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External Quality Review Senior Care Options Annual Technical Report, Calendar Year 2024



Commonwealth of Massachusetts
Executive Office of Health and
Human Services

Per *Title 42 CFR § 438.364(a)(7)*, no managed care plan was exempt from the external quality review activities conducted in CY2024

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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 improve their performance. This annual technical report 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 2024 calendar year (CY). SCOs are health plans for MassHealth Enrollees ages 65 years and older and dual-eligible members ages 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 2024

Senior Care Options (SCO) Name	Abbreviation Used in the Report	Members as of December 25, 2024	Percent of Total SCO Population
Boston Medical Center Health Plan Senior Care Option	WellSense SCO	2,262	2.73%
Commonwealth Care Alliance	CCA SCO	17,494	21.08%
NaviCare (HMO) Fallon Health	Fallon NaviCare SCO	10,582	12.75%
Senior Whole Health by Molina	SWH SCO	12,291	14.81%
Tufts Health Plan Senior Care Option	Tufts SCO	14,572	17.56%
UnitedHealthcare Senior Care Option	UHC SCO	25,789	31.07%
All SCO Plans (Total)	N/A	82,990	100%

SCO: Senior Care Options; CY: calendar year; N/A: not applicable.

The **Boston Medical Center Health Plan SCO (WellSense SCO)** is a nonprofit health plan that serves 2,262 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 17,494 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: [CCA Senior Care Options | Commonwealth Care Alliance MA](#).

The **NaviCare Fallon Health (Fallon NaviCare SCO)** is a nonprofit health plan that serves 10,582 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 \(fallonhealth.org\)](#).

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

The **Senior Whole Health by Molina (SWH SCO)** serves 12,291 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 14,572 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: [2025 Tufts Health Plan Senior Care Options \(HMO-SNP\) | Tufts Health Plan Medicare Preferred \(tuftsmedicarepreferred.org\)](#).

The **UnitedHealthcare Senior Care Options (UHC SCO)** serves 25,789 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 annual technical report is to present the results of EQR activities conducted to assess the quality of, timeliness of, and access to health care services furnished to Medicaid Enrollees, in accordance with the following federal managed care regulations: *Title 42 Code of Federal Regulations (CFR) Section (§) 438.364 External review results (a) through (d) and Title 42 CFR § 438.358 Activities related to external quality review*. EQR activities validate two levels of compliance to assert whether the SCO Plans met the state standards and whether the state met the federal standards as defined in the CFR.

Scope of EQR Activities

MassHealth contracted with IPRO, an external quality review organization (EQRO), to conduct four mandatory EQR activities, 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** – 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 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 CHIP² 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.

² Children's Health Insurance Program.

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 determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”

High-Level Program Findings

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

IPRO used the analyses and evaluations of the CY 2024 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 three years. In addition to the triennial review, MassHealth also conducts an annual review of measures and key performance indicators to assess progress toward strategic goals. MassHealth relies on the annual EQR process to assess the managed care programs’ effectiveness in providing high-quality, accessible services.

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

Opportunities for Improvement:

Not applicable.

General Recommendations for MassHealth:

None at this time.

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

Performance Improvement Projects

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

Strengths:

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

Opportunities for Improvement:

One or more PIPs require additional clarification of interventions and intervention tracking measures. These will be reassessed in the Remeasurement 1 Report validation.

General Recommendations for MassHealth:

None at this point.

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

Performance Measure Validation

IPRO validated the accuracy of performance measures 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). HEDIS rates are calculated by each SCO and reported to the state.

IPRO conducted performance measure validation to assess the accuracy of HEDIS performance measures and to determine the extent to which HEDIS performance measures follow MassHealth's specifications and reporting requirements. IPRO reviewed SCOs' Final Audit Reports issued by independent HEDIS auditors. IPRO found that SCOs were fully compliant with applicable 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 MY2023 NCQA Quality Compass® National Medicare percentiles, the best performance was found for the following measures and Plans:

- Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation Bronchodilators – WellSense SCO: 92.73%; CCA SCO: 91.76%; UHC SCO: 92.19%
- Follow-up After Hospitalization for Mental Illness (7 days) – CCA SCO: 52.04%; Tufts SCO: 47.83%
- Transitions of Care: Medication Reconciliation Post-Discharge – Fallon NaviCare SCO: 92.70%
- Colorectal Cancer Screening – UHC SCO: 87.35%
- Pharmacotherapy Management of COPD Exacerbation Corticosteroids – WellSense SCO: 87.27%
- Follow-up After Hospitalization for Mental Illness (30 days) – CCA SCO: 71.43%

Opportunities for Improvement:

The performance varied across measures with the opportunities for improvement in the following areas:

- Advance Care Planning – WellSense SCO: 6.27%
- Transitions of Care: Medication Reconciliation Post-Discharge – SWH SCO: 57.66%; Tufts: 54.50%
- Controlling High Blood Pressure – SWH SCO: 67.64%
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD – SWH SCO: 19.86%; UHC SCO: 23.21%
- Use of High-Risk Medications in the Elderly (lower is better) – CCA SCO: 25.63%; Fallon NaviCare SCO: 25.53%; Tufts SCO: 20.33%; UHC SCO: 21.23%; statewide: 21.59%
- Potentially Harmful Drug Disease Interactions in the Elderly (lower is better) – Fallon NaviCare SCO: 38.72%
- Follow-up After Hospitalization for Mental Illness (7 days) – Fallon NaviCare SCO: 23.53%
- Follow-up After Hospitalization for Mental Illness (30 days) – Fallon NaviCare SCO: 45.1%; SWH SCO: 48.48%
- Plan All-Cause Readmission (Observed/Expected Ratio) – CCA SCO: 1.3583; UHC SCO: 1.1627; statewide: 1.1216
- Osteoporosis Management in Women Who Had a Fracture – CCA SCO: 12.07%; Fallon NaviCare SCO: 18.87%; SWH SCO: 27.78%
- Antidepressant Medication Management Acute – CCA SCO: 73.71%; Fallon NaviCare SCO: 78.21%
- Antidepressant Medication Management Continuation – CCA SCO: 57.54%
- Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment – Tufts SCO: 2.90%

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.

Performance measure validation 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, and 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 three years. The next compliance review will be conducted in contract year 2026.

