for all SCO plans consistent with guidance included in the EQR protocols issued in accordance with *Title 42 CFR § 438.352(e)*. IPRO also compared the SCO plan rates and the weighted statewide means to the NCQA HEDIS MY 2022 Quality Compass national Medicare percentiles where available. MassHealth's benchmarks for SCO rates are the 75th and the 90th Quality Compass national Medicare percentile.

Best Performance:
- Pharmacotherapy Management of COPD Exacerbation Bronchodilators (WellSense SCO, Tufts SCO, UHC SCO)
- Follow-up after Hospitalization for Mental Illness; 7 days and 30 days (CCA SCO and Tufts SCO)
- Antidepressant Medication Management Continuation (SWH SCO and Weighted Statewide Mean)
- Colorectal Cancer Screening (UHC SCO)
- Transitions of Care: Medication Reconciliation Post-Discharge (Fallon SCO)
- Osteoporosis Management in Women Who Had a Fracture (Fallon SCO)
- Antidepressant Medication Management Acute (SWH SCO)

Needs Improvement:
- Use of High-Risk Medications in the Elderly, Total Rate (CCA SCO, Fallon SCO, UHC SCO, and the Weighted Statewide Mean)
- Plan All-Cause Readmission (Observed/Expected Ratio) (All SCOs except Fallon)
- Controlling High Blood Pressure (Fallon SCO and SWH SCO)
- Pharmacotherapy Management of COPD Exacerbation Corticosteroids (WellSense SCO and CCA SCO)

- Osteoporosis Management in Women Who Had a Fracture (SWH SCO and Tufts SCO)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SWH SCO)
- Potentially Harmful Drug Disease Interactions in the Elderly; Total (Fallon SCO)
- Follow-up after Hospitalization for Mental Illness; 7 days (UHC SCO)

As shown in **Table 35**, the Quality Compass percentiles are color-coded to compare to the SCO plan rates.

Table 35: Color Key for HEDIS Performance Measure Comparison to the NCQA HEDIS MY 2022 Quality Compass National Medicare Percentiles

Color Key	How Rate Compares to the NCQA HEDIS MY 2022 Quality Compass National Medicare Percentiles
<25th	Below the national Medicare 25th percentile.
≥25th but <50th	At or above the national Medicare 25th percentile but below the 50th percentile.
≥50th but <75th	At or above the national Medicare 50th percentile but below the 75th percentile.
≥75th but <90th	At or above the national Medicare 75th percentile but below the 90th percentile.
≥90th	At or above the national Medicare 90th percentile.
N/A	No national Medicare benchmarks available for this measure or measure not applicable (N/A).

Tables 36 displays the HEDIS PMs for MY 2022 for all SCO plans and the weighted statewide mean.

Table 36: SCO HEDIS Performance Measures – MY 2022

HEDIS Measure	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO	Weighted Statewide Mean
Colorectal Cancer Screening	77.62% (≥75th but <90th)	78.83% (≥75th but <90th)	66.18% (≥25th but <50th)	77.62% (≥75th but <90th)	72.51% (≥50th but <75th)	88.08% (≥90th)	70.7% (≥25th but <50th)
Influenza Immunization (aged 65+ years; CAHPS)[1]	87 (< Goal)	89 (> Goal)	90 (> Goal)	87 (< Goal)	90 (> Goal)	90 (> Goal)	89 (> Goal)
Advance Care Plan[2]	16.72% (N/A)	33.17% (N/A)	74.08% (N/A)	41.24% (N/A)	98.98% (N/A)	N/A	49.6% (N/A)
Transitions of Care: Medication Reconciliation Post-Discharge	82.12% (≥75th but <90th)	86.05% (≥75th but <90th)	89.54% (≥90th)	57.18% (≥25th but <50th)	55.72% (≥25th but <50th)	73.48% (≥50th but <75th)	74.4% (≥50th but <75th)
Persistence of Beta Blocker Treatment After Heart Attack	N/A	N/A	N/A	N/A	N/A	N/A	83.6% (<25th)
Controlling High Blood Pressure	77.39% (≥50th but <75th)	74.66% (≥50th but <75th)	67.09% (<25th)	57.42% (<25th)	74.45% (≥50th but <75th)	77.62% (≥50th but <75th)	70.7% (≥25th but <50th)
Pharmacotherapy Management of COPD Exacerbation Corticosteroids	68.52% (<25th)	66.55% (<25th)	78.51% (≥50th but <75th)	75.73% (≥50th but <75th)	77.48% (≥50th but <75th)	79.67% (≥75th but <90th)	74.6% (≥25th but <50th)
Pharmacotherapy Management of COPD Exacerbation Bronchodilators	94.44% (≥90th)	87.84% (≥50th but <75th)	87.28% (≥50th but <75th)	84.95% (≥50th but <75th)	93.38% (≥90th)	92.28% (≥90th)	89.3% (≥75th but <90th)
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	N/A	22.03% (≥25th but <50th)	25.68% (≥25th but <50th)	20.08% (<25th)	22.14% (≥25th but <50th)	22.42% (≥25th but <50th)	22.1% (≥25th but <50th)
Use of High-Risk Medications in the Elderly – Total LOWER IS BETTER	17.01% (≥25th but <50th)	25.63% (<25th)	25.09% (<25th)	18.28% (≥25th but <50th)	18.96% (≥25th but <50th)	21.42% (<25th)	21.6% (<25th)
Potentially Harmful Drug Disease Interactions in the Elderly (Total) LOWER IS BETTER	29.27% (≥50th but <75th)	31.43% (≥25th but <50th)	36.26% (<25th)	27.78% (≥75th but <90th)	31.36% (≥25th but <50th)	32.62% (≥25th but <50th)	31.5% (≥25th but <50th)
Follow-Up After Hospitalization for Mental Illness (7 days)	N/A	48.86% (≥90th)	38.89% (≥75th but <90th)	N/A	50.00% (≥90th)	19.57% (<25th)	39.3% (≥75th but <90th)

HEDIS Measure	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO	Weighted Statewide Mean
Follow-Up After Hospitalization for Mental Illness (30 days)	N/A	70.45% (≥90th)	61.11% (≥75th but <90th)	N/A	77.78% (≥90th)	47.83% (≥50th but <75th)	63% (≥75th but <90th)
Plan All-Cause Readmission (Observed/Expected Ratio)	1.1640 (<25th)	1.4845 (<25th)	1.0457 (≥25th but <50th)	1.1954 (<25th)	1.3668 (<25th)	1.1656 (<25th)	1.2467 (<25th)
Osteoporosis Management in Women Who Had a Fracture	N/A	38.46% (≥25th but <50th)	67.65% (≥90th)	20.69% (<25th)	23.68% (<25th)	43.16% (≥50th but <75th)	36.1% (≥25th but <50th)
Antidepressant Medication Management Acute	80.39% (≥25th but <50th)	80.57% (≥25th but <50th)	84.58% (≥50th but <75th)	92.72% (≥90th)	82.13% (≥50th but <75th)	79.34% (≥25th but <50th)	85.4% (≥75th but <90th)
Antidepressant Medication Management Continuation	68.63% (≥50th but <75th)	72.87% (≥75th but <90th)	67.98% (≥50th but <75th)	87.24% (≥90th)	68.09% (≥50th but <75th)	65.25% (≥25th but <50th)	75.6% (≥90th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	N/A	35.69% (≥25th but <50th)	N/A	44.50% (≥75th but <90th)	N/A	43.01% (≥50th but <75th)	40.6% (≥50th but <75th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	N/A	6.40% (≥50th but <75th)	N/A	7.18% (≥75th but <90th)	N/A	4.84% (≥50th but <75th)	5.9% (≥50th but <75th)

[1] The CAHPS Influenza Vaccination measure was compared to the Medicare Advantage National Mean Score, instead of the Quality Compass.

[2] Quality Compass for COA is not available.

SCO: senior care option; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; COPD: chronic obstructive pulmonary disease; N/A: eligible population/denominator less than 30; CAHPS: Consumer Assessment of Healthcare Providers and Services.

V.   Review of Compliance with Medicaid and CHIP 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 (BBA). The purpose of this compliance review was to assess SCO Plans 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 (UM). 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 (42 CFR 438.56)
- Enrollee rights requirements (42 CFR 438.100)
- Emergency and post-stabilization services (42 CFR 438.114)
- Availability of services (42 CFR 438.206)
- Assurances of adequate capacity and services (42 CFR 438.207)
- Coordination and continuity of care (42 CFR 438.208)
- Coverage and authorization of services (42 CFR 438.210)
- Provider selection (42 CFR 438.214)
- Confidentiality (42 CFR 438.224)
- Grievance and appeal systems (42 CFR 438.228)
- Subcontractual relationships and delegation (42 CFR 438.230)
- Practice guidelines (42 CFR 438.236)
- Health information systems (42 CFR 438.242)
- Quality assessment and performance improvement program (QAPI) (42 CFR 438.330)

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

Pre-onsite 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 each SCO Plan a packet that included the review tools, along with a request for documentation and a guide to help Plans staff understand the documentation that was required. The guide also included instructions for submitting the requested information using IPRO's secure File Transfer Protocol (FTP) site.

To facilitate the review process, IPRO provided SCO Plans with examples of documents that they could furnish to validate its 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, SCO Plans submitted written policies, procedures and other relevant documentation to support their adherence to state and federal requirements. SCO Plans were given a period of approximately four weeks to submit documentation to IPRO. To further assist Plans' 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 MCPs staff.

After SCO Plans submitted the required documentation, a team of IPRO reviewers was convened to review policies, procedures, and materials, and to assess SCO Plans' 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 SCO Plans were conducted between August 21 and September 14, 2023. Interviews with relevant Plan staff allow the EQR to assess whether the Plan indeed understands the requirements, can articulate in their own words, the internal processes, and procedures to deliver the required services to members and providers, and draw 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 SCO Plans to provide additional documentation, if available. SCO' staff was given 2 days from the close of the onsite review to provide any further documentation.

Post-onsite 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 MCP was compliant with the standard or a rationale for why an MCP 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 MCPs 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 MCPs with a request to respond to all elements that were determined to be less than fully compliant. MCPs were given 3 weeks to respond to the issues noted on the post-interview tools. MCPs were asked to indicate if they agree or disagree with IPRO's determinations. If disagreeing, MCP was asked to provide a rationale and indicate documentation that had already been submitted to address the requirement in full. After receiving MCP's response, IPRO re-reviewed each element for which MCPs 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. MCPs are expected to provide an update on the status of the

implementation of the corrections when IPRO requests an update on the status of the ATR recommendations, which is part of the annual external quality review 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. For each standard identified as Partially Met or Not Met, the MCP was required to clarify how and when the issue will be resolved. The scoring definitions are outlined in **Table 37**.

Table 37: 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: • 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. N/A elements are removed from the denominator

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

SCO Plans were compliant with many of the Medicaid and CHIP managed care regulations and standards. The average total compliance rate among all SCO Plans was 96.2%. SWH had the highest total compliance rate at 98.1%, while CCA SCO had the lowest at 93.4%.

Areas requiring improvement:
- Disenrollment requirements and limitations (Tufts SCO)
- Enrollee rights and protections (WellSense SCO and Fallon SCO)
- Emergency and post-stabilization services (CCA SCO)
- Coordination and continuity of care (WellSense SCO, CCA SCO, Fallon SCO, SWH, and Tufts SCO)
- Subcontractual relationships and delegation (UHC SCO)

Table 38 presents SCO Plans' compliance scores for each of the 14 review domains.

Table 38: SCO Plans Performance by Review Domain – 2023 Compliance Validation Results

CFR Standard Name (Review Domain)	CFR Citation	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO	State-wide Average
Overall compliance score	N/A	96.6%	93.4%	94.8%	98.1%	97.3%	97.0%	96.2%
Disenrollment requirements and limitations	438.56	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	97.2%
Enrollee rights and protections total*	438.100	86.8%	92.4%	74.7%	98.6%	93.2%	98.0%	90.6%
Emergency and post-stabilization services**	438.114	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	91.7%
Availability of services	438.206	95.8%	95.8%	95.8%	100.0%	100.0%	100.0%	97.9%
Assurances of adequate capacity and services	438.207	100.0%	100.0%	100.0%	91.2%	100.0%	97.1%	98.1%
Coordination and continuity of care	438.208	79.9%	83.6%	88.3%	85.8%	88.8%	92.5%	86.5%
Coverage and authorization of services	438.210	98.6%	100.0%	95.8%	100.0%	100.0%	95.8%	98.4%
Provider selection	438.214	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	98.6%
Confidentiality	438.224	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Grievance and appeal systems	438.228	100.0%	94.4%	100.0%	97.2%	97.2%	100.0%	98.1%
Subcontractual relationships and delegation	438.230	100.0%	96.7%	100.0%	100.0%	100.0%	84.4%	96.6%
Practice guidelines	438.236	100.0%	95.5%	100.0%	100.0%	100.0%	100.0%	99.3%
Health information systems	438.242	93.8%	100.0%	75.0%	100.0%	100.0%	100.0%	94.8%
QAPI	438.330	97.8%	100.0%	97.8%	100.0%	100.0%	97.8%	98.9%

*Enrollee Rights & Protections Total is the sum of regulations in the 438.10 Information Requirements Tool and the 438.100 Enrollee Rights & Protections Tool.

**Emergency and Post Stabilization Services is 7 regulations embedded in the 438.210 Coverage and Authorization Tool and extracted in the scorecard for presentation.

CFR: Code of Federal Regulations; QAPI: Quality Assurance and Performance Improvement.

VI.   Validation of Network Adequacy

Objectives

Title 42 CFR § 438.68(a) requires states to develop and enforce network adequacy standards. At a minimum, states must develop 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, pediatric dentists, and LTSS, per *Title 42 CFR § 438.68(b)*.

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 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.

MassHealth's access and availability standards are described in Section 2.6 Enrollee Access to Services of the Second Amended and Restated MassHealth SCO Contract. SCO plans are contractually required to meet the time and distance adequacy standards as well as the availability of services standards (i.e., standards for the duration of time between Enrollee's request and the provision of services).

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 MassHealth SCOs. IPRO evaluated SCO's provider networks compliance with MassHealth's geo-access requirements as well as the accuracy of the information presented in SCO's online provider directories.

Technical Methods of Data Collection and Analysis

IPRO evaluated SCO plans' provider networks to determine compliance with the time and distance requirements. IPRO reviewed MassHealth network availability standards and worked together with the state to define network adequacy indicators. Network adequacy indicators were defined through a series of meetings with IPRO and MassHealth that took place between April and August 2023. SCO network adequacy standards and indicators are listed in **Appendix D (Tables D1 to D8)**.

SCO network adequacy standards are a combination of CMS' network adequacy standards for Medicare and Medicaid Plans (MMPs) and MassHealth-developed standards defined in the contract between the SCO plans and MassHealth. Consequently, some SCO provider types must meet both the time and the distance standard as defined by CMS, whereas other provider types must meet either the time or the distance standard but not both, as defined by MassHealth and explained in **Table 39**.

Table 39: Provider Type Standards – Travel Time AND Distance vs. Travel Time OR Distance

CMS Travel Time AND Distance	MassHealth Travel Time OR Distance
• Primary Care • Specialists • Behavioral Health Inpatient • LTSS Providers: Nursing Facility, Occupational Therapy, Physical Therapy, and Speech Therapy • Acute Inpatient Hospital	• Emergency Services Program (ESP) Providers • Behavioral Health (BH) Diversionary Providers • Behavioral Health Outpatient Services • LTSS Providers: Adult Day Health, Adult Foster Care, Day Habilitation, Day Services, Group Adult Foster Care, Orthotics and Prosthetics, Oxygen and Respiratory Equipment, and Personal Care Assistant • Hospital Rehabilitation

LTSS: long-term services and supports.

The CMS' travel time and distance standards vary by provider type, as well as by CMS' county designation. Different time and distance standards apply when certain provider types render services to members who reside in metro vs. large metro counties. Massachusetts' county designation is listed in **Table 40**.