The validation of SCO Plans conducted in CY 2024 demonstrated SCO Plans' commitment to their members and providers, as well as strong operations. Of the 14 areas of review, Tufts SCO and SWH SCO scored 100% in 10 domains; WellSense SCO and Fallon NaviCare SCO scored 100% in eight domains; and CCA SCO and UHC SCO scored 100% in seven 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 NaviCare SCO)
- Emergency and post-stabilization services (CCA SCO)
- Coordination and continuity of care (WellSense SCO, CCA SCO, Fallon NaviCare SCO, SWH SCO, 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:

Network adequacy is an integral part of MassHealth's strategic goals. One of MassHealth's quality strategy goals is to promote timely preventive primary care services with access to integrated care and community-based services and supports. Additionally, MassHealth aims to improve access for members with disabilities, increase

timely access to behavioral health care, and reduce mental health and substance use disorder (SUD) emergencies.

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

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

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

A high confidence rating indicates that no issues were found with the underlying information systems, the MCP's provider data were clean, the correct MassHealth standards were applied, and the MCP's results matched the time and distance calculations independently verified by IPRO. Each SCO plan received a high confidence rating for at least one provider type.

IPRO's analysis showed that all SCOs had adequate networks of behavioral health outpatient providers.

Opportunities for Improvement:

Although usually no issues were found with the underlying information systems, some MCPs did not apply the correct MassHealth standards for analysis, and/or their provider data contained numerous duplicate records. If multiple issues were identified in the network provider data submitted by MCPs, a moderate or low confidence rating was assigned. A low confidence rating was given for the dental services GeoAccess analysis across all SCOs.

After resolving data issues and removing duplicate records, IPRO assessed each SCOs' provider network for compliance with MassHealth's time and distance standards. Access was evaluated for all provider types identified by MassHealth. Most SCOs had deficiencies in their provider networks, with the exception of the behavioral health outpatient providers.

Additionally, IPRO conducted provider directory audits, verifying providers' telephone numbers, addresses, specialties, Medicaid participation, and panel status. The accuracy of provider directory information varied widely, and no provider directory accuracy thresholds were established. IPRO informed MCPs about errors identified in directory data.

The average wait times for an appointment were: 110 calendar days for a PCP, 87 calendar days for an OB/GYN, and 40 calendar days for dentists. However, these results are based on small samples and should be interpreted with caution.

General Recommendations for MassHealth:

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

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 CAHPS Medicare Advantage Prescription Drug (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.

The Annual Flu Vaccine SCO weighted mean score exceeded the Medicare Advantage national mean score.

Opportunities for Improvement:

The MassHealth SCO weighted mean was below the Medicare Advantage national mean score for the following measures:

- Getting Needed Care
- Getting Appointments and Care Quickly
- Customer Service
- Care Coordination
- Getting Needed Prescription Drugs
- Rating of Health Care Quality

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 SCO 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 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 measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access.
- *Recommendation towards better performance on 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. The program is funded by both the state and federal government, and it is administered by the Massachusetts EOHHS.

MassHealth's mission is to improve the health outcomes of its members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. MassHealth covers over 2 million residents in Massachusetts, approximately 30% of the state's population.³

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**.

³ [MassHealth 2022 Comprehensive Quality Strategy \(mass.gov\)](https://www.mass.gov/info-details/masshealth-2022-comprehensive-quality-strategy)

MassHealth Managed Care Programs

Under its quality strategy, EOHHS contracts with managed care organizations (MCOs), 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 following seven distinct managed care programs:

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

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

Quality Metrics

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

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

⁴ Massachusetts Behavioral Health Partnership. Available at: <https://www.masspartnership.com/index.aspx>.

⁵ One Care Facts and Features. Available at: <https://www.mass.gov/doc/one-care-facts-and-features-brochure/download>.

⁶ Senior Care Options (SCO) Overview. Available at: <https://www.mass.gov/service-details/senior-care-options-sco-overview>.

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

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

Performance Improvement Projects

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

Member Experience of Care Surveys

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

MassHealth Initiatives

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

1115 Demonstration Waiver

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

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

Roadmap for Behavioral Health

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

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

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

Evaluation Process

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

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

Findings

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

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

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

Methodology

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

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

⁷ Behavioral Health Help Line FAQ. Available at: [Behavioral Health Help Line \(BHHL\) FAQ | Mass.gov](#).

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

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

EQR Recommendations

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

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

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

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

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

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

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

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

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

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

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

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

III. Validation of Performance Improvement Projects

Objectives

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

Section 2.9.C of the Third 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 care coordination and planning, and quality performance. MassHealth can modify the PIP cycle to address immediate priorities. In CY 2024, each SCO Plan started two new PIPs. Specific SCO PIP topics are displayed in **Table 3**.

Table 3: SCO PIP Topics – CY 2024

SCO	PIP Topics
WellSense SCO	PIP 1: Transitions of Care (TRC) – Baseline Report Improving the transitions of care rate for all WellSense SCO members PIP 2: Colorectal Cancer Screening (COL) – Baseline Report Increasing the rate of colorectal screenings in members ages 50-75
CCA SCO	PIP 1: Medication Management in Older Adults (DAE) – Baseline Report Decreasing the total percentage of CCA SCO members who use a high-risk medication PIP 2: Transitions of Care (TRC) – Baseline Report Improving the transitions of care rate for all CCA SCO members
Fallon NaviCare SCO	PIP 1: Transitions of Care (TRC) – Baseline Report Improving the transitions of care rate for all Fallon SCO members PIP 2: Colorectal Cancer Screening (COL) – Baseline Report Increasing the rate of colorectal screenings in members ages 50-75 with a focus on Haitian/Creole speaking members
SWH SCO	PIP 1: Controlling High Blood Pressure (CBP) – Baseline Report Improving the percentage of members 18-85 with a diagnosis of hypertension and whose blood pressure was controlled PIP 2: Transitions of Care (TRC) – Baseline Report Improving the transitions of care rate for all Senior Whole Health SCO members
Tufts SCO	PIP 1: Medication Management in Older Adults (DAE) – Baseline Report Decreasing the total percentage of Tufts SCO members who use a high-risk medication PIP 2: Transitions of Care (TRC) – Baseline Report Improving the transitions of care rate for all Tufts SCO members
UHC SCO	PIP 1: Medication Management in Older Adults (DAE) – Baseline Report Decreasing the total percentage of UHC SCO members who use a high-risk medication PIP 2: Transitions of Care (TRC) – Baseline Report Improving the transitions of care rate for all UHC SCO members

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year.

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

Technical Methods of Data Collection and Analysis

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

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

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

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

Description of Data Obtained

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

Conclusions and Comparative Findings

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

Rating 1: Adherence to Acceptable Methodology - Validation results summary

Overall, the ratings for PIP adherence to acceptable methodology were high, with 10 PIPs receiving high confidence and two PIPs receiving moderate confidence.