Table 40: County Designation in Massachusetts – Metro vs. Large Metro

Metro Counties
Barnstable
Berkshire
Bristol
Franklin
Hampden
Hampshire
Plymouth
Worcester
Large Metro Counties
Essex
Middlesex
Norfolk
Suffolk

IPRO requested in-network providers data from health plans on August 1, 2023, with a submission due date of August 29, 2023. MCPs submitted data to IPRO using templates developed by MassHealth and utilized by MCOs and ACPPs to report providers lists to MassHealth on an annual basis. The submitted data went through a careful and significant data clean up 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 entered into an agreement with Quest Analytics™ to validate SCO provider networks. Geo-access reports were generated by combining the following files together: data provided by SCOs on all providers and service locations contracted to participate in plans' networks, enrollment data provided by MassHealth, service area information provided by MassHealth, network adequacy template standards and indicators provided by IPRO and MassHealth, and network adequacy standards for MMPs downloaded on December 20, 2023, from the CMS' MMPs Application and Annul Requirements website.

IPRO analyzed the results to identify SCOs with adequate provider networks, as well as counties with deficient networks. When an SCO appeared to have network deficiencies in a particular county, IPRO reported the county and the percentage of SCO members in that county who had adequate access.

Finally, using the SCOs' online provider directories, IPRO validated the accuracy of the information published in the provider directories. Between August and December 2023, IPRO reviewers contacted a sample of practice sites to confirm providers' participation with the Medicaid managed care plan, open panel status, specialty, telephone number, and address. IPRO reported the percentage of providers in the sample with verified and correct information. The validation of provider directories included primary care and Home and Community Based Services (HCBS) provider types listed below.

Primary Care Provider Types:
- Family Medicine
- Internal Medicine

- Geriatrics
- OB/GYN

HCBS Provider Types:
- Physical Therapist
- Speech Therapist
- Occupational Therapist
- Durable Medical Equipment
- Home Health Care Agencies
- Hospice
- Nursing Facility
- Adult Day Health
- Adult Foster care
- Day Habilitation
- Group Adult Foster Care

Through a desk review of online directories, IPRO also evaluated how members were informed about a practice site's accessibility features. IPRO reviewers looked for search capabilities that allow members to identify providers with accessibility features (e.g., ability to filter for specific accessibility features) and the degree of information available.

Description of Data Obtained

Validation of network adequacy for CY 2022 was performed using network data submitted by SCO plans to IPRO. IPRO requested a complete provider lists which included facility/provider name, address, phone number, and the national provider identifier (NPI) for the following provider types: primary care, ob/gyn, hospitals, rehabilitation, urgent care, specialists, behavioral health, and LTSS. IPRO also requested aggregated enrollment data from MassHealth. The requested enrollment data included information about member demographics (age and gender) and ZIP code of residence.

For the provider directories validation, provider directory web addresses were reported to IPRO by the managed care plans, and are presented in **Appendix E**.

Conclusions and Comparative Findings

Medicaid members who meet SCO enrollment criteria, can enroll in a SCO health plan available in their county. SCO Plans cover large metro and metro counties as defined in **Table 41**.

Table 41: SCO Plans and Number of Counties

County Type	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Number of Large Metro Counties	1	4	4	4	4	4
Number of Metro Counties	4	6	8	4	6	5
Total Number of Counties	5	10	12	8	10	9

Time and Distance Standards

IPRO reviewed the aggregated results to assess the adequacy of the SCO networks by provider type. The summary tables (Tables 42 and 48) show the number of counties with an adequate network of providers by provider type. 'Met' means that an SCO plan had an adequate network of that provider type in all counties in which it operates.

- For Primary Care (Table 42), all SCO met access standards for adult primary care providers.
- For Specialist Providers (Table 43), most SCOs met the network adequacy standards. Only two SCOs had network deficiencies: Fallon's SCO Oncology Surgical network was deficient in Berkshire County, and SWH's plastic surgery network was deficient in Middlesex County.
- For Hospitals and Emergency Support Services (Table 44), UHC met all standards except for Emergency Support Services in metro counties, CCA SCO met all standards except for Rehabilitation Hospital Services in metro counties, WellSense generally met the standards except for acute inpatient hospital and rehabilitation hospital services; Fallon SCI generally met the standards except for acute inpatient hospital and rehabilitation hospital services, and SWH partially met the access standards for rehabilitation hospital and emergency support services, while Tufts SCO partially met the access standard for all three hospital and emergency support services in metro counties.
- For LTSS Providers (Table 45), most services across different provider types and county classifications generally met the access standards. There were instances, however, of partial compliance, especially in the metro areas, for services like occupational therapy, speech therapy, adult day health, adult foster care, day services, group adult foster care, oxygen and respiratory equipment services, and personal care assistants.
- For Pharmacies (Table 46), most SCOs met the pharmacy network access standards, except for CCA SCO in Franklin County and SWH which did not meet the pharmacy standards at all. SWH only submitted three total providers in the data for the analysis.
- For BH Outpatient providers (Table 47), all SCOs met the network adequacy standards for the BH Outpatient providers.
- For BH Diversionary Services (Table 48), CCA SCO met the access standard for all provider types in all covered counties, while other SCOs generally met access standards for most services in both Large Metro and Metro areas. SWH demonstrated mixed results, with some services not meeting the standards while others showing only partial compliance.

For a detailed analysis of network deficiencies in specific counties and provider types, see plan-level results.

Table 42: Counties with Adequate Network of Primary Care Providers

The number of counties where each plan had an adequate network, per provider type. "Met" means that a SCO plan had an adequate network of that provider type in all counties it was in.

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Adult PCP	Large Metro	2 providers within 5 miles and 10 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Adult PCP	Metro	2 providers within 10 miles and 15 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)

Table 43: Counties with Adequate Network of Specialist Providers

The number of counties where each plan had an adequate network, per provider type. "Met" means that a SCO plan had an adequate network of that provider type in all counties it was in.

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Allergy and Immunology	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Allergy and Immunology	Metro	1 provider within 35 miles and 53 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Cardiology	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Cardiology	Metro	1 provider within 25 miles and 38 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Cardiothoracic Surgery	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Cardiothoracic Surgery	Metro	1 provider within 40 miles and 60 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Chiropractor	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Chiropractor	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Dermatology	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Dermatology	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Endocrinology	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Endocrinology	Metro	1 provider within 50 miles and 75 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
ENT/Otolaryngology	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
ENT/Otolaryngology	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Gastroenterology	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Gastroenterology	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
General Surgery	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
General Surgery*	Metro	1 provider within 20 miles and 30 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Gynecology, OB/GYN	Large Metro	2 providers within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Gynecology, OB/GYN	Metro	2 providers within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Infectious Diseases	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Infectious Diseases	Metro	1 provider within 50 miles and 75 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Nephrology	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Nephrology	Metro	1 provider within 35 miles and 53 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Neurology	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Neurology	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Neurosurgery	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Neurosurgery	Metro	1 provider within 40 miles and 60 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Oncology - Medical, Surgical**	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Oncology - Medical, Surgical	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Oncology - Radiation/Radiation Oncology	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Oncology - Radiation/Radiation Oncology	Metro	1 provider within 40 miles and 60 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Ophthalmology	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Ophthalmology	Metro	1 provider within 25 miles and 38 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Orthopedic Surgery	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Orthopedic Surgery	Metro	1 provider within 25 miles and 38 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Physiatry, Rehabilitative Medicine	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Physiatry, Rehabilitative Medicine	Metro	1 provider within 35 miles and 53 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Plastic Surgery	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	3 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Plastic Surgery	Metro	1 provider within 50 miles and 75 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Podiatry	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Podiatry	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Psychiatry	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Psychiatry	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Pulmonology	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Pulmonology	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Rheumatology	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Rheumatology	Metro	1 provider within 40 miles and 60 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Urology	Large Metro	1 provider within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Urology	Metro	1 provider within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Vascular Surgery	Large Metro	1 provider within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Vascular Surgery	Metro	1 provider within 50 miles and 75 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)

*For members residing in Berkshire County, 1 provider within 25 miles and 30 minutes.
** For members residing in Essex County, 1 provider within 15 miles and 20 minutes.

Table 44: Counties with Adequate Network of Hospitals and Emergency Support Services

The number of counties where each plan had an adequate network, per provider type. "Met" means that a SCO plan had an adequate network of that provider type in all counties it was in.

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Acute Inpatient Hospital	Large Metro	2 providers within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	3 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Acute Inpatient Hospital	Metro	2 providers within 30 miles and 45 minutes.	3 out of 4 (Partially Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	4 out of 6 (Partially Met)	5 out of 5 (Met)
Rehabilitation Hospital Services	Large Metro	1 provider within 15 miles or 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Rehabilitation Hospital Services	Metro	1 provider within 15 miles or 30 minutes.	3 out of 4 (Partially Met)	4 out of 6 (Partially Met)	6 out of 8 (Partially Met)	3 out of 4 (Partially Met)	5 out of 6 (Partially Met)	5 out of 5 (Met)
Emergency Support Services	Large Metro	2 providers within 15 miles or 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	2 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Emergency Support Services	Metro	2 providers within 15 miles or 30 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	2 out of 4 (Partially Met)	3 out of 6 (Partially Met)	2 out of 5 (Partially Met)

Table 45: Counties with Adequate Network of LTSS Providers

The number of counties where each plan had an adequate network, per provider type. "Met" means that a SCO plan had an adequate network of that provider type in all counties it was in.

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Nursing Facility	Large Metro	2 providers within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Nursing Facility	Metro	2 providers within 20 miles and 35 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Occupational Therapy	Large Metro	2 providers within 10 miles and 20 minutes.	1 out of 1 (Met)	3 out of 4 (Partially Met)	2 out of 4 (Partially Met)	3 out of 4 (Partially Met)	2 out of 4 (Partially Met)	2 out of 4 (Partially Met)
Occupational Therapy	Metro	2 providers within 25 miles and 40 minutes.	4 out of 4 (Met)	4 out of 6 (Partially Met)	6 out of 8 (Partially Met)	4 out of 4 (Met)	2 out of 6 (Partially Met)	5 out of 5 (Met)
Orthotics and Prosthetics	Large Metro	2 providers within 15 miles and 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	3 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Orthotics and Prosthetics	Metro	2 providers within 30 miles and 45 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Physical Therapy	Large Metro	2 providers within 10 miles and 20 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Physical Therapy	Metro	2 providers within 25 miles and 40 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Speech Therapy	Large Metro	2 providers within 10 miles and 20 minutes.	1 out of 1 (Met)	3 out of 4 (Partially Met)	1 out of 4 (Partially Met)	3 out of 4 (Partially Met)	4 out of 4 (Met)	2 out of 4 (Partially Met)
Speech Therapy	Metro	2 providers within 25 miles and 40 minutes.	2 out of 4 (Partially Met)	1 out of 6 (Partially Met)	4 out of 8 (Partially Met)	4 out of 4 (Met)	6 out of 6 (Met)	2 out of 5 (Partially Met)
Adult Day Health	Large Metro	2 providers within 15 miles or 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Adult Day Health	Metro	2 providers within 15 miles or 30 minutes.	3 out of 4 (Partially Met)	6 out of 6 (Met)	6 out of 8 (Partially Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Adult Foster Care	Large Metro	2 providers within 15 miles or 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Adult Foster Care	Metro	2 providers within 15 miles or 30 minutes.	3 out of 4 (Partially Met)	5 out of 6 (Partially Met)	5 out of 8 (Partially Met)	3 out of 4 (Partially Met)	5 out of 6 (Partially Met)	3 out of 5 (Partially Met)
Day Habilitation	Large Metro	2 providers within 15 miles or 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	2 out of 4 (Partially Met)	0 out of 4 (Not Met)	4 out of 4 (Met)	0 out of 4 (Not Met)
Day Habilitation	Metro	2 providers within 15 miles or 30 minutes.	3 out of 4 (Partially Met)	6 out of 6 (Met)	3 out of 8 (Partially Met)	0 out of 4 (Not Met)	4 out of 6 (Partially Met)	2 out of 5 (Partially Met)
Group Adult Foster Care	Large Metro	2 providers within 15 miles or 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	3 out of 4 (Partially Met)	2 out of 4 (Partially Met)	3 out of 4 (Partially Met)	4 out of 4 (Met)
Group Adult Foster Care	Metro	2 providers within 15 miles or 30 minutes.	1 out of 4 (Partially Met)	5 out of 6 (Partially Met)	6 out of 8 (Partially Met)	2 out of 4 (Partially Met)	4 out of 6 (Partially Met)	2 out of 5 (Partially Met)
Hospice	Large Metro	2 providers within 15 miles or 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Hospice	Metro	2 providers within 15 miles or 30 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	4 out of 4 (Met)	6 out of 6 (Met)	4 out of 5 (Partially Met)
Oxygen and Respiratory Equipment Services	Large Metro	2 providers within 15 miles or 30 minutes.	1 out of 1 (Met)	1 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Oxygen and Respiratory Equipment Services	Metro	2 providers within 15 miles or 30 minutes.	4 out of 4 (Met)	3 out of 6 (Partially Met)	5 out of 8 (Partially Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Personal Care Assistant	Large Metro	2 providers within 15 miles or 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	1 out of 4 (Partially Met)	2 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Personal Care Assistant	Metro	2 providers within 15 miles or 30 minutes.	1 out of 4 (Partially Met)	6 out of 6 (Met)	0 out of 8 (Not Met)	1 out of 4 (Partially Met)	6 out of 6 (Met)	5 out of 5 (Met)

Table 46: Counties with Adequate Network of Pharmacies

The number of counties where each plan had an adequate network, per provider type. "Met" means that a SCO plan had an adequate network of that provider type in all counties it was in.

Provider Type	County Class	Standard – 90% of Enrollees in a County who Have Access	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Pharmacy	Large Metro	1 provider within 2 miles.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	0 out of 4 (Not Met)	4 out of 4 (Met)	4 out of 4 (Met)
Pharmacy	Metro	1 provider within 5 miles.	4 out of 4 (Met)	5 out of 6 (Partially Met)	8 out of 8 (Met)	0 out of 4 (Not Met)	6 out of 6 (Met)	5 out of 5 (Met)

Table 47: Counties with Adequate Network of BH Outpatient

The number of counties where each plan had an adequate network, per provider type. "Met" means that a SCO plan had an adequate network of that provider type in all counties it was in. An adequate network is defined as 90% of members in a service area having access to two behavioral health outpatient providers within 15 miles or 30 minutes.

Provider Type	County Class	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
BH Outpatient Providers	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
BH Outpatient Providers	Metro	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)

Table 48: Number of Counties with an Adequate Network of BH Diversionary Services

The number of counties where each plan had an adequate network, per provider type. "Met" means that a SCO plan had an adequate network of that provider type in all counties it was in. An adequate network is defined as 90% of members in a service area having access to two behavioral health diversionary providers within 15 miles or 30 minutes.