Rating 2: Evidence of Improvement - Validation results summary

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

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

Table 4: WellSense SCO PIP Validation Confidence Ratings – CY 2024

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Transitions of Care (TRC)	Moderate Confidence	N/A
PIP 2: Colorectal Cancer Screening (COL)	High Confidence	N/A

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable.

Table 5: CCA SCO PIP Validation Confidence Ratings – CY 2024

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Medication Management in Older Adults (DAE)	High Confidence	N/A
PIP 2: Transitions of Care (TRC)	High Confidence	N/A

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable.

Table 6: Fallon NaviCare SCO PIP Validation Confidence Ratings – CY 2024

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Transitions of Care (TRC)	High Confidence	N/A
PIP 2: Colorectal Cancer Screening (COL)	High Confidence	N/A

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable.

Table 7: SWH SCO PIP Validation Confidence Ratings – CY 2024

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Controlling High Blood Pressure (CBP)	High Confidence	N/A
PIP 2: Transitions of Care (TRC)	Moderate Confidence	N/A

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable.

Table 8: Tufts SCO PIP Validation Confidence Ratings – CY 2024

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Medication Management in Older Adults (DAE)	High Confidence	N/A
PIP 2: Transitions of Care (TRC)	High Confidence	N/A

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable.

Table 9: UHC SCO PIP Validation Confidence Ratings – CY 2024

PIP	Rating 1: PIP Adhered to Acceptable Methodology	Rating 2: PIP Produced Evidence of Improvement
PIP 1: Medication Management in Older Adults (DAE)	High Confidence	N/A
PIP 2: Transitions of Care (TRC)	High Confidence	N/A

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable.

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, 2024

WellSense SCO PIP 1: Improving the transitions of care rate for all WellSense SCO members
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
Aim By the end of 2025, WellSense aims to improve rate for Notification of Inpatient Admission by 5% above baseline rate of 56.17% for our SCO population. This would be a quality compass rate increase from the 75th to the 90th percentile by 12/31/2025. By the end of 2025, WellSense aims to improve rate for Receipt of Discharge Information by 5% above baseline rate of 64.48% for our SCO population. This would be a quality compass rate continued performance within the 90th percentile by 12/31/2025. By the end of 2025, WellSense aims to improve rate for Patient Engagement after Inpatient Discharge by 5% above baseline rate of 86.90% for our SCO population. This would be a quality compass rate increase from the 50th to the 75th percentile by 12/31/2025. By the end of 2025, WellSense aims to improve Medication Reconciliation Post-Discharge average by 5% above baseline rate of 82.11% for our SCO population. This would be a quality compass rate increase from the 75th to the 90th percentile by 12/31/2025.
Interventions in 2023 <ul style="list-style-type: none"> Provide culturally appropriate outreach to members related to post-discharge best practices Conduct the Transition to Home (TTH) assessment to identify barriers to attending follow up visits Use a supplemental data interface in inpatient facilities to store data for reporting
Performance Improvement Summary Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; MY: measurement year.

Table 11: WellSense SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Notification of Inpatient Admissions	2024 (baseline, MY 2023 data)	48.90%
Indicator 2: Receipt of Discharge Information	2024 (baseline, MY 2023 data)	63.30%
Indicator 3: Patient Engagement After Inpatient Discharge	2024 (baseline, MY 2023 data)	90.20%
Indicator 4: Medication Reconciliation Post-Discharge	2024 (baseline, MY 2023 data)	82.97%
Indicator 5: Overall Transitions of Care	2024 (baseline, MY 2023 data)	72.02%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

Table 12: WellSense SCO PIP 2 Summary, 2024

WellSense SCO PIP 2: Increasing the rate of colorectal screenings in members ages 50-75	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
Aim	
WellSense SCO’s Performance Indicator (PI) is the HEDIS COL measure. For Measurement Year (MY) 2024 this measure will only be referred to as COL-E and will be an electronic measure only. Even though WellSense SCO received a strong 4 star rating for HEDIS 2023 at 78% (77.62), there is some uncertainty related to goals for next season. Currently, in December 2023 (for claims paid through 11/30/23), WellSense SCO is down just over 10% without being able to identify an obvious cause for the drop in rates. WellSense SCO will continue to strive to identify root causes for this decline. Many health plans are concerned about the impact of the ECDS transition but last HEDIS season WellSense only had 3% collected by Medical Records. An additional challenge is the increased CMS Cut Point from > 79% to >80% to achieve a 5 star rating. By the end of 2025 (12/31/25) the Plan expects to reach the PI goal rate of 81.50%.	
Interventions in 2024	
<ul style="list-style-type: none"> Collaborate to improve the accuracy of the colorectal screening gap data Outreach non-compliant members with information regarding colorectal cancer screenings Develop a supplemental data management application to capture HEDIS rate calculation year round 	
Performance Improvement Summary	
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.	

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; HEDIS: Healthcare Effectiveness Data and Information Set; ECDS: electronic clinical data systems; CMS: Centers for Medicare and Medicaid Services; PI: performance improvement; MY: measurement year.

Table 13: WellSense SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Rate of adults ages 50-75 who had an appropriate screening for colorectal cancer	2024 (baseline, 2023 MY data)	74.94%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

Recommendations

- Recommendation for PIP 1:* Please ensure that all valid data is included in the PIP, indicator details align with the MY 2023 HEDIS Technical Specifications and clarify Intervention #3a including all associated Intervention Tracking Measures.

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, 2024

CCA SCO PIP 1: Decreasing the total percentage of CCA SCO members who use a high-risk medication	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
Aim	
Indicator 1: By the end of 2025, the Plan aims to reduce the percentage points of elderly members ≥67 YO who are filling prescriptions for high-risk medications by 1.00 percentage point (95 members) compared to the MY 2023 baseline rate.	

CCA SCO PIP 1: Decreasing the total percentage of CCA SCO members who use a high-risk medication

Indicator 2: By the end of 2025, the Plan aims to reduce the percentage points of elderly members ≥67 YO who are filling prescriptions for high-risk medications without an appropriate diagnosis by 0.50 percentage point (48 members) compared to the MY 2023 baseline rate.

Indicator 3: By the end of 2025, the Plan aims to reduce the percentage points of the total number of female members ≥67 YO who are filling prescriptions for high-risk medications by 1.00 percentage point (65 members) compared to the MY 2023 baseline rate

Indicator 4: By the end of 2025, the Plan aims to reduce the percentage point of the total number of members ≥67 YO who are filling prescriptions for high-risk medications by 1.50 percentage points (143 members) compared to the MY 2023 baseline rate.

Interventions in 2024

- Outreach providers who are prescribing high-risk medications to provide information and guidance on deprescribing these medications
- Outreach providers with patient- specific tapering and deprescribing recommendations
- Conduct follow-up calls to members with education regarding the tapering or deprescribing of high-risk medication

Performance Improvement Summary

Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; YO: years old; MY: measurement year.

Table 15: CCA SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Potentially Harmful Drug Disease Interactions	2024 (baseline, MY 2023 data)	29.49%
Indicator 2: History of Falls and Antiepileptics, Antipsychotics, Benzodiazepines, Nonbenzodiazepine Hypnotics or Antidepressants (SSRIs, Tricyclic Antidepressants and SNRIs)	2024 (baseline, MY 2023 data)	7.51%
Indicator 3: Dementia and Antipsychotics	2024 (baseline, MY 2023 data)	27.80%
Indicator 4: Chronic Kidney Disease and Cox-2 Selective NSAIDs or Non-aspirin NSAIDs	2024 (baseline, MY 2023 data)	25.56%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

Table 16: CCA SCO PIP 2 Summary, 2024

CCA SCO PIP 2: Improving the transitions of care rate for all CCA SCO members
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
Aim Indicator 1: By the end of 2025, CCA aims to improve the notification of member admission documentation from the inpatient facilities by 10.77 percentage points compared to the MY 2023 baseline rate. Indicator 2: By the end of 2025, CCA aims to improve the receipt of member discharge documentation from the inpatient facilities by 9.42 percentage points compared to the MY 2023 baseline rate. Indicator 3: By the end of 2025, CCA aims to improve member engagement post discharge by 7.58 percentage points compared to the MY 2023 baseline rate. Indicator 4: By the end of 2025, CCA aims to increase completion of post-discharge medication reconciliation for members by 5.48 percentage points compared to the MY 2023 baseline rate. Indicator 5: By the end of 2025, CCA aims to increase the completion of post discharge medication reconciliation for members by the contracted network providers by 11.98 percentage points compared to MY 2023 baseline rate. Indicator 6: By the end of 2025, CCA aims to improve the percentage of members who are numerator compliant with all four TRC Measures by 9.44%.
Interventions in 2023 <ul style="list-style-type: none"> Implement Patient Ping/Bamboo Health technology into facilities for automation of discharge documentation Develop quarterly reports to measure network provider completion rates for medication reconciliation post discharge Utilize post-discharge scripts to capture member-identified needs related to scheduling post-discharge appointments
Performance Improvement Summary Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; MY: measurement year.

Table 17: CCA SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Notification of Inpatient Admissions	2024 (baseline, MY 2023 data)	79.84%
Indicator 2: Receipt of Discharge Information	2024 (baseline, MY 2023 data)	75.58%
Indicator 3: Patient Engagement After Inpatient Discharge	2024 (baseline, MY 2023 data)	89.53%
Indicator 4: Medication Reconciliation Post-Discharge	2024 (baseline, MY 2023 data)	85.27%
Indicator 5: Medication Reconciliation Post-Discharge by Contracted Network Providers	2024 (baseline, MY 2023 data)	29.07%
Indicator 6: Numerator Compliance for members in all 4 TRC Measures	2024 (baseline, MY 2023 data)	61.63%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year; TRC: Transitions of Care.

Recommendations

None.

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, 2024

Fallon NaviCare SCO PIP 1: Improving the transitions of care rate for all Fallon SCO members
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
Aim Indicator 1: By 12/31/2025, Fallon Health aims to increase the percentage of members 65 years and older who had documentation of receipt of notification of inpatient admission on the day of admission through 2 day/s after the admission by 5.40 percentage points from the MY2023 baseline rate of 32.60%. Indicator 2: By 12/31/2025, Fallon Health aims to increase the percentage of male members 65-74 years of age who had a follow up visit within 30 days of discharge from an inpatient admission by 6.44 percentage points from the MY2023 baseline rate of 83.56%.
Interventions in 2024 <ul style="list-style-type: none"> Provide education on timely notifications of admission to provider relations contacts Follow up on member records that have not been received from providers Identify reasons for lack of follow-up visits among male members ages 65-74 through the transition of care assessment
Performance Improvement Summary Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; MY: measurement year.

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

Indicators	Reporting Year	Rate
Indicator 1: Notification of Inpatient Admissions	2024 (baseline, MY 2023 data)	32.60%
Indicator 2: Receipt of Discharge Information	2024 (baseline, MY 2023 data)	83.56%
Indicator 3: Patient Engagement After Inpatient Discharge	2024 (baseline, MY 2023 data)	21.90%
Indicator 4: Medication Reconciliation Post-Discharge	2024 (baseline, MY 2023 data)	88.08%
Indicator 5: Medication Reconciliation Post-Discharge	2024 (baseline, MY 2023 data)	92.70%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

Recommendations

None.

Table 20: Fallon NaviCare SCO PIP 2 Summary, 2024

Fallon NaviCare SCO PIP 2: Increasing the rate of colorectal screenings in members ages 50-75 with a focus on Haitian/Creole speaking members	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
Aim	
Indicator 1: By 12/31/2025, Fallon Health aims to increase the percentage of members ages 65-75 who had appropriate screening for colorectal cancer by 8.7 percentage points from the MY2023 baseline rate of 58.30%.	
Indicator 2: By 12/31/2025, Fallon Health aims to increase the percentage of Haitian/Creole speaking members ages 65-75 who had appropriate colorectal cancer screening by 16.5 percentage points from the MY2023 baseline rate of 37.50%.	
Interventions in 2023	
<ul style="list-style-type: none"> Improve data completeness by adding a Colorectal Cancer Screening alert to identify members with a gap in care Collect refusal reasons for noncompliant members through gaps in care outreach Distribute Quest FIT kits to Haitian/Creole members in their translated language 	
Performance Improvement Summary	
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.	

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; MY: measurement year.