Provider Type	County Class	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Clinical Support Services for Substance Use Disorders (Level 3.5)	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	0 out of 4 (Not Met)	4 out of 4 (Met)	3 out of 4 (Partially Met)
Clinical Support Services for Substance Use Disorders (Level 3.5)	Metro	1 out of 4 (Partially Met)	6 out of 6 (Met)	8 out of 8 (Met)	0 out of 4 (Not Met)	6 out of 6 (Met)	4 out of 5 (Partially Met)
Community Crisis Stabilization	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	2 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Community Crisis Stabilization	Metro	3 out of 4 (Partially Met)	6 out of 6 (Met)	8 out of 8 (Met)	2 out of 4 (Partially Met)	6 out of 6 (Met)	2 out of 5 (Partially Met)

Provider Type	County Class	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Community Support Program (CSP)	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Community Support Program (CSP)	Metro	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	5 out of 6 (Partially Met)	5 out of 5 (Met)
Intensive Outpatient Program (IOP)	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	0 out of 4 (Not Met)	4 out of 4 (Met)	4 out of 4 (Met)
Intensive Outpatient Program (IOP)	Metro	4 out of 4 (Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	0 out of 4 (Not Met)	6 out of 6 (Met)	5 out of 5 (Met)
Monitored Inpatient Level 3.7	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	0 out of 4 (Not Met)	4 out of 4 (Met)	4 out of 4 (Met)
Monitored Inpatient Level 3.7	Metro	1 out of 4 (Partially Met)	6 out of 6 (Met)	8 out of 8 (Met)	1 out of 4 (Partially Met)	5 out of 6 (Partially Met)	4 out of 5 (Partially Met)
Partial Hospitalization Program (PHP)	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	3 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Partial Hospitalization Program (PHP)	Metro	2 out of 4 (Partially Met)	6 out of 6 (Met)	8 out of 8 (Met)	2 out of 4 (Partially Met)	6 out of 6 (Met)	5 out of 5 (Met)
Psychiatric Inpatient Adult	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Psychiatric Inpatient Adult	Metro	3 out of 4 (Partially Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	3 out of 4 (Partially Met)	6 out of 6 (Met)	5 out of 5 (Met)
Psychiatric Day Treatment	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	2 out of 4 (Partially Met)	4 out of 4 (Met)	3 out of 4 (Partially Met)
Psychiatric Day Treatment	Metro	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	1 out of 4 (Partially Met)	5 out of 6 (Partially Met)	2 out of 5 (Partially Met)
Recovery Coaching	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Recovery Coaching	Metro	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Recovery Support Navigators	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	4 out of 4 (Met)
Recovery Support Navigators	Metro	4 out of 4 (Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	4 out of 4 (Met)	6 out of 6 (Met)	5 out of 5 (Met)
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	0 out of 4 (Not Met)	4 out of 4 (Met)	2 out of 4 (Partially Met)

Provider Type	County Class	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Metro	3 out of 4 (Partially Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	0 out of 4 (Not Met)	5 out of 6 (Partially Met)	5 out of 5 (Met)
Structured Outpatient Addiction Program (SOAP)	Large Metro	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	2 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Structured Outpatient Addiction Program (SOAP)	Metro	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	2 out of 4 (Partially Met)	6 out of 6 (Met)	5 out of 5 (Met)

Provider Directory Validation

IPRO validated the accuracy of provider directories for a sample of provider types chosen by MassHealth. **Tables 49 and 50** show the percent of providers in the directory with verified telephone number, address, specialty, Medicaid participation, and panel status. **Tables 51 and 52** show the most frequent reasons why information in the directories was incorrect or could not be validated.

Table 49: Provider Directory Accuracy – Primary Care Providers

Provider Type	Goal	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Family Medicine	Not Defined	20.0%	36.7%	20.0%	20.0%	36.7%	13.3%
Geriatrics	Not Defined	25.0%	23.3%	35.0%*	16.7%*	40.0%	23.3%
Internal Medicine	Not Defined	33.3%	23.3%	30.0%	16.7%	23.3%	26.7%
OB/GYN	Not Defined	30.0%	30.0%	53.3%	16.7%	50.0%	46.7%
All PCPs	Not Defined	27.7%	28.3%	34.5%	17.5%	37.5%	27.5%

*Sample Size less than 30, interpret with caution.

Table 50: Provider Directory Accuracy – Home and Community-Based Services

Provider Type	Goal	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
All Home and Community-Based Services	Not Defined	33.33%*	40.00%	56.00%*	56.67%	32.14%*	60.00%

*Sample Size less than 30, interpret with caution.

** All Home and Community-Based Services include Adult Day Health, Adult Foster Care, Occupational Therapist, Nursing Facility, Durable Medical Equipment, Physical Therapist, Speech Therapist, Hospice, Home Health Care Agency, Day Habilitation

Table 51: Frequency of Failure Types - Primary Care Providers

Type of Failure	SCO Total	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Provider not at the site	175	26	36	12	35	40	26
Contact Fails*	117	14	15	13	45	9	21
Provider not accepting new patients	107	17	16	19	9	19	27
Provider does not accept the health plan	66	8	15	21	6	4	12

Type of Failure	SCO Total	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Provider reported a different specialty	30	3	6	10	5	4	2

*The "Contact Fails" category includes the following reasons: answering machine/voicemail (3 calls), answering service (3 calls), constant busy signal (3 calls), disconnected telephone number (1 call), no answer (3 calls), put on hold for more than 5 minutes (3 calls), wrong telephone number (1 call).

Table 52: Frequency of Failure Types - Home and Community-Based Services

Type of Failure	SCO Total	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO
Contact Fails*	42	6	13	4	5	9	5
Provider not at the site	20	5	1	1	3	8	2
Provider does not accept the health plan	18	5	3	2	4	0	4
Provider reported a different specialty	6	2	1	0	0	2	1
Provider not accepting new patients	2	1	0	0	1	0	0

*The "Contact Fails" category includes the following reasons: answering machine/voicemail (3 calls), answering service (3 calls), constant busy signal (3 calls), disconnected telephone number (1 call), no answer (3 calls), put on hold for more than 5 minutes (3 calls), wrong telephone number (1 call).

WellSense SCO

After analyzing the network adequacy results for all provider types, IPRO identified counties with network deficiencies. If at least 90% of WellSense SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Tables 53–55** show counties with deficient networks.

Table 53: WellSense SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Acute Inpatient Hospital	Hampden	69.8%	2 providers within 30 miles and 45 minutes.
Rehabilitation Hospital Services	Barnstable	19.0%	1 provider within 15 miles or 30 minutes.

Table 54: WellSense SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Speech Therapy	Barnstable	9.5%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Hampden	0.0%	2 providers within 25 miles and 40 minutes.
Adult Day Health	Barnstable	23.8%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Barnstable	14.3%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Bristol	17.4%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Bristol	8.4%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Plymouth	7.9%	2 providers within 15 miles or 30 minutes.

Table 55: WellSense SCO Counties with Network Deficiencies of BH Diversionary Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Clinical Support Services for Substance Use Disorders (Level 3.5)	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Bristol	50.6%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Barnstable	14.3%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Bristol	48.3%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Barnstable	47.6%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Monitored Inpatient Level 3.7	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Bristol	77.5%	2 providers within 15 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Barnstable	9.5%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Barnstable	9.5%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Barnstable	23.8%	2 providers within 15 miles or 30 minutes.

Recommendations

- *Network Adequacy Data Integrity Recommendation*: IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that the SCO plan review and deduplicate in-network provider data before data files are submitted for future network adequacy analysis.
- *Network Adequacy Time/Distance Standards Recommendation*: IPRO recommends that the SCO plan expands its network when a deficiency is identified in any given county. 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.
- *Network Adequacy Provider Directory Recommendation*: MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans. MCP should educate network providers about the importance of reporting changes to the health plan promptly. MCP should regularly monitor member complaints and grievances to assess if the provider directory is perceived as a barrier to accessing care.

CCA SCO

After analyzing the network adequacy results for all provider types, IPRO identified counties with network deficiencies. If at least 90% of CCA SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. Tables 56–58 show counties with deficient networks.

Table 56: CCA SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Rehabilitation Hospital Services	Franklin	10.4%	1 provider within 15 miles or 30 minutes.
Rehabilitation Hospital Services	Worcester	82.9%	1 provider within 15 miles or 30 minutes.

Table 57: CCA SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Occupational Therapy	Bristol	29.5%	2 providers within 25 miles and 40 minutes.
Occupational Therapy	Plymouth	85.4%	2 providers within 25 miles and 40 minutes.
Occupational Therapy	Essex	22.0%	2 providers within 10 miles and 20 minutes.
Speech Therapy	Essex	24.8%	2 providers within 10 miles and 20 minutes.

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Speech Therapy	Plymouth	85.4%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Hampden	4.7%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Hampshire	12.2%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Bristol	20.3%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Franklin	0.0%	2 providers within 25 miles and 40 minutes.
Adult Foster Care	Franklin	16.3%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Franklin	16.3%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Franklin	0.0%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Hampshire	0.0%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Essex	33.9%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Middlesex	85.6%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Suffolk	85.5%	2 providers within 15 miles or 30 minutes.

Table 58: CCA SCO Counties with Network Deficiencies of Pharmacies

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Pharmacy	Franklin	76.7%	1 provider within 5 miles.

Recommendations

- *Network Adequacy Data Integrity Recommendation*: IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that the SCO plan review and deduplicate in-network provider data before data files are submitted for future network adequacy analysis.
- *Network Adequacy Time/Distance Standards Recommendation*: IPRO recommends that the SCO plan expands its network when a deficiency is identified in any given county. 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.
- *Network Adequacy Provider Directory Recommendation*: MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans. MCP should educate network providers about the importance of reporting changes to the health plan promptly. MCP should regularly monitor member complaints and grievances to assess if the provider directory is perceived as a barrier to accessing care.

Fallon NaviCare SCO

After analyzing the network adequacy results for all provider types, IPRO identified counties with network deficiencies. If at least 90% of Fallon NaviCare SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. Tables 59–62 show counties with deficient networks.

Table 59: Fallon SCO Counties with Network Deficiencies of Specialist Providers

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Oncology - Medical, Surgical	Berkshire	1.6%	1 provider within 30 miles and 45 minutes.

Table 60: Fallon SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Acute Inpatient Hospital	Norfolk	86.4%	2 providers within 10 miles and 20 minutes.
Rehabilitation Hospital Services	Franklin	1.8%	1 provider within 15 miles or 30 minutes.
Rehabilitation Hospital Services	Worcester	84.7%	1 provider within 15 miles or 30 minutes.

Table 61: Fallon SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Occupational Therapy	Essex	25.8%	2 providers within 10 miles and 20 minutes.
Occupational Therapy	Middlesex	31.9%	2 providers within 10 miles and 20 minutes.
Occupational Therapy	Barnstable	32.3%	2 providers within 25 miles and 40 minutes.
Occupational Therapy	Franklin	3.6%	2 providers within 25 miles and 40 minutes.
Orthotics and Prosthetics	Barnstable	15.6%	2 providers within 30 miles and 45 minutes.
Speech Therapy	Berkshire	79.3%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Essex	2.2%	2 providers within 10 miles and 20 minutes.
Speech Therapy	Barnstable	33.5%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Middlesex	39.2%	2 providers within 10 miles and 20 minutes.
Speech Therapy	Franklin	3.6%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Plymouth	67.7%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Norfolk	16.8%	2 providers within 10 miles and 20 minutes.
Adult Day Health	Barnstable	55.7%	2 providers within 15 miles or 30 minutes.
Adult Day Health	Berkshire	0.4%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Berkshire	0.9%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Franklin	25.0%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Hampden	79.8%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Berkshire	0.7%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Hampshire	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Franklin	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Middlesex	28.1%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Essex	50.2%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Worcester	0.5%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Middlesex	46.0%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Franklin	76.8%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Barnstable	44.9%	2 providers within 15 miles or 30 minutes.
Hospice	Berkshire	80.5%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Oxygen and Respiratory Equipment Services	Franklin	1.8%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Berkshire	80.0%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Barnstable	28.1%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Plymouth	72.6%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Bristol	12.1%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Berkshire	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Middlesex	9.5%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Norfolk	82.2%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Essex	0.4%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Franklin	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Hampshire	0.0%	2 providers within 15 miles or 30 minutes.

Table 62: Fallon SCO Counties with Network Deficiencies of BH Diversionary Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Intensive Outpatient Program (IOP)	Berkshire	1.6%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Barnstable	85.6%	2 providers within 15 miles or 30 minutes.
Recovery Support Navigators	Barnstable	85.0%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Barnstable	85.0%	2 providers within 15 miles or 30 minutes.

Recommendations

- *Network Adequacy Data Integrity Recommendation*: IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that the SCO plan review and deduplicate in-network provider data before data files are submitted for future network adequacy analysis.
- *Network Adequacy Time/Distance Standards Recommendation*: IPRO recommends that the SCO plan expands its network when a deficiency is identified in any given county. 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.
- *Network Adequacy Provider Directory Recommendation*: MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans. MCP should educate network providers about the importance of reporting changes to the health plan promptly. MCP should regularly monitor member complaints and grievances to assess if the provider directory is perceived as a barrier to accessing care.

SWH SCO

After analyzing the network adequacy results for all provider types, IPRO identified counties with network deficiencies. If at least 90% of SWH SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Tables 63–67** show counties with deficient networks.

Table 63: SWH SCO Counties with Network Deficiencies of Specialist Providers

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Plastic Surgery	Middlesex	81.5%	1 provider within 15 miles and 30 minutes.

Table 64: SWH SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Rehabilitation Hospital Services	Worcester	79.2%	1 provider within 15 miles or 30 minutes.
Emergency Support Services	Essex	12.1%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Worcester	25.5%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Middlesex	80.3%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Bristol	16.6%	2 providers within 15 miles or 30 minutes.

Table 65: SWH SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Occupational Therapy	Middlesex	88.7%	2 providers within 10 miles and 20 minutes.
Orthotics and Prosthetics	Middlesex	87.9%	2 providers within 15 miles and 30 minutes.
Speech Therapy	Middlesex	87.3%	2 providers within 10 miles and 20 minutes.
Adult Foster Care	Hampden	2.9%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Bristol	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Suffolk	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Plymouth	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Norfolk	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Middlesex	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Essex	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Worcester	78.4%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Middlesex	82.3%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Essex	11.6%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Worcester	26.7%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Middlesex	67.9%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Essex	80.6%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Bristol	9.8%	2 providers within 15 miles or 30 minutes.

Table 66: SWH SCO Counties with Network Deficiencies of Pharmacies

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Pharmacy	Hampden	0.0%	1 provider within 5 miles.
Pharmacy	Suffolk	0.0%	1 provider within 2 miles.
Pharmacy	Worcester	7.1%	1 provider within 5 miles.
Pharmacy	Plymouth	0.0%	1 provider within 5 miles.
Pharmacy	Norfolk	0.0%	1 provider within 2 miles.
Pharmacy	Essex	45.7%	1 provider within 2 miles.
Pharmacy	Bristol	0.0%	1 provider within 5 miles.
Pharmacy	Middlesex	0.0%	1 provider within 2 miles.

Table 67: SWH SCO Counties with Network Deficiencies of BH Diversionary Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Clinical Support Services for Substance Use Disorders (Level 3.5)	Essex	0.0%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Suffolk	0.0%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Norfolk	0.0%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Middlesex	0.0%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Bristol	84.3%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Plymouth	10.4%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Middlesex	29.9%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Essex	2.3%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Worcester	4.7%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Bristol	51.0%	2 providers within 15 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Suffolk	0.0%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Intensive Outpatient Program (IOP)	Bristol	0.0%	2 providers within 15 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Norfolk	0.0%	2 providers within 15 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Middlesex	0.0%	2 providers within 15 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Plymouth	0.0%	2 providers within 15 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Essex	0.0%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Middlesex	0.0%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Plymouth	14.4%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Suffolk	0.0%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Norfolk	0.2%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Essex	0.0%	2 providers within 15 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Worcester	80.6%	2 providers within 15 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Bristol	76.8%	2 providers within 15 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Essex	87.4%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Bristol	85.5%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Bristol	9.5%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Essex	13.1%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Middlesex	62.8%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Suffolk	0.0%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Plymouth	0.0%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Middlesex	0.0%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Norfolk	0.0%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Essex	0.0%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Bristol	0.0%	2 providers within 15 miles or 30 minutes.
Structured Outpatient Addiction Program (SOAP)	Plymouth	22.2%	2 providers within 15 miles or 30 minutes.
Structured Outpatient Addiction Program (SOAP)	Essex	80.9%	2 providers within 15 miles or 30 minutes.
Structured Outpatient Addiction Program (SOAP)	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Structured Outpatient Addiction Program (SOAP)	Middlesex	76.5%	2 providers within 15 miles or 30 minutes.