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

Indicators	Reporting Year	Rate
Indicator 1: Rate of members 65-75 years of age who had appropriate screening for colorectal cancer	2024 (baseline, MY 2023 data)	58.30%
Indicator 2: Rate of Haitian/Creole speaking members 65-75 years of age who had appropriate screening or colorectal cancer	2024 (baseline, MY 2023 data)	37.50%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

SWH SCO PIPs

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

Table 22: SWH SCO PIP 1 Summary, 2024

SWH SCO PIP 1: Improving the percentage of members 18-85 with a diagnosis of hypertension and whose blood pressure was controlled
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
Aim Indicator 1: By the end of 2025, SWH aims to increase the percentage of members with a diagnosis of hypertension and whose most recent blood pressure measurement was adequately controlled less than 140 systolic and 90 diastolic (<140/90 mmHg) by 5 percentage points compared to the updated baseline MY2023 hybrid rate for SWH members in the HEDIS® population for Controlling Blood Pressure. Indicator 2: By the end of 2025, SWH aims to increase the percentage of members with a diagnosis of hypertension and whose most recent blood pressure measurement was adequately controlled less than 140 systolic and 90 diastolic (<140/90 mmHg) by 5 percentage points compared to the updated baseline MY2023 administrative rate for SWH members in the HEDIS® population for Controlling Blood Pressure. Indicator 3: By the end of 2025, SWH aims to increase the percentage of members with a diagnosis of hypertension and whose last documented blood pressure measurement of the year was adequately controlled (<140/90mmHg) by 5 percentage points compared to the updated baseline MY2023 rate for SWH members residing in Suffolk County
Interventions in 2024 <ul style="list-style-type: none"> ▪ Increase outreach and care management and provide resources to improve blood pressure control ▪ Increase availability and outreach for member appointments by partnering with providers who have members with uncontrolled blood pressure ▪ Provide culturally appropriate training and resources to a variety of member populations in the community
Performance Improvement Summary Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

Table 23: SWH PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Rate of members with a hypertension diagnosis who have controlled blood pressure (hybrid)	2024 (baseline, MY 2023 data)	67.64%
Indicator 2: Rate of members with a hypertension diagnosis who have controlled blood pressure (administrative)	2024 (baseline, MY 2023 data)	52.09%
Indicator 3: Rate of members who live in Suffolk County with a hypertension diagnosis who have controlled blood pressure	2024 (baseline, MY 2023 data)	47.78%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

Table 24: SWH SCO PIP 2 Summary, 2024

SWH SCO PIP 2: Improving the transitions of care rate for all Senior Whole Health SCO members	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
Aim	
Senior Whole Health is working on the overall Transition of Care measure to improve rates of compliance for all SWH members for each of the sub-measures of TRC, as previously mentioned. The goals outlined below are specific to the interventions for medication reconciliation for this PIP cycle.	
By the end of 2025, Senior Whole Health aims to increase the percentage of members who discharged from a facility and received a timely medication reconciliation post-discharge per HEDIS® specifications by 5 percentage points compared to MY2023 updated baseline hybrid rate.	
By the end of 2025, Senior Whole Health aims to increase the percentage of members who discharged from a facility and received a timely medication reconciliation post-discharge per HEDIS® specifications by 5 percentage points compared to the MY2023 updated baseline administrative rate. SWH is including administrative rate data as a performance indicator for additional timely and county-specific reporting.	
By the end of 2025, Senior Whole Health aims to increase the percentage of members in Suffolk County who discharged from facility and received a timely medication reconciliation post-discharge per HEDIS® specifications by 5 percentage points compared to the MY2023 updated baseline rate administrative rates.	
By the end of 2025, Senior Whole Health aims to increase the percentage of members in Bristol County who discharged from facility and received a timely medication reconciliation post-discharge per HEDIS® specifications by 5 percentage points compared to MY2023 updated baseline rate administrative rates.	
Interventions in 2023	
<ul style="list-style-type: none"> ▪ Outreach members upon discharge to address barriers and increase understanding of follow up care ▪ Collaborate with providers to improve coordination for members medication reconciliation post discharge ▪ Collaborate with providers to distribute targeted discharge lists 	
Performance Improvement Summary	
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.	

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; HEDIS: Healthcare Effectiveness Data and Information Set; TRC: Transitions of Care; MY: measurement year.

Table 25: SWH PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: TRC MRP Rates for all SWH (Hybrid)	2024 (baseline, 2023 MY data)	57.66%
Indicator 2: TRC MRP rates (Administrative)	2024 (baseline, 2023 MY data)	32.40%
Indicator 3: TRC MRP rates for Suffolk County (Administrative)	2024 (baseline, 2023 MY data)	25.34%
Indicator 4: TRC MRP rates for Bristol County (Administrative)	2024 (baseline, 2023 MY data)	42.41%
Indicator 5: TRC Notification of Inpatient Admission (Hybrid)	2024 (baseline, 2023 MY data)	13.38%
Indicator 6: TRC Receipt of Discharge Information (Hybrid)	2024 (baseline, 2023 MY data)	15.33%
Indicator 7: TRC Patient Engagement After Inpatient Discharge (Hybrid)	2024 (baseline, 2023 MY data)	87.59%

SCO: Senior Care Options; PIP: performance improvement project; TRC: Transitions of Care; MRP: Medication Reconciliation Post-Discharge; MY: measurement year.

Recommendations

- *Recommendation for PIP 2:* SWH should continue to work on intervention tracking measures to increase the likelihood of desired performance outcomes.

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, 2024

Tufts SCO PIP 1: Decreasing the total percentage of Tufts SCO members who use a high-risk medication	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
Aim	
Indicator 1: By the end of 2025, THP SCO aims to decrease the percentage of members who are at risk of having a potentially harmful drug interaction by 3 percentage points from the MY2023 rate of 33.96% to 30.96%.	
Indicator 2: By the end of 2025, THP SCO aims to decrease the percentage of members who have a history of falls and are at risk of having a potentially harmful drug interaction from an Antiepileptics, Antipsychotics, Benzodiazepines, Nonbenzodiazepine Hypnotics or Antidepressants (SSRIs, Tricyclic Antidepressants and SNRIs) by 5.29 percentage points from the MY2023 rate of 44.33% to 39.04%.	
Indicator 3: By the end of 2025, THP SCO aims to decrease the percentage of members who are at risk of having a potentially harmful drug interaction for members who have dementia and take antipsychotics by 2.5 percentage points from the MY2023 rate of 35.80% to 33.30%.	
Indicator 4: By the end of 2025, THP SCO aims to decrease the percentage of members who are at risk of having a potentially harmful drug interaction for members who have chronic kidney disease and take Cox-2 Selective NSAIDs or Non-aspirin NSAIDs by 3.44 percentage points from the MY2023 rate of 12.15% to 8.71%.	
Interventions in 2024	
<ul style="list-style-type: none"> ▪ Consult with prescribers on high-risk medication prescriptions ▪ Increase utilization of the member care dashboard to guide prescriber outreach ▪ Automate notifications for pharmacy claims to initiate member outreach 	
Performance Improvement Summary	
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.	

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; THP: Tufts Health Plan; MY: measurement year.