Recommendations

- *Network Adequacy Data Integrity Recommendation*: IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that the SCO plan review and deduplicate in-network provider data before data files are submitted for future network adequacy analysis.
- *Network Adequacy Time/Distance Standards Recommendation*: IPRO recommends that the SCO plan expands its network when a deficiency is identified in any given county. 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.
- *Network Adequacy Provider Directory Recommendation*: MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans. MCP should educate network providers about the importance of reporting changes to the health plan promptly. MCP should regularly monitor member complaints and grievances to assess if the provider directory is perceived as a barrier to accessing care.

Tufts SCO

After analyzing the network adequacy results for all provider types, IPRO identified counties with network deficiencies. If at least 90% of Tufts SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. Tables 68–70 show counties with deficient networks.

Table 68: Tufts SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Acute Inpatient Hospital	Hampshire	0.0%	2 providers within 30 miles and 45 minutes.
Acute Inpatient Hospital	Hampden	86.5%	2 providers within 30 miles and 45 minutes.
Rehabilitation Hospital Services	Worcester	75.4%	1 provider within 15 miles or 30 minutes.
Emergency Support Services	Worcester	88.0%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Emergency Support Services	Bristol	87.4%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Barnstable	46.1%	2 providers within 15 miles or 30 minutes.

Table 69: Tufts SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Occupational Therapy	Middlesex	45.9%	2 providers within 10 miles and 20 minutes.
Occupational Therapy	Hampshire	0.0%	2 providers within 25 miles and 40 minutes.
Occupational Therapy	Hampden	2.2%	2 providers within 25 miles and 40 minutes.
Occupational Therapy	Essex	40.4%	2 providers within 10 miles and 20 minutes.
Occupational Therapy	Bristol	49.3%	2 providers within 25 miles and 40 minutes.
Occupational Therapy	Barnstable	32.0%	2 providers within 25 miles and 40 minutes.
Adult Foster Care	Barnstable	81.9%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Bristol	86.9%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Worcester	79.4%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Essex	71.7%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Worcester	83.8%	2 providers within 15 miles or 30 minutes.

Table 70: Tufts SCO Counties with Network Deficiencies of BH Diversionary Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Community Support Program (CSP)	Barnstable	63.6%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Barnstable	59.2%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Barnstable	39.9%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Barnstable	64.1%	2 providers within 15 miles or 30 minutes.

Recommendations

- *Network Adequacy Data Integrity Recommendation*: IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that the SCO plan review and deduplicate in-network provider data before data files are submitted for future network adequacy analysis.
- *Network Adequacy Time/Distance Standards Recommendation*: IPRO recommends that the SCO plan expands its network when a deficiency is identified in any given county. 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.
- *Network Adequacy Provider Directory Recommendation*: MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans. MCP should educate network providers about the importance of reporting changes to the health plan promptly. MCP should regularly monitor member complaints and grievances to assess if the provider directory is perceived as a barrier to accessing care.

UHC SCO

After analyzing the network adequacy results for all provider types, IPRO identified counties with network deficiencies. If at least 90% of UHC SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Tables 71–73** show counties with deficient networks.

Table 71: UHC SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Emergency Support Services	Worcester	55.0%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Plymouth	89.4%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Bristol	38.5%	2 providers within 15 miles or 30 minutes.

Table 72: UHC SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Occupational Therapy	Middlesex	67.8%	2 providers within 10 miles and 20 minutes.
Occupational Therapy	Essex	43.4%	2 providers within 10 miles and 20 minutes.
Speech Therapy	Middlesex	50.8%	2 providers within 10 miles and 20 minutes.
Speech Therapy	Hampshire	8.6%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Hampden	7.4%	2 providers within 25 miles and 40 minutes.
Speech Therapy	Essex	28.1%	2 providers within 10 miles and 20 minutes.
Speech Therapy	Bristol	72.7%	2 providers within 25 miles and 40 minutes.
Adult Foster Care	Bristol	49.6%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Plymouth	89.6%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Essex	33.5%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Bristol	29.1%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Worcester	85.6%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Suffolk	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Plymouth	1.1%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Norfolk	27.7%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Middlesex	38.0%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Plymouth	89.6%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Hampden	86.5%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Bristol	49.6%	2 providers within 15 miles or 30 minutes.
Hospice	Plymouth	89.4%	2 providers within 15 miles or 30 minutes.

Table 73: UHC SCO Counties with Network Deficiencies of BH Diversionary Services

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Clinical Support Services for Substance Use Disorders (Level 3.5)	Middlesex	88.2%	2 providers within 15 miles or 30 minutes.
Clinical Support Services for Substance Use Disorders (Level 3.5)	Worcester	87.6%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Deficient Network	Percent of Enrollees with Access in that County	Standard – 90% of Enrollees in a County who Have Access
Community Crisis Stabilization	Bristol	49.5%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Worcester	87.3%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Plymouth	80.5%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Worcester	85.9%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Worcester	7.0%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Middlesex	89.1%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Bristol	74.1%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Hampshire	77.1%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Middlesex	85.6%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Essex	32.0%	2 providers within 15 miles or 30 minutes.

Recommendations

- *Network Adequacy Data Integrity Recommendation*: IPRO identified and corrected several issues with submitted network provider data. IPRO recommends that the SCO plan review and deduplicate in-network provider data before data files are submitted for future network adequacy analysis.
- *Network Adequacy Time/Distance Standards Recommendation*: IPRO recommends that the SCO plan expands its network when a deficiency is identified in any given county. 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.
- *Network Adequacy Provider Directory Recommendation*: MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans. MCP should educate network providers about the importance of reporting changes to the health plan promptly. MCP should regularly monitor member complaints and grievances to assess if the provider directory is perceived as a barrier to accessing care.

VII.   Quality-of-Care Surveys – MA-PD CAHPS Member Experience Survey

Objectives

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

Section 2.9.C.5 of the Second Amended and Restated SCO Contract requires contracted SCOs to conduct an annual SCO-level CAHPS survey using an approved CAHPS vendor and report CAHPS data to MassHealth. The CAHPS tool is a standardized questionnaire that asks Enrollees to report on their satisfaction with care and services from the SCO, the providers, and their staff.

All SCO plans participated in the CMS's 2023 Medicare Advantage Prescription Drugs (MA-PD) CAHPS survey. Each MassHealth SCO independently contracted with a CMS-approved survey vendor to administer the MA-PD CAHPS survey. CMS uses the CAHPS survey results to assign star ratings to health plans. MassHealth monitors SCOs' submissions of MA-PD CAHPS surveys and uses the results to identify opportunities for improvement and inform MassHealth's quality management work.

Technical Methods of Data Collection and Analysis

The 2023 MA-PD CAHPS survey was conducted in the first half of 2023 and measured members' experiences with their MA-PD plan over the previous six months. The MA-PD CAHPS survey is administered to SCO plans' members dually eligible for Medicaid and Medicare using a random sample of members selected by CMS. CMS requires all Medicare Advantage (MA) and Prescription Drug Plan (PDP) contracts with at least 600 Enrollees to contract with approved survey vendors to collect and report CAHPS survey data following a specific timeline and protocols established by CMS. The standardized survey instrument selected for the MassHealth SCO plans was the 2023 MA-PD CAHPS survey. The MA-PD survey contains 68 questions, organized into seven sections, as explained in Table 74.

Table 74: MA-PD CAHPS Survey Sections

Section	Number of Questions
Introductory section	2 questions
Your Health Care in the Last 6 Months	8 questions
Your Personal Doctor	16 questions
Getting Health Care from Specialists	6 questions
Your Health Plan	8 questions
Your Prescription Drug Plan	7 questions
About You	21 questions

The CMS data collection protocol included mailing of prenotification letters, up to two mailings of paper surveys, and telephone surveys with non-responders. The mail and telephone surveys were available in English, Spanish, Chinese, Vietnamese, Korean, or Tagalog-language versions. The survey was conducted using a random sample of members selected by CMS. The sample frame included SCO Plan's Enrollees who were 18 years or older, continuously enrolled in the contract for at least six months at the time of sample draw in January 2023, and who were not institutionalized. Table 75 provides a summary of the technical methods of data collection by SCO.

Table 75: Adult MA-PD CAHPS – Technical Methods of Data Collection by SCO, 2023 MA-PD CAHPS

MA-PD CAHPS – Technical Methods of Data Collection	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Survey vendor	SPH Analytics	SPH Analytics	SPH Analytics	SPH Analytics	SPH Analytics	SPH Analytics
CAHPS survey tool	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD
Survey timeframe	Mar.–May, 2023	Mar.–May, 2023	Mar.–May, 2023	Mar.–May, 2023	Mar.–May, 2023	Mar.–May, 2023
Method of collection	Mail, phone	Mail, phone	Mail, phone	Mail, phone	Mail, phone	Mail, phone
Response rate	24.7%	36.8%	34.2%	26.8%	37.2%	32.4%

Responses were classified into response categories. **Table 76** displays these categories and the measures for which these response categories are used.

Table 76: MA-PD CAHPS Response Categories

Measures	Response Categories
• Rating of Health Plan • Rating of All Health Care Quality • Rating of Personal Doctor • Rating of Specialist • Rating of Prescription Drug Plan	• 0 to 4 (Dissatisfied) • 5 to 7 (Neutral) • 9 or 10 (Satisfied)
• Getting Needed Care • Getting Appointments and Care Quickly • Doctors Who Communicate Well • Customer Service • Care Coordination • Getting Needed Prescription Drugs composite measures	• Never (Dissatisfied) • Sometimes (Neutral) • Usually or Always (Satisfied)
• Annual Flu Vaccine individual item measures	• Yes or No

To assess SCOs performance, IPRO compared SCOs' top-box scores to the Medicare Advantage national mean score. The top-box scores are the survey results for the highest possible response category. Plan scores represent the mean score converted to a 100-point scale, except for the Annual Flu Vaccine. For this question, the value is the percentage of members responding "Yes."

Description of Data Obtained

For each SCO, IPRO received a copy of the final 2023 Medicare Advantage Prescription Grug CAHPS Results report produced by CMS. These reports included descriptions of the project objectives and methodology, as well as plan-level results and analyses.

Conclusions and Comparative Findings

To determine common strengths and opportunities for improvement across all SCOs, IPRO compared the plan-level MA-PD CAHPS results and MassHealth Weighted means to the Medicare Advantage national mean score. Measures performing above the national benchmarks were considered strengths; measures performing at the mean were considered average; and measures performing below the national benchmark were identified as opportunities for improvement, as explained in **Table 77**.

Table 77: Key for MA-PD CAHPS Performance Measure Comparison to the Medicare Advantage National Mean Score.

Color Key	How Rate Compares to the Medicare Advantage National Mean Score
< Goal	Below the Medicare Advantage national mean score.
= Goal	The same as the Medicare Advantage national mean score.
> Goal	Above the Medicare Advantage national mean score.
N/A	Measure not applicable (N/A).

When compared to the Medicare Advantage national mean scores, all SCO Plans exceeded the Annual Flu Vaccine measure benchmark. CCA SCO, Fallon SCO, Tufts SCO, and UHC SCO exceeded the Rating of Prescription Drug Plan and Rating of Health Plan measures benchmarks. Fallon SCO exceeded the Getting Appointments and Care Quickly and the Customer Service benchmarks. WellSense SCO exceeded the Care Coordination benchmark and UHC SCO exceeded the Rating of Health Care Quality benchmark. However, all SCO Plans scored below the Getting Needed Care benchmark.

- WellSense SCO scored below the Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Rating of Prescription Drug Plan, Rating of Health Care Quality, and Rating of Health Plan benchmarks.
- CCA SCO scored below the Getting Needed Care, Getting Appointments and Care Quickly, and Getting Needed Prescription Drugs benchmarks.
- Fallon SCO scored below the Getting Needed Care, Care Coordination, and Getting Needed Prescription Drugs benchmarks.
- SWH SCO scored below the Getting Needed Care, Getting Appointments and Care Quickly, Care Coordination, Rating of Prescription Drug Plan, Rating of Health Care Quality, and Ration of Health Plan benchmarks.
- Tufts SCO scored below the Getting Needed Care and Care Coordination benchmarks.
- UHC SCO Scored below the Getting Needed Care, Customer Service, Care Coordination, and Getting Needed Prescription Drugs benchmarks.

Table 78 displays the top-box scores of the 2023 MA-PD CAHPS survey.

Table 78: MA-PD CAHPS Performance – MassHealth SCO Plans, 2023 MA-PD CAHPS

MA-PD CAHPS Measure	WellSense SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO	SCO Weighted Mean	Medicare Advantage National Mean Score (Goal)
Getting Needed Care (Composite)	80 (< Goal)	77 (< Goal)	80 (< Goal)	75 (< Goal)	79 (< Goal)	79 (< Goal)	78 (< Goal)	81
Getting Appointments and Care Quickly (Composite)	74 (< Goal)	75 (< Goal)	78 (> Goal)	76 (< Goal)	77 (= Goal)	77 (= Goal)	76 (< Goal)	77
Customer Service (Composite)	89 (< Goal)	90 (= Goal)	91 (> Goal)	N/A	90 (= Goal)	89 (< Goal)	90 (= Goal)	90
Care Coordination (Composite)	88 (> Goal)	85 (= Goal)	83 (< Goal)	84 (< Goal)	84 (< Goal)	84 (< Goal)	84 (< Goal)	85
Getting Needed Prescription Drugs (Composite)	N/A	89 (< Goal)	89 (< Goal)	N/A	90 (= Goal)	87 (< Goal)	88 (< Goal)	90
Annual Flu Vaccine	78% (> Goal)	78% (> Goal)	80% (> Goal)	79% (> Goal)	82% (> Goal)	81% (> Goal)	80% (> Goal)	74%
Rating of Prescription Drug Plan	87 (< Goal)	89 (> Goal)	90 (> Goal)	87 (< Goal)	90 (> Goal)	90 (> Goal)	89 (> Goal)	88
Rating of Health Care Quality	84 (< Goal)	86 (= Goal)	86 (= Goal)	85 (< Goal)	86 (= Goal)	88 (> Goal)	86 (= Goal)	86
Rating of Health Plan	86 (< Goal)	89 (> Goal)	91 (> Goal)	86 (< Goal)	90 (> Goal)	90 (> Goal)	89 (> Goal)	88

MA-PD: Medicare Advantage Prescription Drugs; CAHPS: Consumer Assessment of Healthcare Providers and Systems; SCO: senior care option; MY: measurement year; N/A: not applicable.

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,[12] PAHP,[13] or PCCM entity has effectively addressed the recommendations for QI[14] made by the EQRO during the previous year's EQR." **Tables 77–82** display the SCOs' responses to the recommendations for QI made during the previous EQR, as well as IPRO's assessment of these responses.

WellSense SCO Response to Previous EQR Recommendations

Table 79 displays the SCO's progress related to the *SCOs External Quality Review CY 2022*, as well as IPRO's assessment of SCO's response.

Table 79: WellSense SCO Response to Previous EQR Recommendations

Recommendation for WellSense SCO	WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
PMV: HEDIS SNP Measures: WellSense SCO 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.	Antidepressant Medication Management: Creating education programs for members and providers to boost medication adherence, with ongoing monitoring. Colorectal Cancer Screening: Implementing various programs, including at-home testing options and educational materials, to increase screening compliance, with continuous monitoring and adjustments. Controlling Blood Pressure: Using multiple programs to enhance blood pressure management, focusing on ongoing evaluation and improvement. High-Risk Medications in the Elderly: Reviewing and improving interventions for safer medication use in the elderly. Transitions of Care & PCR: After improvements, including enhanced software and care coordination, there's notable progress in monthly performance tracking for transitions of care and PCR measures.	Addressed
Compliance: WellSense SCO needs to evaluate network adequacy more comprehensively to include MassHealth requirements and incorporate the evaluation of home- and community-based services.	WellSense created a network monitoring protocol in response to the 2020 recommendation, ensuring compliance with MassHealth standards for home and community-based providers, particularly those under the Frail Elder Waiver. The protocol involves mapping provider types, assessing adequacy based on internal and external data, and measuring against specific requirements.	Addressed
Network 1: WellSense SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.	WellSense SCO improved how it monitors time and distance standards for home and community-based providers. WellSense is also expanding its network of medical providers in Western Massachusetts and addressing orthotics and prosthetics providers in Barnstable and Plymouth counties. For behavioral health providers, Carelon BH uses surveys and recommendations to keep recruiting and enhancing its network.	Addressed.

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[12] Prepaid inpatient health plan.
[13] Prepaid ambulatory health plan.
[14] Quality improvement.

Recommendation for WellSense SCO	WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network 2: 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.	WellSense SCO ensures members get needed care by offering referrals, appointment assistance, and authorizing services outside their residing counties. For behavioral health, telehealth services are available in areas with limited providers. In LTSS, alternative providers are found if a specific type is unavailable, ensuring members receive the needed services. For home-based LTSS, the service area is defined by the entire service area.	Addressed
Quality-of-Care Surveys: WellSense SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	WellSense SCO implemented initiatives to enhance CAHPS survey results, focusing on "Getting Needed Care" and "Getting appointments and Care Quickly." Additionally, two in-person focus groups with SCO members were held in February of 2023. Based on the focus group's recommendations, WellSense plans to develop a simplified communication strategy.	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. **Not applicable**: PIP was discontinued. SCO: senior care plan; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; LTSS: long-term services and support.

CCA SCO Response to Previous EQR Recommendations

Table 80 displays the SCO's progress related to the *SCO External Quality Review CY 2022,* as well as IPRO's assessment of SCO's response.

Table 80: CCA SCO Response to Previous EQR Recommendations

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
PIP 1 Care Planning Based on structured feedback from care management staff, the two most frequently cited barriers to timely Medication Reconciliation Post-Discharge (MRP) are lack of timely discharge paperwork and member disengagement. The EQRO recommended that these two barriers be addressed in CCA's intervention activities.	CCA experienced issues with getting timely discharge paperwork, but they've now implemented a process using Robotic Process Automation (RPA) to receive and manage this information efficiently. CCA is also working on reports to track the timely receipt of discharge data and collaborating with discharging facilities to emphasize the importance of sharing discharge information. Moreover, CCA is developing a plan to engage with members before discharge, addressing challenges like housing, food, and transportation to ensure better community involvement.	Addressed
PIP 2 Flu Vaccination The EQRO noted that CCA's population analysis was presented in one PDF file that is difficult to read and recommended that CCA report its population analysis on a Microsoft® Excel® spreadsheet.	Population analysis was submitted in an MS Excel format.	Addressed
PMV 1:	CCA One Care follows QI workplan using the Plan, Do, Act, check process, focusing on MMP Withold Measures and key HEDIS	Addressed

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
HEDIS SNP Measures: CCA SCO 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.	measures. In 2022, they met the 100% withhold threshold, with only one measure not meeting the target. The Plan uses tools like root cause analysis and data reviews to assess progress and make corrections.	
Network 1: CCA SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.	CCA is exploring new opportunities and new methodologies for closing network deficiencies to ensure comprehensive and complete coverage for its members resulting in optimal quality of member care and services.	Partially addressed.
Network 2: 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.	In addition, CCA allows for out-of-network authorization when and if the need arises. Care partners assist in getting members out-of-network services with appropriate authorizations while CCA looks to cure any deficiencies.	Addressed.
Quality-of-Care Surveys: CCA SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	The results are analyzed to identify trends that focus on three areas of greatest importance to CCA's members including getting needed care, getting appointments and care quickly, and care coordination. A cross-functional CAHPS Strategy Lead team and Steering committee was formed to identify and prioritize top issues that created dissatisfaction among members. CCA continues to leverage data from new surveys to better understand member concerns in these areas and implement improvements.	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. **Not applicable**: PIP was discontinued. CCA: Commonwealth Care Alliance; SCO: senior care option; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project.

Fallon NaviCare SCO Response to Previous EQR Recommendations

Table 81 displays SCO's progress related to the *SCO External Quality Review CY 2022,* as well as IPRO's assessment of SCO's response.

Table 81: Fallon NaviCare SCO Response to Previous EQR Recommendations

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
PIP 1 Care Planning: Fallon reported it could not summarize the input received from the survey since results are not yet available and the	Feedback from members regarding transitions of care (TOC) is solicited through annual surveys, as well as CAHPS surveys, in which the member is asked to rate aspects of their transition after an inpatient admission.	Addressed

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
topic of this initiative was not raised at the SCO Advisory Meeting that occurred in June 2022. Because feedback about this initiative is critical to its success, the EQRO recommended that Fallon identify other ways of collecting feedback to ensure member input.		
PIP 1 Care Planning: Fallon could not summarize the input received thus far as the PCP/specialist meetings have not been reinstated since COVID. Feedback on this initiative is critical to its success. The EQRO recommended that Fallon identify other ways of collecting feedback to ensure provider input.	NaviCare has designated a team to improve communication with provider offices when they have a member who is undergoing a transition of care. Our team sends TOC plans to providers after discharge and once we connect with the member. Currently, NaviCare requests that the providers not only review the TOC plan but also provide feedback regarding specific members and their increased care needs.	Addressed
PMV 1: HEDIS SNP Measures: Fallon NaviCare SCO's HEDIS rates were below the 25th percentile for the following measures: • Colorectal Cancer Screening • Controlling High Blood Pressure • Use of High-Risk Medications in the Elderly – Total • Potentially Harmful Drug Disease Interactions in the Elderly – Total • Osteoporosis Management in Women Who Had a Fracture Fallon NaviCare SCO 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.	Colorectal Cancer Screening faced challenges due to the COVID-19 pandemic. Improvements include outreach and collaborations to enhance medical record retrieval. Controlling Blood Pressure showed an increase from the previous year. Addressing the lasting effects of COVID-19 and enhancing medical record retrieval are areas for improvement. Osteoporosis Management in Women Who Had a Fracture faced challenges due to the pandemic. The improvement opportunity is to reinstate in-home BMD testing. Use of High-Risk Medications in the Elderly has clinical processes in place. Plans for 2024 include direct outreach to members through the Medicare Clinical Pharmacy program. Potentially Harmful Drug-Disease Interaction in Older Adults has current processes for interventions. Plans include direct outreach to members through the Medicare Clinical Pharmacy program in 2024.	Addressed.

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network: Access was assessed for a total of 54 provider types. Fallon NaviCare SCO had deficient networks for 16 provider types: • Cardiothoracic Surgery • Dermatology • Neurosurgery • Physiatry, Rehabilitative Medicine • Psych Inpatient Adult • Occupational Therapy • Speech Therapy • Intensive Outpatient Program • RRS for SUD (Level 3.1) • Adult Day Health • Day Habilitation • Orthotics and Prosthetics • Oxygen and Respiratory Equipment • Personal Care Assistant • Rehabilitation Hospital Fallon NaviCare SCO should expand its 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 provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.	Fallon Health clarified counts and analyzed access for specialties, finding no issues in certain areas. Despite gaps in Neurosurgery and Adult Day Health, Fallon is actively collaborating to meet targets. Changes in CMS requirements for Orthotics and Prosthetics focus on home delivery. Carelon is working to enhance its behavioral health network, using various recruitment sources and strategies to address challenges.	Addressed.
Quality-of-Care Surveys: Fallon NaviCare SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: • Getting Needed Care • Getting Appointments and Care Quickly • Customer Service • Care Coordination • Getting Needed Prescription Drugs Fallon NaviCare SCO should utilize the results of the MA-PD	Fallon Health uses committees and implement projects such as a Customer Service Medicare Star initiative and a phone system upgrade. Monthly surveys and focus groups help gather member feedback, and efforts are made to enhance services, like the In-Home Support Services benefit. Fallon Health is dedicated to achieving and maintaining high-star ratings for member satisfaction.	Addressed.

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
CAHPS surveys to drive performance improvement as it relates to member experience.		

[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. **Not applicable**: PIP was discontinued. SCO: senior care option; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; PCP: primary care provider; COVID-19: 2019 novel coronavirus; HEDIS: Healthcare Effectiveness Data and Information Set; SUD: substance use disorder.

SWH SCO Response to Previous EQR Recommendations

Table 82 displays the SCO's progress related to the *SCO External Quality Review CY 2022,* as well as IPRO's assessment of SCO's response.

Table 82: SWH SCO Response to Previous EQR Recommendations

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
PIP 1 Care Planning: The EQRO noted that each of the three interventions for this 2022 reporting cycle will be completed by the end of 2022. This means that SWH's PIP team will need to consider a new set of interventions for its 2023 reporting cycle. The EQRO recommended that SWH engage its member and provider stakeholder in this effort.	Senior Whole Health is working on improving the transition of care after a patient is discharged. This involves educating both members and providers through calls, online resources, and newsletters. The focus is on better communication about health and medications post-discharge. The effectiveness of these actions will be monitored by tracking specific rates and using a Transition of Care dashboard. Previous interventions for patient engagement after discharge continue, and additional efforts are being made for medication reconciliation.	Addressed.
PMV 1: HEDIS SNP Measures: SWH SCO 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.	Senior Whole Health implemented interventions for smooth transitions of care, including medication reconciliation. They're focusing on controlling high blood pressure through newsletters, education campaigns, and exploring in-home blood pressure checks. For COPD, efforts involve educating providers, reviewing records, and coaching members through disease management. Regular meetings address metrics and data feed issues for continuous improvement.	Addressed.
Network: SWH SCO should expand its 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	Senior Whole Health validated network adequacy performance against CMS and MassHealth standards. The following specialties identified have been closed for all current service areas: • Chiropractor • Neurology (closed in 2023) • Oncology Medical/Surgical • Physiatry, Rehabilitative Medicine • Podiatry (closed in 2023) • Psychiatry (closed in 2023)	Addressed.

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
taken to provide adequate access for members residing in those counties.	• Pulmonology • Occupational Therapy (closed in 2023) • Speech Therapy (closed in 2023) • Rehabilitation Hospital Additionally, the following specialties have been closed for 7 of SWH's current service areas: • Allergy & Immunology (Essex: 83.3%) • Acute IP Hospital (Essex: 89.8%)	
Quality-of-Care Surveys: SWH SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	Senior Whole Health implemented several strategies to engage with members, educate providers and staff, and began to track and trend member feedback to target areas of improvement. Members have been engaged through quarterly member advisory committee meetings with dedicated sections to discuss experience with the health plan. Many interventions are well underway with partnerships from many different health plan teams.	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. **Not applicable:** PIP was discontinued. SWH: Senior Whole Health by Molina; SCO: senior care option; MCP: managed care plan; EQR: external quality review; EQRO: external quality review organization; HEDIS: Healthcare Effectiveness Data and Information Set; SNP: special needs plan; CMS: Centers for Medicare and Medicaid Services.

Tufts SCO Response to Previous EQR Recommendations

Table 83 displays the SCO's progress related to the *SCO External Quality Review CY 2022,* as well as IPRO's assessment of SCO's response.

Table 83: Tufts SCO Response to Previous EQR Recommendations

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
PIP 1 Flu Vaccination Tufts SCO acknowledged that it did not reach its target goal of 67%. Tufts SCO did not acknowledge that its flu vaccination rate decreased by 0.72 percentage points. While Tufts SCO is not negatively evaluated for having a decrease in its performance rate, the EQRO advised that Tufts SCO could have strengthened this response by speculating as to the reasons for this decrease. The EQRO recommended that Tufts SCO discuss these findings	Tufts SCO speculates the reason that flu vaccination rates have decreased is due to vaccine hesitancy and mistrust of the medical system that has grown since the misinformation surrounding the COVID 19 vaccine. Decreasing flu vaccination rates is a nationwide issue and is not specific to Tufts SCO. The Tufts Health Equity Task Force has ended in 2023 due to infrastructure changes. The Health Equity Task Force is now under the Diversity Equity Inclusion and Accessibility department at Point32Health. They have a focus on vaccine access and there is the potential for new flu vaccine activities to take place for the Tufts SCO community that will address the declining vaccination rate.	Addressed.

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
with its Health Equity Task force.		
PMV: HEDIS SNP Measures: Tufts SCO 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.	For the *All-Cause Readmission* measure, a root cause analysis was completed to determine the primary factors contributing to SCO readmissions. Based on the analysis, a quality improvement workplan initiative was developed and implemented; the quality project includes member, provider, and health plan strategies to address the root causes: • Providing medically tailored meals • Care management staff engaging in frequent post discharge communication for high-risk members • Creating and maintaining inventory for in-home and treat-in-place vendors • SDoH department collaboration to increase provider engagement for high-risk, high-volume members • Improving medication reconciliation performance through a comprehensive transition of care program	Addressed.
Compliance: Tufts should consider revising its quality evaluation to specifically address its performance in the delivery of care and services to its SCO population. In addition, Tufts should explore ways to incorporate a specific evaluation of its LTSS.	Evaluations are completed using several key factors, including, but not limited to: evaluation of clinical outcomes, collection of member/provider feedback on interventions and activities designed to initiate improvement, assessment of the efficiency of care delivery processes, ensuring healthcare providers have access to evidence-based guidelines, assessing the allocation of resources for the quality project, and implementing mechanisms for ongoing performance assessment and improvement.	Partially addressed.
Network 1: Tufts SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.	As of Q3 2023, Tufts Health Unify has expanded its provider network and closed a number of gaps in specialties that were deficient in 2022. The following specialties: Rehab Hospitals, Group Adult Foster Care, BH-PACT, BH-Psychiatric Day, Recovery Coaching, RSS, RSN, Cardiac Surgery, and Neurosurgery remain deficient. For some gaps, Tufts Health Unify utilizes the QuestCloud tool to identify available providers to aid in outreach and contracting efforts.	Addressed.
Network 2: 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.	When there are no additional providers available, Tufts Health Unify members can see a non-contracted provider at the in-network level of benefits.	Addressed.
Quality-of-Care Surveys: Tufts SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	The first regulatory CAHPS was fielded for Tufts SCO in 2023 (MY2022); a Simulation Survey was fielded as an alternative to the regulatory CAHPS. Tufts SCO utilized the simulation survey results to understand member experiences, and results were reported to the SCO Quality Improvement Committee to identify areas of needed improvement and develop action plans. Small workgroups developed activities for improvement; however, because the simulation data did not provide details about the members and their responses, much of the quality improvement efforts were	Partially addressed.

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
	around completing additional surveys and/or expanding on supplemental questions so that more useful actionable information could be gleaned.	

[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. **Not applicable**: PIP was discontinued. SCO: senior care option; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; SNP: special needs plan; LTSS: long-term services and support; BH: behavioral health.

UHC SCO Response to Previous EQR Recommendations

Table 84 displays the SCO's progress related to the *SCO External Quality Review CY 2022,* as well as IPRO's assessment of SCO's response.

Table 84: UHC SCO Response to Previous EQR Recommendations

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
PIP 1 Flu Vaccination: UHC is commended for its plan to take the advice from providers at a recent Provider Advisory Committee meeting, which was to incentivize the primary care physicians and their clinical teams who have a trusted relationship with them to increase their Russian-speaking patients' flu vaccination rates. The EQRO recommended that UHC develop flu vaccination gap reports for distribution to providers.	All PCP practices have access to the website Practice Assist to view their Flu vaccination gap reports on their patients anytime 24/7. In addition, UHC will distribute newly developed Flu vaccination gap reports to six PCP practices that have the largest number of Russian-speaking members who have the lowest Flu vaccination rate. In addition, these Flu vaccination gap reports will be sent to five One Care practices that have a large number of Black/African American members, and have the lowest Flu vaccination rate for One Care.	Addressed.
PMV: HEDIS SNP Measures: UHC SCO 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.	UHC implemented medication reconciliation post-discharge (MRP) initiatives that increased the quantity and quality of MRPs, as well as initiatives focused on control of high blood pressure (CBP). The Quality staff will monitor the HEDIS performance rates for PCR, MRP, CBP and Diabetes and will provide feedback to the clinical leadership of all three Care Levels, Pharmacy leadership and Primary Care Physicians.	Addressed.
Compliance: UHC needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.	UHC developed and implemented an HCBS network adequacy report to include an HCBS GEO Access report for accessibility and adequacy and thematic maps for county measurements to monitor provider types that include, but are not limited to Adult Day Health, Day Habilitation, and Hospice services. UHC developed the HCBS network adequacy reports in 2021 and made subsequent process improvements in 2022.	Addressed.