Table 27: Tufts SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Potentially Harmful Drug Disease Interactions	2024 (baseline, MY 2023 data)	33.96%
Indicator 2: History of Falls and Antiepileptics, Antipsychotics, Benzodiazepines, Nonbenzodiazepine Hypnotics or Antidepressants (SSRIs, Tricyclic Antidepressants and SNRIs)	2024 (baseline, MY 2023 data)	44.33%
Indicator 3: Dementia and Antipsychotics	2024 (baseline, MY 2023 data)	35.80%
Indicator 4: Chronic Kidney Disease and Cox-2 Selective NSAIDs or Non-aspirin NSAIDs	2024 (baseline, MY 2023 data)	12.15%

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; MY: measurement year.

Table 28: Tufts SCO PIP 2 Summary, 2024

Tufts SCO PIP 2: Improving the transitions of care rate for all Tufts Health Plan SCO members	
Validation Summary	
Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence	
Confidence Rating 2: PIP Produced Evidence of Improvement – N/A	
Aim	
By the end of 2025, THP SCO aims to increase the percentage of members who had a medication reconciliation within 30 days of discharge from a hospital by 13.5 percentage points compared to the MY 2023 baseline rate 54.50% to 68.00%. By focusing on interventions that address barriers to the medication reconciliation component of the TRC measure THP SCO aims to improve the overall TRC measure.	
Interventions in 2024	
<ul style="list-style-type: none"> ▪ Outreach to provider groups with low rates of follow up visits within 30 days of a discharge ▪ Complete serial calls to high acuity members ▪ Complete medication reconciliation at discharge 	
Performance Improvement Summary	
Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.	

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; THP: Tufts Health Plan; TRC: Transitions of Care; MY: measurement year.

Table 29: Tufts SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Notification of Inpatient Admissions	2024 (baseline MY 2023 data)	32.06%
Indicator 2: Receipt of Discharge Information	2024 (baseline MY 2023 data)	24.57%
Indicator 3: Patients Engagement After Inpatient Discharge	2024 (baseline MY 2023 data)	91.24%
Indicator 4: Medication Reconciliation Post-Discharge	2024 (baseline MY 2023 data)	54.50%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

Recommendations

None.

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, 2024

UHC SCO PIP 1: Decreasing the total percentage of UHC SCO members who use a high-risk medication
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – High Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
Aim Indicator 1: By the end of 2025, UHC SCO aims to decrease the total percentage of SCO members who fill a high-risk medication two or more times by 2.17 percentage points from 21.23% in MY2023 down to 19.06% in MY2025 Indicator 2: By the end of 2025, UHC SCO aims to decrease the percentage of SCO members who had at least two dispensing events of Zolpidem by 0.27 percentage points from 2.27% in MY2023 to 2.00% in MY2025.
Interventions in 2024 <ul style="list-style-type: none"> Educate providers on resources for prescribing medication to patients over 67 years of age Update and provide care plans to providers when conducting assessments with members prescribed high-risk medications Educate members on the risks of taking Zolpidem
Performance Improvement Summary Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; MY: measurement year.

Table 31: UHC SCO PIP 1 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Use of High-Risk Medications in Older Adults- Total (DAE)	2024 (baseline MY 2023 data)	21.23%
Indicator 2: The percentage of SCO members 67 years of age and older in the measurement year who had at least two dispensing events for Zolpidem	2024 (baseline MY 2023 data)	2.27%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

Table 32: UHC SCO PIP 2 Summary, 2024

UHC SCO PIP 2: Improving the transitions of care rate for all UHC SCO members
Validation Summary Confidence Rating 1: PIP Adhered to Acceptable Methodology – Moderate Confidence Confidence Rating 2: PIP Produced Evidence of Improvement – N/A
Aim UHC aims to improve the transition of care experience of SCO community members by increasing the medication reconciliation post hospital discharge HEDIS rate of SCO community members by 3.86 percentage points, from a rate of 86.37% in MY2023 to a rate of 90.23% by end of MY2025.
Interventions in 2024 <ul style="list-style-type: none"> Educate nurse care managers on documentation requirements for medication reconciliation Educate care managers assigned to Spanish speaking members on medication reconciliations requirements Provide education to providers on medication reconciliation coding
Performance Improvement Summary Not applicable until the remeasurement results are available in CY 2025 for the MY 2024.

SCO: Senior Care Options; PIP: performance improvement project; CY: calendar year; N/A: not applicable; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

Table 33: UHC SCO PIP 2 Performance Measures and Results

Indicators	Reporting Year	Rate
Indicator 1: Notification of Inpatient Admissions	2024 (baseline, 2023 MY data)	18.98%
Indicator 2: Receipt of Discharge Information	2024 (baseline, 2023 MY data)	26.52%
Indicator 3: Patient Engagement After Inpatient Discharge	2024 (baseline, 2023 MY data)	95.38%
Indicator 4: Medication Reconciliation Post-Discharge	2024 (baseline, 2023 MY data)	86.37%

SCO: Senior Care Options; PIP: performance improvement project; MY: measurement year.

Recommendations

None.

IV. Validation of Performance Measures

Objectives

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

Technical Methods of Data Collection and Analysis

MassHealth 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 as required by CMS, as outlined in Section 2.13.A of the Third Amended and Restated MassHealth SCO Contract.

MassHealth also evaluates SCO performance on non-HEDIS measures (i.e., measures that are not reported to NCQA via the Interactive Data Submission System). One non-HEDIS measure was in scope for reporting and validation for MY 2023. The one non-HEDIS measure was calculated by MassHealth's vendor, Telligen. Telligen subcontracted with SS&C Health, to produce the one non-HEDIS measure rates for all the SCOs.

For HEDIS measures, IPRO performed an independent evaluation of the MY 2023 HEDIS Compliance Audit Final Audit Reports, 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 Capabilities Assessment.⁸ Since the SCOs' HEDIS rates were audited by an independent NCQA-licensed HEDIS compliance audit organization, all SCO Plans received a full Information Systems Capabilities Assessment as part of the audit. Onsite (virtual) audits were therefore not necessary to validate reported measures.

One non-HEDIS measure was calculated by MassHealth on behalf of the SCOs. MassHealth received claims and encounter data from the SCOs. MassHealth then provided Telligen with the SCO claims and encounter data files through a comprehensive data file extract referred to as the mega-data extract. Telligen extracted and transformed the data elements necessary for measure calculation.

IPRO conducted an Information Systems Capabilities Assessment to confirm that MassHealth's information systems were capable of meeting regulatory requirements for managed care quality assessment and reporting. To this end, MassHealth completed the Information Systems Capabilities Assessment tool and underwent a virtual site visit.

For the non-HEDIS measure rates, source code review was conducted with SS&C Health to ensure compliance with the measure specifications when calculating measure rates.

Primary source validation was conducted on MassHealth systems to confirm that the information from the primary source matched the output information used for the non-HEDIS measure reporting. To this end, MassHealth provided screenshots from the data warehouse for the selected records.

⁸ The *CMS External Quality Review (EQR) Protocols*, published in February 2023, states that Information Systems Capabilities Assessment 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 Information Systems Capabilities Assessment. The results of HEDIS compliance audits are presented in the HEDIS Final Audit Reports issued by each SCO's independent auditor.

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

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, Interactive Data Submission System files, and the Final Audit Report.

The following information was obtained from MassHealth: A completed Information Systems Capabilities Assessment tool, denominator and numerator compliant list for the non-HEDIS measure MLTSS-7: Managed Long-Term Services and Supports Minimizing Facility Length of Stay, rates for the non-HEDIS measure, and screenshots from the data warehouse for primary source validation.

Conclusions and Comparative Findings

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

Table 34: SCO Compliance with Information System Standards – MY 2023

Information System Standard	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
IS R Data Management and Reporting (formerly IS 6.0, IS 7.0)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
IS C Clinical and Care Delivery Data (formerly IS 5.0)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
IS M Medical Record Review Processes (formerly IS 4.0)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
IS A Administrative Data (formerly IS 1.0, IS 2.0, IS 3.0)	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

SCO: Senior Care Options; MY: measurement year.

Validation Findings

- **Information Systems Capabilities Assessment (ISCA):** The Information Systems Capabilities Assessment is conducted to confirm that the SCO Plans' information systems were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This includes a review of the claims processing systems, enrollment systems, and provider data systems. IPRO reviewed the SCO Plans' HEDIS Final Audit Reports issued by their independent NCQA-certified HEDIS compliance auditors. IPRO also conducted an Information Systems Capabilities Assessment review with MassHealth for the non-HEDIS measure. 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 Final Audit Report confirmed that the SCO Plans used NCQA-certified measure vendors to produce the HEDIS rates. Source code review was conducted with SS&C Health for the SCO non-HEDIS measure 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 Final Audit Report confirmed that the SCO Plans passed medical record review validation. No issues were identified.
- **Primary Source Validation:** Primary source validation is conducted to confirm that the information from the primary source matches the output information used for measure reporting. The review of each SCO Plan's Final Audit Report confirmed that the SCO Plans passed the primary source validation. MassHealth provided screenshots from the data warehouse of the selected records for primary source validation for the non-HEDIS measure. All records passed validation. No issues were identified.
- **Data Collection and Integration Validation:** This includes a review of the processes used to collect, calculate, and report the performance measures, including accurate numerator and denominator identification and algorithmic compliance to evaluate whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately. The review of each SCO Plan's Final Audit Report confirmed that the SCO Plans met all requirements related to data collection and integration. MassHealth also met 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 2023 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: 92.73%; CCA SCO: 91.76%; UHC SCO: 92.19%
- Follow-up After Hospitalization for Mental Illness (7 days) – CCA SCO: 52.04%; Tufts SCO: 47.83%
- Transitions of Care: Medication Reconciliation Post-Discharge – Fallon NaviCare SCO: 92.70%
- Colorectal Cancer Screening – UHC SCO: 87.35%
- Pharmacotherapy Management of COPD Exacerbation Corticosteroids – WellSense SCO: 87.27%
- Follow-up After Hospitalization for Mental Illness (30 days) – CCA SCO: 71.43%

Needs Improvement:

- Advance Care Planning – WellSense SCO: 6.27%
- Transitions of Care: Medication Reconciliation Post-Discharge – SWH SCO: 57.66%; Tufts SCO: 54.5%
- Controlling High Blood Pressure – SWH SCO: 67.64%
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD – SWH SCO: 19.86%; UHC SCO: 23.21%
- Use of High-Risk Medications in the Elderly (Lower is Better) – CCA SCO: 25.63%; Fallon NaviCare SCO: 25.53%; Tufts SCO: 20.33%; UHC SCO: 21.23%; statewide: 21.59%
- Potentially Harmful Drug Disease Interactions in the Elderly (lower is better) – Fallon NaviCare SCO: 38.72%
- Follow-up After Hospitalization for Mental Illness (7 days) – Fallon NaviCare SCO: 23.53%
- Follow-up After Hospitalization for Mental Illness (30 days) – Fallon NaviCare SCO: 45.10%; SWH SCO: 48.48%
- Plan All-Cause Readmission (Observed/Expected Ratio) – CCA SCO: 1.3583; UHC SCO: 1.1627; statewide: 1.1216

- Osteoporosis Management in Women Who Had a Fracture – CCA SCO: 12.07%; Fallon NaviCare SCO: 18.87%; SWH SCO: 27.78%
- Antidepressant Medication Management Acute – CCA SCO: 73.71%; Fallon NaviCare SCO: 78.21%
- Antidepressant Medication Management Continuation – CCA SCO: 57.54%
- Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment – Tufts SCO: 2.90%

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 2023 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).

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

Tables 36 displays the HEDIS performance measures for MY 2023 for all SCO Plans and the weighted statewide mean.