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response[1]
Network: UHC SCO should expand its 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.	In 2022, UnitedHealthcare (UHC) did not include hospital-based inpatient rehabilitation hospitals in network submission, assuming incorrectly, that the Commonwealth only wanted a list of free-standing contracted facilities. In the August 2023 network submission, UHC included hospital-based inpatient rehabilitation facilities. UHC is currently working to remediate network deficiencies for Day Habilitation and Adult Day Healthcare (ADH) by increasing contracting efforts in all counties, especially Franklin County for Adult Day Health. UHC will review all available data both internally and externally for occupational and speech therapy to identify if there are available providers within 15 miles and 30 minutes for Franklin County. UHC is working to remediate Behavioral Health network deficiencies.	Addressed.
Quality-of-Care Surveys: UHC SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	UHC established a workgroup that developed a comprehensive strategy to develop provider and member initiatives to improve CAHP scores. UHC improved CAHPS measures in four of the seven measures, remained the same on two measures, and decreased on one measure as depicted below.	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. **Not applicable**: PIP was discontinued. UHC: UnitedHealthcare; SCO: senior care option; MCP: managed care plan; EQR: external quality review; HEDIS: Healthcare Effectiveness Data and Information Set; SNP: special needs plan; PIP: performance improvement project; MRP: medication reconciliation post-discharge.

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

Tables 85–90 highlight each SCO's performance strengths, opportunities for improvement, and this year's recommendations based on the aggregated results of CY 2023 EQR activities as they relate to **quality**, **timeliness**, and **access**.

WellSense SCO Strengths, Opportunities, and Recommendations

Table 85: Strengths and Opportunities for Improvement, and EQR Recommendations for WellSense SCO

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: Care Planning	Plan used culturally appropriate interventions to engage members of Haitian ethnicity, or speakers of Haitian Creole or Portuguese.	Plan interventions were focused at the member level. Interventions focusing on multiple levels (members, providers, and Plan level interventions) implemented simultaneously can show a greater impact.	**Recommendation for PIP 1**: In future PIPs, IPRO recommends using interventions that target multiple levels (i.e., members, providers, and Plan level interventions).	Quality, Timeliness, Access
PIP 1: Care Planning	Plan used comprehensive interventions to address several member needs related to the PIP.	The Plan's submission contained minor calculation, rounding and continuity errors.	**Recommendation for PIP 1**: In future PIPs, IPRO recommends thorough review of all data presented in PIP reports and supporting appendices to confirm accuracy, consistency and continuity.	Quality, Timeliness, Access
PIP 2: Flu	Translation of Haitian Creole and Portuguese led to improvement and timing of member engagement.	The Plan's submission contained minor formatting errors. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	**Recommendation for PIP 2**: IPRO recommends reviewing figures for consistency of formatting (rounding to 2 decimal places) in future reports. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PMV: HEDIS SNP measures	SCO demonstrated compliance with IS standards. No issues were identified. WellSense SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:	WellSense SCO's HEDIS rates were below the 25th percentile for the following measures: • Pharmacotherapy Management of COPD Exacerbation Corticosteroids • Plan All-Cause Readmission (Observed/Expected Ratio)	WellSense SCO 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.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	• Pharmacotherapy Management of COPD Exacerbation Bronchodilators			
Compliance Review	WellSense SCO demonstrated compliance with most of the federal and state contractual standards. MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 2 requirements in the following domains: • Coordination and continuity of care (1) • QAPI (1) Partial compliance with 45 requirements in the following domains: • Enrollee rights and protections (19) • Availability of services (1) • Coordination and continuity of care (23) • Coverage and authorization of services (1) • Health information systems (1)	MCP 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 2/1/2024. 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: Data Integrity	SCO plan submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA	IPRO recommends that, for future network adequacy analysis, the SCO plan review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		Name were submitted in the data.		
Network adequacy: Time/Distance Standards	WellSense SCO members reside in five counties. SCO demonstrated adequate networks for 42 out of 56 provider types in all its counties.	Access was assessed for a total of 56 provider types. WellSense SCO had deficient networks for 14 provider types: • Acute Inpatient Hospital • Rehabilitation Hospital • Speech Therapy • Adult Day Health • Adult Foster Care • Day Habilitation • Group Adult Foster Care • Personal Care Assistant • "Clinical Support Services for Substance Use Disorders (Level 3.5)" • "Community Crisis Stabilization" • "Monitored Inpatient Level 3.7" • "Partial Hospitalization Program (PHP)" • Psychiatric Inpatient Adult • "Residential Rehabilitation Services for Substance Use • Disorders (Level 3.1)"	MCP 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 service areas.	Access, Timeliness
Network Adequacy: Provider Directory	WellSense SCO highest accuracy rate was 33.33% for All Home and Community-Based Services.	WellSense SCO's accuracy rate was at 20% for the following provider type: • Family Medicine (20.0%)	SCO should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Quality-of-care surveys	WellSense SCO exceeded the Medicare Advantage national mean score on the following MA-PD CAHPS measures:	WellSense SCO scored below the Medicare Advantage national mean score on the	WellSense SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	• Care Coordination • Annual Flu Vaccine	following MA-PD CAHPS measures: • Getting Needed Care, • Getting Appointments and Care Quickly, • Customer Service, Rating of Prescription Drug Plan, • Rating Of Health Care Quality, and • Rating of Health Plan	SCO should also utilize complaints and grievances to identify and address trends.	

SCO: senior care option; EQR: external quality review; EQRO: external quality review organization; PIP: performance improvement project; PCP: primary care provider; COVID-19: 2019 novel coronavirus; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IS: information systems; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; RRS for SUD: Residential Rehabilitation Services for Substance Use Disorder; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems.

CCA SCO Strengths, Opportunities, and Recommendations

Table 86: Strengths and Opportunities for Improvement, and EQR Recommendations for CCA SCO

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: Care Planning	Plan implemented two new workflows involving RN Care Partners and Community RN documentation and robotic process automation which made discharge information received from the inpatient facility more easily accessible to CCA clinicians.	The Plan's discussion of how individual interventions may have impacted performance outcomes (section 10) should be more robust. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	**Recommendation for PIP 1:** Where possible, in future PIPs, conclusions should be supported by plan data regarding implementation and/or utilization of individual interventions. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PIP 2: Flu	Dedication and commitment of the CCA Primary Care practice's leadership and clinical staff. Successful postcard mailing campaign.	The Plan's submission contained minor rounding errors. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	**Recommendation for PIP 2:** Recommend that Plan review all data presented in PIP reports for accuracy in future PIP submissions. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PMV: HEDIS SNP measures	SCO demonstrated compliance with IS standards. No issues were identified.	SCO's HEDIS rates were below the 25th percentile for the following measures:	CCA SCO should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	CCA SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures: • Follow-Up After Hospitalization for Mental Illness (7 days) • Follow-Up After Hospitalization for Mental Illness (30 days)	• Pharmacotherapy Management of COPD Exacerbation Corticosteroids • Use of High-Risk Medications in the Elderly – Total	improve members' appropriate access to the services evaluated by these measures.	
Compliance Review	CCA SCO demonstrated compliance with most of the federal and state contractual standards. MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 9 requirements in the following domains: • Enrollee rights requirements (3) • Coordination and continuity of care (4) • Grievance and appeal systems (2) Partial compliance with 30 requirements in the following domains: • Enrollee rights requirements (5) • Emergency and post-stabilization services (6) • Availability of services (1) • Coordination and continuity of care (14) • Grievance and appeal systems (2) • Subcontractual relationships and delegation (1) • Practice guidelines (1)	MCP 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 2/1/2024. 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: Data Integrity	SCO plan submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Facility departments were submitted in the data, in addition to the facility name,	<u>Recommendation</u> IPRO recommends that, for future network adequacy analysis, the SCO plan review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.		
Network adequacy: Time/Distance Standards	CCA SCO members reside in ten counties. SCO demonstrated adequate networks for 48 out of 56 provider types in all its counties.	Access was assessed for a total of 56 provider types. CCA SCO had deficient networks for 8 provider types: • Rehabilitation Hospital Services • Occupational Therapy • Speech Therapy • Adult Foster Care • Group Adult Foster Care • Oxygen and Respiratory • Equipment Services • Pharmacy	MCP 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 service areas.	Access, Timeliness
Network Adequacy: Provider Directory	CCA SCO's highest accuracy rate was 40% for All Home and Community-Based Services.	With the exception of the All Home and Community-Based Services, CCA SCO's provider directory accuracy rates were below 40% for the remaining provider types.	SCO should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Quality-of-care surveys	CCA SCO exceeded the Medicare Advantage national mean score on the following MA-PD CAHPS measures: • Rating of Health Plan • Annual Flu Vaccine • Rating of Prescription Drug Plan	CCA SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: • Getting Needed Care, • Getting Appointments and Care Quickly, and • Getting Needed Prescription Drugs	CCA SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access

SCO: senior care option; EQR: external quality review; EQRO: external quality review organization; PIP: performance improvement project; PCP: primary care provider; COVID-19: 2019 novel coronavirus; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IS: information systems; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; RRS for SUD: Residential Rehabilitation Services for Substance Use Disorder; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems.

Fallon SCO Strengths, Opportunities, and Recommendations

Table 87: Strengths and Opportunities for Improvement, and EQR Recommendations for Fallon SCO

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: Care Planning	The two week assessment call helped to evaluate the members' care needs and provide a plan to both the member and care team to follow up on post discharge care.	The Plan's discussion of how individual interventions may have impacted performance outcomes (section 10) should be more robust. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans	Recommendation for PIP 1: Recommend the Plan providing more in-depth discussion on the factors that attributed to the success/barriers of performance outcomes in future PIP submissions. Where possible, in future PIPs, conclusions should be supported by plan data regarding implementation and/or utilization of individual interventions. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PIP 2: Flu	Outreach paired with conveniently placed flu vaccination clinics.	The data challenges faced by the Plan limited their ability to assess the effectiveness of interventions. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	Recommendation for PIP 2: IPRO suggests that the Plan in future PIP submissions review and modify existing interventions and data collection methods on a frequent basis to ensure availability, completeness, and accuracy of data collected. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PMV: HEDIS SNP measures	SCO demonstrated compliance with IS standards. No issues were identified. Fallon SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures: • Transitions of Care: Medication Reconciliation Post-Discharge • Osteoporosis Management in Women Who Had a Fracture	Fallon NaviCare SCO's HEDIS rates were below the 25th percentile for the following measures: • Use of High-Risk Medications in the Elderly – Total • Potentially Harmful Drug Disease Interactions in the Elderly (Total)	Fallon NaviCare SCO 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.	Quality, Timeliness, Access
Compliance Review	Fallon NaviCare SCO demonstrated compliance with	Lack of compliance with 9 requirements in the following domains:	MCP is required to address all deficient and partially met requirements based on IPRO's recommendations outlined in the final	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	most of the federal and state contractual standards. MCP addressed opportunities for improvement from the prior compliance review.	• Enrollee rights requirements (6) • Coordination and continuity of care (3) Partial compliance with 44 requirements in the following domains: • Enrollee rights requirements (25) • Availability of services (1) • Coordination and continuity of care (9) • Coverage and authorization of services (3) • Health information systems (4) • QAPI (2)	validation tools sent by IPRO to the MCP on 2/1/2024. 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.	
Network Adequacy: Data Integrity	SCO plan submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	IPRO recommends that, for future network adequacy analysis, the SCO plan review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network adequacy: Time/Distance Standards	Fallon SCO members reside in 12 counties. SCO demonstrated adequate networks for 39 out of 56 provider types in all its counties.	Access was assessed for a total of 54 provider types. Fallon SCO had deficient networks for 17 provider types: • Oncology - Medical, Surgical • Acute Inpatient Hospital • Rehabilitation Hospital Services • Occupational Therapy	MCP 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 service areas.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		• Orthotics and Prosthetics • Speech Therapy • Adult Day Health • Adult Foster Care • Day Habilitation • Group Adult Foster Care • Hospice • Oxygen and Respiratory Equipment Services • Personal Care Assistant • "Intensive Outpatient Program (IOP)" • Psychiatric Inpatient Adult • Recovery Support Navigators • "Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)"		
Network Adequacy: Provider Directory	Fallon SCO's highest accuracy rate was 56% for All Home and Community-Based Services.	Fallon SCO's accuracy rate was at 20% for the following provider type: • Family Medicine (20.0%)	SCO should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Quality-of-care surveys	Fallon NaviCare SCO scored above the Medicare Advantage national mean score on the following MA-PD CAHPS measures: • Getting Appointments and Care Quickly • Customer Service • Annual Flu Vaccine • Rating of Health Plan • Rating of Prescription Drug Plan	Fallon NaviCare SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: • Getting Needed Care, • Care Coordination, and • Getting Needed Prescription Drugs	Fallon NaviCare SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access

SCO: senior care option; EQR: external quality review; EQRO: external quality review organization; PIP: performance improvement project; PCP: primary care provider; COVID-19: 2019 novel coronavirus; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IS: information

systems; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; RRS for SUD: Residential Rehabilitation Services for Substance Use Disorder; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems.

SWH SCO Strengths, Opportunities, and Recommendations

Table 88: Strengths and Opportunities for Improvement, and EQR Recommendations for SWH SCO

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: Care Planning	TOC Nurse Care Manager (NCM). Providing notifications to providers upon member discharge. Provider education on the availability of Globo services.	The Plan experienced a number of issues related to data collection and reporting that limited their ability to draw conclusions regarding intervention effectiveness. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	**Recommendation for PIP 1**: For future PIPs, IPRO recommends checking for formatting and consistency of rounding of figures throughout document. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PIP 2: Flu	Distribution of educational materials for members and providers. Development of multidisciplinary team. Implementation of dashboards and systems that will enable greater visibility to vaccination rates.	The Plan faced a number of challenges related to obtaining data which limited their ability to draw conclusions regarding the effectiveness of individual interventions. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	**Recommendation for PIP 2**: No plan-specific recommendations at this time. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PMV: HEDIS SNP measures	SCO demonstrated compliance with IS standards. No issues were identified. SWH SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures: • Antidepressant Medication Management Acute • Antidepressant Medication Management Continuation	SWH SCO's HEDIS rates were below the 25th percentile for the following measures: • Controlling High Blood Pressure • Use of Spirometry Testing in the Assessment and Diagnosis of COPD • Plan All-Cause Readmission (Observed/Expected Ratio) • Osteoporosis Management in Women Who Had a Fracture	SWH SCO 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.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Compliance Review	SWH SCO demonstrated compliance with most of the federal and state contractual standards. MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 2 requirements in the following domains: • Coordination and continuity of care (1) • Grievance and appeal systems (1) Partial compliance with 23 requirements in the following domains: • Enrollee rights requirements (2) • Assurances of adequate capacity and services (3) • Coordination and continuity of care (17) Grievance and appeal systems (1)	MCP 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 2/1/2024. 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: Data Integrity	SCO plan submitted all requested in-network providers' data.	Individual provider names were submitted where facilities were requested and listed under the same NPI and address as the facility. Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address. Facility departments were submitted in the data, in addition to the facility name, under the facility's NPI and address. Duplicated data was submitted in the facility tabs, both the NPI Registered Name and DBA Name were submitted in the data.	IPRO recommends that, for future network adequacy analysis, the SCO plan review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network adequacy: Time/Distance Standards	SWH SCO members reside in eight counties. SCO demonstrated adequate networks for 27 out of 56 provider types in all its counties.	Access was assessed for a total of 56 provider types. SWH SCO had deficient networks for 29 provider types: • Plastic Surgery • Rehabilitation Hospital • Emergency Support Services • Occupational Therapy	MCP 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 service areas.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		- Orthotics and Prosthetics - Speech Therapy - Adult Foster Care - Day Habilitation - Group Adult Foster Care - Personal Care Assistant - Pharmacy "Clinical Support Services for Substance Use Disorders (Level 3.5)" "Community Crisis Stabilization" "Intensive Outpatient Program (IOP)" "Monitored Inpatient Level 3.7" "Partial Hospitalization Program (PHP)" - Psychiatric Inpatient Adult - Psychiatric Day Treatment "Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)" "Structured Outpatient Addiction Program (SOAP)"		
Network Adequacy: Provider Directory	SWH SCO's highest accuracy rate was above 56.67% for All Home and Community-Based Services.	SWH SCO's accuracy rate was at or below 20% for the following provider types: - Family Medicine (20.00%) - All PCPs (17.50%) - Geriatrics (16.70%) - Internal Medicine (16.70%) - OB/GYN (16.70%)	SCO should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Quality-of-care surveys	SWH SCO scored above the Medicare Advantage national mean score on the Annual Flu Vaccine MA-PD CAHPS measures.	SWH SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures:	SWH SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
		• Getting Needed Care, • Getting Appointments and Care Quickly, • Care Coordination, • Rating of Prescription Drug Plan, • Rating of Health Care Quality, and • Rating of Health Plan		

SCO: senior care option; EQR: external quality review; EQRO: external quality review organization; PIP: performance improvement project; PCP: primary care provider; COVID-19: 2019 novel coronavirus; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IS: information systems; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; RRS for SUD: Residential Rehabilitation Services for Substance Use Disorder; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems.

Tufts SCO Strengths, Opportunities, and Recommendations

Table 89: Strengths and Opportunities for Improvement, and EQR Recommendations for Tufts SCO

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: Care Planning	Members' active engagement with care managers and provider education on correct coding.	No plan-specific weaknesses identified. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	**Recommendation for PIP 1**: No plan-specific recommendations at this time). Please see general recommendations section for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PIP 2: Flu	Satisfaction with care management services, follow-up flu reminder calls in multiple languages, motivational interviewing training for care managers.	Challenges tracking utilization of interventions limited the Plans' ability to draw conclusions regarding the effectiveness of individual interventions. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	**Recommendation for PIP 2**: No plan-specific recommendations at this time. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PMV: HEDIS SNP measures	SCO demonstrated compliance with IS standards. No issues were identified. Tufts SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:	Tufts SCO's HEDIS rate was below the 25th percentile for the following measure: • Plan All-Cause Readmission (Observed/Expected Ratio) • Osteoporosis Management in Women Who Had a Fracture	Tufts SCO 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.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	• Pharmacotherapy Management of COPD Exacerbation Bronchodilators • Follow-up after Hospitalization for Mental Illness (7 days) • Follow-up after Hospitalization for Mental Illness (30 days)			
Compliance Review	Tufts SCO demonstrated compliance with most of the federal and state contractual standards. MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 3 requirements in the following domains: • Disenrollment requirements and limitations (1) • Enrollee rights requirements (1) • Coordination and continuity of care (1) Partial compliance with 24 requirements in the following domains: • Enrollee rights requirements (8) • Coordination and continuity of care (13) Grievance and appeal systems (3)	MCP 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 2/1/2024. 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: Data Integrity	SCO plan submitted all requested in-network providers' data.	Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address.	IPRO recommends that, for future network adequacy analysis, the SCO plan review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network adequacy: Time/Distance Standards	Tufts SCO members reside in ten counties. SCO demonstrated adequate networks for 45 out of 56 provider types in all its counties.	Access was assessed for a total of 56 provider types. Tufts SCO had deficient networks for 11 provider types: • Acute Inpatient Hospital • Rehabilitation Hospital Services • Emergency Support Services • Occupational Therapy	MCP 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 service areas.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		• Adult Foster Care • Day Habilitation • Group Adult Foster Care • "Community Support Program (CSP)" • "Monitored Inpatient Level 3.7" • Psychiatric Day Treatment • "Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)"		
Network Adequacy: Provider Directory	Tufts SCO highest accuracy rate was 50% for OB/GYN.	Tufts SCO's accuracy rate was below 50% for the remaining provider types.	SCO should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Quality-of-care surveys	Tufts SCO scored above the Medicare Advantage national mean score on the following MA-PD CAHPS measures: • Rating of Health Plan • Rating of Prescription Drug Plan • Annual Flu Vaccine	Tufts SCO scored below the Medicare Advantage national mean score on the Getting Needed Care and Care Coordination MA-PD CAHPS measures.	Tufts SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access

SCO: senior care option; EQR: external quality review; EQRO: external quality review organization; PIP: performance improvement project; PCP: primary care provider; COVID-19: 2019 novel coronavirus; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IS: information systems; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; RRS for SUD: Residential Rehabilitation Services for Substance Use Disorder; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems.

UHC SCO Strengths, Opportunities, and Recommendations

Table 90: Strengths and Opportunities for Improvement, and EQR Recommendations for UHC SCO

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: Care Planning	Enhanced visibility to MRP status, supporting staff accountability in completing MRP thoroughly and in a timely manner; Added education to staff on appropriate referral of members to pharmacy team for MRP; Quality team monitoring and oversight of clinical and pharmacy teams' MRP processes to ensure documentation is appropriate. Effective coordination with the UHC Clinical Practice Consultants who encouraged providers to document when accomplishing MRP with CPTII coding.	No plan-specific weaknesses identified. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	Recommendation for PIP 1: No plan-specific recommendations at this time. Please see general recommendations for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PIP 2: Flu	100% of members (20,295/20,295) were contacted (voice mail messages were counted as 'contacted') by care managers for Intervention #1.	The timing of intervention implementation was not well-aligned with flu season. The Plan did not conduct a formal barrier analysis which limited their ability to support conclusions drawn regarding the factors that impact performance indicator rates. Please see the section on general weaknesses for additional information regarding weaknesses observed across plans.	Recommendation for PIP 2: IPRO recommends initiating vaccination incentive programs earlier in the season for future programs and continuing with trust building conversations and education to reduce vaccine hesitancy. Please see general recommendations section for additional recommendations relevant to all Plans.	Quality, Timeliness, Access
PMV: HEDIS SNP measures	SCO demonstrated compliance with IS standards. No issues were identified. UHC SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:	UHC SCO's HEDIS rate was below the 25th percentile for the following measure: • Use of High-Risk Medications in the Elderly – Total • Follow-up after Hospitalization for Mental Illness (7 days)	UHC SCO 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.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	• Colorectal Cancer Screening • Pharmacotherapy Management of COPD Exacerbation Bronchodilators	• Plan All-Cause Readmission (Observed/Expected Ratio)		
Compliance Review	UHC SCO demonstrated compliance with most of the federal and state contractual standards. MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with 1 requirement in the following domains: • Provider selection (1) Partial compliance with 25 requirements in the following domains: • Enrollee rights requirements (3) • Assurances of adequate capacity and services (1) • Coordination and continuity of care (10) • Coverage and authorization of services (3) • Provider selection (1) • Subcontractual relationships and delegation (5) QAPI (2)	MCP 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 2/1/2024. 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: Data Integrity	SCO plan submitted all requested in-network providers' data.	Duplicated data was submitted, showing slight variations in the facility names, listed under the same NPI and address.	IPRO recommends that, for future network adequacy analysis, the SCO plan review and deduplicate in-network provider data before data files are submitted for analysis.	Access, Timeliness
Network adequacy: Time/Distance Standards	UHC SCO members reside in nine counties. SCO demonstrated adequate networks for 44 out of 56 provider types in all its counties.	Access was assessed for a total of 56 provider types. UHC had deficient networks for 12 provider types: • Emergency Support Services • Occupational Therapy • Speech Therapy • Adult Foster Care • Day Habilitation • Group Adult Foster Care • Hospice	MCP 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 service areas.	Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
		• "Clinical Support Services for Substance Use Disorders (Level 3.5)" • "Community Crisis Stabilization" • "Monitored Inpatient Level 3.7" • Psychiatric Day Treatment • "Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)"		
Network Adequacy: Provider Directory	UHC SCO's highest accuracy rate was at 60% for All Home and Community-Based Services.	UHC SCO's accuracy rate was at 13.3% for Family Medicine directory.	SCO should conduct a root cause analysis and design quality improvement interventions to increase the accuracy of its provider directory. MCP should incorporate results from the 2023 Provider Directory Audit into the development of annual quality assurance improvement programs and network development plans.	Access, Timeliness
Quality-of-care surveys	UHC SCO exceeded the Medicare Advantage national mean score on the following MA-PD CAHPS measures: • Annual Flu Vaccine • Rating of Prescription Drug Plan • Rating of Health Care Quality • Rating of Health Plan	UHC SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: • Getting Needed Care, • Customer Service, Care Coordination, and • Getting Needed Prescription Drugs	UHC SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access

SCO: senior care option; EQR: external quality review; EQRO: external quality review organization; PIP: performance improvement project; PCP: primary care provider; COVID-19: 2019 novel coronavirus; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IS: information systems; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; RRS for SUD: Residential Rehabilitation Services for Substance Use Disorder; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems.

X.   Required Elements in EQR Technical Report

The BBA 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, PMV, and review of compliance activities, are listed in **Table 91**.

Table 91: Required Elements in EQR Technical Report

Regulatory Reference	Requirement	Location in the EQR Technical Report
Title 42 CFR § 438.364(a)	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**.
Title 42 CFR § 438.364(a)(1)	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 each SCO are summarized in **Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations**.
Title 42 CFR § 438.364(a)(3)	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 each SCO's strengths and weaknesses for each EQR activity and as they relate to quality, timeliness, and access.
Title 42 CFR § 438.364(a)(4)	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 each SCO 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
Title 42 CFR § 438.364(a)(4)	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under *Title 42 CFR § 438.340*, 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 an SCO or activity and when discussing the basis of performance measures or PIPs.
Title 42 CFR § 438.364(a)(5)	The technical report must include methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities.	Methodologically appropriate, comparative information about all SCOs 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**.
Title 42 CFR § 438.364(a)(6)	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 each SCO's approach to addressing the recommendations issued by the EQRO in the previous year's technical report.
Title 42 CFR § 438.364(d)	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.
Title 42 CFR § 438.364(a)(2)(iiv)	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.
Title 42 CFR § 438.358(b)(1)(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**.
Title 42 CFR § 438.330(d)	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**.
Title 42 CFR § 438.358(b)(1)(ii)	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 each SCO's performance measures; see **Section IV**.
Title 42 CFR § 438.358(b)(1)(iii)	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*. The technical report must provide MCP results for the 11 Subpart D and QAPI standards.	This report includes information on a review, conducted in 2023, to determine each SCO's compliance with the standards set forth in Subpart D and the QAPI requirements described in *Title 42 CFR § 438.330*; see **Section V**.

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)	Groups of primary care providers working with one managed care organization to create a full network of providers. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver.	1. BeHealthy Partnership Plan 2. Berkshire Fallon Health Collaborative 3. East Boston Neighborhood Health WellSense Alliance 4. Fallon 365 Care 5. Fallon Health – Atrius Health Care Collaborative 6. Mass General Brigham Health Plan with Mass General Brigham ACO 7. Tufts Health Together with Cambridge Health Alliance (CHA) 8. Tufts Health Together with UMass Memorial Health 9. WellSense Beth Israel Lahey Health (BILH) Performance Network ACO 10. WellSense Boston Children's ACO 11. WellSense Care Alliance 12. WellSense Community Alliance 13. WellSense Mercy Alliance 14. WellSense Signature Alliance 15. WellSense Southcoast Alliance
Primary Care Accountable Care Organization (PC ACO)	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. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver.	1. Community Care Cooperative 2. Steward Health Choice
Managed Care Organization (MCO)	Capitated model for services delivery in which care is offered through a closed network of PCPs, specialists, behavioral health providers, and hospitals. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver.	1. Boston Medical Center HealthNet Plan WellSense 2. Tufts Health Together
Primary Care Clinician Plan (PCCP)	Members select or are assigned a primary care clinician (PCC) from a network of MassHealth	Not applicable – MassHealth

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP). • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver.	
Massachusetts Behavioral Health Partnership (MBHP)	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. • 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 (or managed behavioral health vendor: Beacon Health Options)
One Care Plan	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. • Population: Dual-eligible Medicaid members aged 21–64 years at the time of enrollment with MassHealth and Medicare coverage. • Managed Care Authority: Financial Alignment Initiative Demonstration.	1. Commonwealth Care Alliance 2. Tufts Health Plan Unify 3. UnitedHealthcare Connected for One Care
Senior Care Options (SCO)	Medicare Fully Integrated Dual-Eligible Special Needs Plans (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.	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

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	• 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.	

XIII. Appendix C – MassHealth Quality Measures

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

Measure Steward	Acronym	Measure Name	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
NCQA	AMM	Antidepressant Medication Management – Acute and Continuation	N/A	N/A	X	N/A	X	1.2, 3.4, 5.1, 5.2
NCQA	AMR	Asthma Medication Ratio	X	X	N/A	N/A	N/A	1.1, 1.2, 3.1
EOHHS	BH CP Engagement	Behavioral Health Community Partner Engagement	X	X	N/A	N/A	N/A	1.1, 1.3, 2.3, 3.1, 5.2, 5.3
NCQA	COA	Care for Older Adult – All Submeasures	N/A	N/A	X	N/A	N/A	1.1, 3.4, 4.1
NCQA	ACP	Advance Care Planning	N/A	N/A	X	N/A	N/A	1.1, 3.4, 4.1
NCQA	CIS	Childhood Immunization Status	X	X	N/A	N/A	N/A	1.1, 3.1
NCQA	COL	Colorectal Cancer Screening	N/A	N/A	X	N/A	N/A	1.1., 2.2, 3.4
EOHHS	CT	Community Tenure	X	X	N/A	N/A	N/A	1.3, 2.3, 3.1, 5.1, 5.2
NCQA	HBD	Hemoglobin A1c Control; HbA1c control (>9.0%) Poor Control	X	X	N/A	X	X	1.1, 1.2, 3.4
NCQA	CBP	Controlling High Blood Pressure	X	X	X	X	N/A	1.1, 1.2, 2.2
NCQA	DRR	Depression Remission or Response	X	N/A	N/A	N/A	N/A	1.1, 3.1, 5.1
NCQA	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
EOHHS	ED SMI	Emergency Department Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions	X	X	N/A	N/A	N/A	1.2, 3.1, 5.1–5.3
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (30 days)	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	N/A	N/A	X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (30 days)	N/A	N/A	X	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	3.4, 5.1–5.3
NCQA	FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (30 days)	N/A	N/A	N/A	N/A	X	3.4, 5.1–5.3

Measure Steward	Acronym	Measure Name	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 (7 days)	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)	N/A	N/A	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
EOHHS	HRSN	Health-Related Social Needs Screening	X	N/A	N/A	N/A	N/A	1.3, 2.1, 2.3, 3.1, 4.1
NCQA	IMA	Immunizations for Adolescents	X	X	N/A	N/A	N/A	1.1, 3.1
NCQA	FVA	Influenza Immunization	N/A	N/A	N/A	X	N/A	1.1, 3.4
MA-PD CAHPs	FVO	Influenza Immunization	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	1.2, 3.4, 5.1–5.3
EOHHS	LTSS CP Engagement	Long-Term Services and Supports Community Partner Engagement	X	X	N/A	N/A	N/A	1.1, 1.3, 2.3, 3.1, 5.2
NCQA	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	X	X	N/A	N/A	X	1.2, 3.4, 5.1, 5.2
ADA DQA	OHE	Oral Health Evaluation	X	X	N/A	N/A	N/A	1.1, 3.1
NCQA	OMW	Osteoporosis Management in Women Who Had a Fracture	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	X	N/A	N/A	1.1, 1.2, 3.4
NCQA	PCE	Pharmacotherapy Management of COPD Exacerbation	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	N/A	1.2, 3.4, 5.1, 5.2
NCQA	DDE	Potentially Harmful Drug – Disease Interactions in Older Adults	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	N/A	N/A	N/A	N/A	1.1, 3.1, 5.1, 5.2
NCQA	PPC – Timeliness	Timeliness of Prenatal Care	X	X	N/A	N/A	N/A	1.1, 2.1, 3.1
NCQA	TRC	Transitions of Care – All Submeasures	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
NCQA	DAE	Use of High-Risk Medications in the Older Adults	N/A	N/A	X	N/A	N/A	1.2, 3.4, 5.1
NCQA	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	N/A	N/A	X	N/A	N/A	1.2, 3.4

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

CMS' network adequacy standards for Medicare and Medicaid Plans (MMPs) were downloaded on 12.20.2023 from the following CMS website:
Medicare-Medicaid Plan (MMP) Application & Annual Requirements | CMS

Table D1: SCO Network Adequacy Standards and Indicators – Primary Care Providers

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Primary care Providers: • General Practice • Family Practice • Internal Medicine Contract Language: For each of the following Provider types, the Contractor shall adhere to CMS's most current Medicare Advantage network adequacy criteria, including time and distance standards, that apply to the Contractor's service area: a. Primary Care; b. Obstetrics and Gynecology; c. Specialist Providers; d. Hospital; and e. Pharmacy https://www.cms.gov/files/document/mmphsdcriteriareftablecy2023.xlsx (Source: Medicare-Medicaid Plan (MMP) Application & Annual Requirements	CMS)	Primary Care Providers: 90% of Enrollees in a county have access to at least 2 PCP providers within a specific drive (defined in minutes) and distance (defined in miles) from Enrollee's ZIP code of residence. *Note*: Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type. Apply provider-to-enrollee ratio defined by CMS. Apply CMS standards of the minimum number of PCP providers in each county.	Primary Care Providers: **Numerator:** number of Enrollees in a county for which both of the following is true: •Two unique in-network providers are within a specific drive (defined in minutes) or less from Enrollee's ZIP code of residence; **AND** •Two unique in-network providers are within a specific distance (defined in miles) or less from Enrollee's ZIP code of residence. *Note*: Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type. **Denominator:** all plan Enrollees in a county. **Minimum Provider Ratios:** the number of all in-network providers in a county against the number of all Enrollees in that county. **Minimum Number of Providers:** apply the minimum number of providers as defined by CMS per county designation.

Table D2: SCO Network Adequacy Standards and Indicators – Obstetrician and Gynecologists (OB/GYN)

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Provider Type: • OB/GYN Contract Language: For each of the following Provider types, the Contractor shall adhere to CMS's most current Medicare Advantage network adequacy criteria, including time and distance standards, that apply to the Contractor's service area: a. Primary Care; b. Obstetrics and Gynecology; c. Specialist Providers; d. Hospital; and e. Pharmacy https://www.cms.gov/files/document/mmp hsdcriteriareftablecy2023.xlsx (Source: Medicare-Medicaid Plan (MMP) Application & Annual Requirements | CMS)	OB/GYN Providers: 90% of Enrollees in a county have access to at least 2 OB/GYN providers within a specific drive (defined in minutes) and distance (defined in miles) from Enrollee's ZIP code of residence. *Note*: CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type. Apply provider-to-enrollee ratio defined by CMS.	Primary Care Providers: Numerator: number of Enrollees in a county for which both of the following is true: •Two unique in-network providers are within a specific drive (defined in minutes) or less from Enrollee's ZIP code of residence; AND •Two unique in-network providers are within a specific distance (defined in miles) or less from Enrollee's ZIP code of residence. *Note*: CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type. Denominator: all plan Enrollees in a county. Minimum Provider Ratios: the number of all in-network providers in a county against the number of all Enrollees in that county.

Table D3: SCO Network Adequacy Standards and Indicators – Hospital and Medical Facilities

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Hospitals/Medical Facilities: • Acute Inpatient Hospital • Skilled Nursing Facilities • Orthotics and Prosthetics • Occupational Therapy • Physical Therapy • Speech Therapy Contract Language: For each of the following Provider types, the Contractor shall adhere to CMS's most current Medicare Advantage network	Hospitals/Medical Facilities: • 90% of Enrollees in a county have access to 2 providers within a designated time and distance standards from Enrollee's ZIP code of residence. • The actual time and distance vary by provider type and the micro-metro-large metro geographic type. • Apply provider-to-enrollee ratio defined by CMS. • Apply the minimum number of providers defined by CMS, which vary by county.	Hospitals/Medical Facilities: Numerator: number of plan Enrollees in a county for which both of the following are true: • Two unique in-network providers are within a specific-minute drive or less from Enrollee's ZIP code of residence; AND • Two unique in-network providers are within a specific distance or less from Enrollee's ZIP code of residence. • The actual time and distance vary by provider type and the micro-metro-large metro geographic type. Denominator: all plan Enrollees in a county.

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
adequacy criteria, including time and distance standards, that apply to the Contractor's service area: a. Primary Care; b. Obstetrics and Gynecology; c. Specialist Providers; d. Hospital; and e. Pharmacy https://www.cms.gov/files/document/mmphsdcriteriareftablecy2023.xlsx (Source: Medicare-Medicaid Plan (MMP) Application & Annual Requirements | CMS)		**Minimum Provider Ratios**: the number of all in-network providers in a county against the number of all Enrollees in that county per each provider type. **Minimum Number of Providers**: apply the minimum number of providers as defined by CMS per county designation for each provider types.

Table D4: SCO Network Adequacy Standards and Indicators – Specialists

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Specialists CMS standards: Allergy and Immunology Cardiology Cardiothoracic Surgery Chiropractor Dermatology Endocrinology ENT/Otolaryngology Gastroenterology General Surgery Infectious Diseases Nephrology Neurology Neurosurgery Oncology – Medical, Surgical Oncology – Radiation/Radiation Oncology Ophthalmology Orthopedic Surgery Physiatry, Rehabilitative Medicine Plastic Surgery	Specialists: • 90% of Enrollees in a county have access to 1 provider within a designated time and distance standards from Enrollee's ZIP code of residence. • The actual time and distance differ by provider type and the micro-metro-large metro geographic type. • Apply provider-to-enrollee ratio defined by CMS. • Apply the minimum number of providers defined by CMS, which vary by county.	Specialists: Numerator: number of plan Enrollees in a county for which both of the following are true: • One unique in-network provider is within a specific-minute drive or less from Enrollee's ZIP code of residence; AND • One unique in-network provider is within a specific distance or less from Enrollee's ZIP code of residence. • The actual time and distance differ by provider type and the micro-metro-large metro geographic type. Denominator: all plan Enrollees in a county. **Minimum Provider Ratios**: the number of all in-network providers in a county against the number of all Enrollees in that county for each provider type. **Minimum Number of Providers**: apply the minimum number of providers as defined by CMS per county designation for each provider type.

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Podiatry Psychiatry Pulmonology Rheumatology Urology Vascular Surgery Contract Language: For each of the following Provider types, the Contractor shall adhere to CMS's most current Medicare Advantage network adequacy criteria, including time and distance standards, that apply to the Contractor's service area: a. Primary Care; b. Obstetrics and Gynecology; c. Specialist Providers; d. Hospital; and e. Pharmacy https://www.cms.gov/files/document/mmphsdcriteriareftablecy2023.xlsx (Source: Medicare-Medicaid Plan (MMP) Application & Annual Requirements | CMS)		

Table D5: SCO Network Adequacy Standards and Indicators – Outpatient Behavioral Health

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Outpatient Behavioral Health Provider Types: BH Outpatient Community Crisis Stabilization Community Support Program Intensive Outpatient Programs Partial Hospitalization Programs Psychiatric Day Treatment Psychiatric Inpatient Adult	Outpatient Behavioral Health 90% of Enrollees in a county have access to at least two Outpatient Behavioral Health Providers within a 15-mile radius or 30 minutes from the Enrollee's ZIP code of residence	Outpatient Behavioral Health: Numerator: number of plan Enrollees in a county for whom one of the following is true: • Two unique in-network providers are a 30-minute drive or less from an Enrollee's ZIP code of residence; OR • Two unique in-network providers are 15 miles or less from an Enrollee's ZIP code of residence. Denominator: all plan Enrollees in a county.

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Clinical Support Services for Substance Use Disorders Level 3.5 Monitored Inpatient Level 3.7 Recovery Coaching Recovery Support Navigators Residential Rehabilitation Services for Substance Use Disorders Level 3.1 Structured Outpatient Addiction Program Contract Language: The Contractor shall adhere to the time and distance standards that follow for each of the following provider types: a. Outpatient Behavioral Health: Each Enrollee must have a choice of at least two Outpatient Behavioral Health Providers within a 15-mile radius or 30 minutes from the Enrollee's ZIP code of residence. b. Mental Health Providers: Each Enrollee must have a choice of at least two Mental Health Providers within twenty (20) miles or forty (40) minutes travel time from the Enrollee's ZIP code of residence. c. Substance Use Disorder Providers: Each Enrollee must have a choice of at least two Substance Use Disorder Providers within twenty (20) miles or forty (40) minutes travel time from the Enrollee's ZIP code of residence.		

Table D6: SCO Network Adequacy Standards and Indicators – Pharmacy

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Provider Type: • Pharmacy Contract Language: For each of the following Provider types, the Contractor shall adhere to CMS's most current Medicare Advantage network adequacy criteria, including time and distance standards, that apply to the Contractor's service area: a. Primary Care; b. Obstetrics and Gynecology; c. Specialist Providers; d. Hospital; and e. Pharmacy https://www.cms.gov/files/document/mmp hsdcriteriareftablecy2023.xlsx (Source: Medicare-Medicaid Plan (MMP) Application & Annual Requirements	CMS)	Pharmacy •90% of beneficiaries in Large Metro counties (urban areas) must be within 2 miles of a retail pharmacy; •90% of beneficiaries in Metro counties (suburban areas) must be within 5 miles of a retail pharmacy; •70% of beneficiaries in Micro counties (rural areas) must be within 15 miles of a retail pharmacy.	Pharmacy: Numerator: number of plan Enrollees in a county for which the following is true: •Large Metro: A retail pharmacy is within 2 miles or less from Enrollee's ZIP code of residence. •Metro: A retail pharmacy is within 5 miles or less from Enrollee's ZIP code of residence. •Micro: A retail pharmacy is within 15 miles or less from Enrollee's ZIP code of residence. Denominator: all plan Enrollees in a county.

Table D7: SCO Network Adequacy Standards and Indicators – LTSS Providers

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
LTSS Providers: • Adult Day Health • Day Habilitation • Hospice Contract Language: Enrollee must have a choice of at least two Providers that are either within a 15-mile radius or 30 minutes from the Enrollee's ZIP code of residence, except that with prior approval from EOHHS, the Contractor may	LTSS Providers: 90% of Enrollees in a county have access to at least two LTSS providers within 15 miles or 30 minutes for the Enrollee's ZIP code of residence.	LTSS Providers: Numerator: number of plan Enrollees in a county for whom one of the following is true: • Two unique in-network providers are a 30-minute drive or less from an Enrollee's ZIP code of residence; OR • Two unique in-network providers are 15 miles or less from a Enrollee's ZIP code of residence. Denominator: all plan Enrollees in a county.

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
offer the Enrollee only one such Provider per service. a. Adult Day Health; b. Day Habilitation; c. Hospice; and d. The following services are described in the Frail Elder Waiver: 1) Evidence-Based Education Programs; 2) Respite; and 3) Supportive Day Program		
LTSS Providers: • Adult Foster Care • Group Adult Foster Care • Personal Care Assistant Contract Language: For each of the Covered Services that follow, each Enrollee must have a choice of at least two Providers that will deliver services at the Enrollee's residence: a. Adult Foster Care; b. Private Duty Nursing; and c. The following services described in the Frail Elder Waiver: 1) Alzheimer's/Dementia Coaching; 2) Chore; 3) Companion; 4) Complex Care Training and Oversight (formerly Skilled Nursing); 5) Enhanced Technology/Cellular Personal Emergency Response System (PERS); 6) Environmental Accessibility Adaptation; 7) Goal Engagement Program; 8) Grocery Shopping and Delivery; 9) Home Based Wandering Response Systems; 10) Home-Delivered Meals; 11) Home Delivery of Pre-Packaged Medications; 12) Home Health Aide; 13) Home Safety/Independence Evaluations (formerly Occupational Therapy);	LTSS Providers: 90% of Enrollees in a county have access to at least two LTSS providers within 15 miles or 30 minutes for the Enrollee's ZIP code of residence.	LTSS Providers: Numerator: number of plan Enrollees in a county for whom one of the following is true: • Two unique in-network providers are a 30-minute drive or less from an Enrollee's ZIP code of residence; OR • Two unique in-network providers are 15 miles or less from a Enrollee's ZIP code of residence. Denominator: all plan Enrollees in a county.

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
14) Homemaker; 15) Laundry; 16) Medication Dispensing System; 17) Orientation and Mobility Services; 18) Peer Support; 19) Personal Care; 20) Supportive Home Care Aide; 21) Transitional Assistance; 22) Transportation;		

Table D8: SCO Network Adequacy Standards and Indicators – Other Provider Types

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
Emergency support services Contract does not explicitly state a time and distance standard for Emergency support services. Included per MassHealth's request.	Emergency services program 90% of Enrollees in a county have access to at least 2 ESP services within 15 miles or 30 minutes from Enrollee's ZIP code of residence.	Emergency services program **Numerator:** number of plan Enrollees in a county for whom one of the following is true: • Two unique in-network ESP providers are a 30-minute drive or less from Enrollee's ZIP code of residence; **OR** • Two unique in-network ESP providers are 15 miles or less from Enrollee's ZIP code of residence. **Denominator:** all plan Enrollees in a county.
Oxygen and Respiratory Equipment services Contract does not explicitly state a time and distance standard for Oxygen and Respiratory Equipment services. Included per MassHealth's request.	Oxygen and Respiratory Equipment services 90% of Enrollees in a county have access to at least 2 providers within 15 miles or 30 minutes from Enrollee's ZIP code of residence.	Emergency services program **Numerator:** number of plan Enrollees in a county for whom one of the following is true: • Two unique in-network providers are a 30-minute drive or less from Enrollee's ZIP code of residence; **OR** • Two unique in-network providers are 15 miles or less from Enrollee's ZIP code of residence. **Denominator:** all plan Enrollees in a county.
Rehabilitation Hospital services Contract does not explicitly state a time and distance standard for Rehabilitation Hospital services. Included per MassHealth's request.	Hospital rehabilitation services/Medical Facility 90% of Enrollees in a county have access to 1 rehabilitation hospital within 15 miles or 30 minutes from Enrollee's ZIP code of residence.	Hospital rehabilitation services/Medical Facility **Numerator:** number of plan Enrollees in a county for whom one of the following is true: • An in-network rehabilitation hospital is a 30-minute drive or less from Enrollee's ZIP code of residence; **OR** • An in-network rehabilitation hospital is 15 miles or less from Enrollee's ZIP code of residence. **Denominator:** all plan Enrollees in a county.

XV.   Appendix E – MassHealth SCO Provider Directory Web Addresses

Table E1: SCO Provider Directory Web Addresses

Managed Care Plan	Web Addresses Reported by Managed Care Plan
WellSense SCO	https://www.wellsense.org/members/ma/senior-care-options#find-a-provider
CCA SCO	https://www.commonwealthcarealliance.org/ma/members/find-a-provider/
Fallon NaviCare SCO	https://fallonhealth.org/en/find-insurance/navicare/provider-directory
SWH SCO	https://molina.sapphirethreesixtyfive.com//?ci=ma-molina
Tufts SCO	https://www.tuftsmedicarepreferred.org/tufts-health-plan-doctor-search
UHC SCO	https://www.uhccommunityplan.com/find-a-provider