Table 36: SCO HEDIS Performance Measures – MY 2023

HEDIS Measure	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO	Weighted Statewide Mean
Colorectal Cancer Screening	74.94% (≥ 50th but < 75th)	79.81% (≥ 75th but < 90th)	68.46% (≥ 25th but < 50th)	78.35% (≥ 50th but < 75th)	72.84% (≥ 50th but < 75th)	87.35% (≥ 90th)	79.53% (≥ 75th but < 90th)
Influenza Immunization (ages 65+ years; CAHPS) ¹	77 (> Goal)	73 (> Goal)	75 (> Goal)	80 (> Goal)	78 (> Goal)	76 (> Goal)	76 (> Goal)
Advance Care Plan	6.27% (< 25th)	42.62% (≥ 50th but < 75th)	N/A	65.4% (≥ 75th but < 90th)	N/A	N/A	49.48% (≥ 50th but < 75th)
Transitions of Care: Medication Reconciliation Post-Discharge	83.7% (≥ 75th but < 90th)	85.27% (≥ 75th but < 90th)	92.7% (≥ 90th)	57.66% (< 25th)	54.5% (< 25th)	86.37% (≥ 75th but < 90th)	77.83% (≥ 50th but < 75th)
Persistence of Beta Blocker Treatment After Heart Attack	N/A	N/A	N/A	N/A	N/A	N/A	76.67% (≥ 50th but < 75th)
Controlling High Blood Pressure	82.77% (≥ 75th but < 90th)	83.9% (≥ 75th but < 90th)	72.68% (≥ 25th but < 50th)	67.64% (< 25th)	76.64% (≥ 50th but < 75th)	81.27% (≥ 75th but < 90th)	77.59% (≥ 50th but < 75th)
Pharmacotherapy Management of COPD Exacerbation Corticosteroids	87.27% (≥ 90th)	76.42% (≥ 50th but < 75th)	74.81% (≥ 50th but < 75th)	73.2% (≥ 25th but < 50th)	74.68% (≥ 25th but < 50th)	76.95% (≥ 50th but < 75th)	76.05% (≥ 50th but < 75th)
Pharmacotherapy Management of COPD Exacerbation Bronchodilators	92.73% (≥ 90th)	91.76% (≥ 90th)	86.47% (≥ 50th but < 75th)	88.24% (≥ 75th but < 90th)	86.08% (≥ 50th but < 75th)	92.19% (≥ 90th)	89.6% (≥ 75th but < 90th)
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	N/A	26.69% (≥ 25th but < 50th)	23.27% (≥ 25th but < 50th)	19.86% (< 25th)	28.13% (≥ 50th but < 75th)	23.21% (< 25th)	23.72% (≥ 25th but < 50th)
Use of High-Risk Medications in the Elderly (Total; lower is better)	17.95% (≥ 25th but < 50th)	25.63% (< 25th)	25.53% (< 25th)	17.02% (≥ 25th but < 50th)	20.33% (< 25th)	21.23% (< 25th)	21.59% (< 25th)
Potentially Harmful Drug Disease Interactions in the Elderly (Total; lower is better)	34.8% (≥ 25th but < 50th)	34.2% (≥ 25th but < 50th)	38.72% (< 25th)	29.99% (≥ 50th but < 75th)	33.96% (≥ 25th but < 50th)	32.58% (≥ 50th but < 75th)	33.43% (≥ 25th but < 50th)
Follow-up After Hospitalization for Mental Illness (7 days)	N/A	52.04% (≥ 90th)	23.53% (≥ 25th but < 50th)	33.33% (≥ 50th but < 75th)	47.83% (≥ 90th)	32.73% (≥ 50th but < 75th)	40.07% (≥ 75th but < 90th)
Follow-up After Hospitalization for Mental Illness (30 days)	N/A	71.43% (≥ 90th)	45.1% (≥ 25th but < 50th)	48.48% (≥ 25th but < 50th)	69.57% (≥ 75th but < 90th)	54.55% (≥ 50th but < 75th)	60.63% (≥ 75th but < 90th)
Plan All-Cause Readmission (Observed/Expected Ratio)	1.0827 (≥ 25th but < 50th)	1.3583 (< 25th)	1.0107 (≥ 50th but < 75th)	1.0085 (≥ 50th but < 75th)	1.0139 (≥ 50th but < 75th)	1.1627 (< 25th)	1.1216 (< 25th)
Osteoporosis Management in Women Who Had a Fracture	N/A	12.07% (< 25th)	73.33% (≥ 90th)	18.87% (< 25th)	27.78% (< 25th)	36.05% (≥ 25th but < 50th)	30.11% (≥ 25th but < 50th)
Antidepressant Medication Management Acute	81.58% (≥ 25th but < 50th)	73.71% (< 25th)	78.54% (≥ 25th but < 50th)	78.21% (< 25th)	82.01% (≥ 25th but < 50th)	81.89% (≥ 25th but < 50th)	78.64% (≥ 25th but < 50th)
Antidepressant Medication Management Continuation	63.16% (≥ 25th but < 50th)	57.54% (< 25th)	65.13% (≥ 25th but < 50th)	65.36% (≥ 25th but < 50th)	65.08% (≥ 25th but < 50th)	66.47% (≥ 25th but < 50th)	63.51% (≥ 25th but < 50th)

HEDIS Measure	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO	Weighted Statewide Mean
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	N/A	40.72% (≥ 50th but < 75th)	N/A	54.76% (≥ 90th)	32.12% (≥ 25th but < 50th)	30.32% (≥ 25th but < 50th)	36.69% (≥ 50th but < 75th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	N/A	6.65% (≥ 75th but < 90th)	N/A	5.36% (≥ 50th but < 75th)	4.24% (≥ 50th but < 75th)	2.9% (≥ 25th but < 50th)	4.45% (≥ 50th but < 75th)
Managed Long Term Services and Supports Minimizing Facility Length of Stay	1.1027 (N/A)	1.4678 (N/A)	0.9594 (N/A)	1.3505 (N/A)	1.1526 (N/A)	0.9721 (N/A)	1.1661 (N/A)

¹ The CAHPS Influenza Immunization measure was compared to the Medicare Advantage national mean score, instead of the Quality Compass.
SCO: senior care option; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; COPD: chronic obstructive pulmonary disease; N/A: not applicable, eligible population/denominator less than 30; CAHPS: Consumer Assessment of Healthcare Providers and Services.

V. Review of Compliance with Medicaid Managed Care Regulations

Objectives

The objective of the compliance review process is to determine the extent to which Medicaid managed care entities comply with federal quality standards mandated by the Balanced Budget Act of 1997. The purpose of this compliance review was to assess 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. This section of the report summarizes the 2023 compliance results. The next comprehensive review will be conducted in 2026, as the compliance validation process is conducted triennially.

Technical Methods of Data Collection and Analysis

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

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

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

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

Pre-interview Documentation Review

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

Once MassHealth approved the methodology, IPRO sent 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 site.

To facilitate the review process, IPRO provided SCO Plans with examples of documents that they could furnish to validate compliance with the regulations. Instructions regarding the file review component of the audit were

also provided, along with a request for the universe of cases for each file review area under review. From the universe of cases, IPRO randomly selected a sample of cases for the Plans to provide in each area, which were reviewed remotely.

Prior to the review, 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, the internal processes, and procedures to deliver the required services to members and providers; can articulate in their own words; and draws the relationship between the policies and the implementation of those policies. Interviews discussed elements in each of the review tools that were considered less than fully compliant based upon initial review. Interviews were used to further explore the written documentation and to allow SCO Plans to provide additional documentation, if available. SCO staff was given two days from the close of the onsite review to provide any further documentation.

Post-interview Report Preparation

Following the remote interviews, review tools were updated. These post-interview tools included an initial review determination for each element reviewed and identified what specific evidence was used to assess that 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 three 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 MCPs' 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 annual technical report recommendations, which is part of the annual EQR process.

Scoring Methodology

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by the total possible points. A three-point scoring system was used: Met = 1 point, Partially Met = 0.5 points, and Not Met = 0 points. 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: <ul style="list-style-type: none">• Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided. MCP staff interviews, however, provided information that was not consistent with the documentation provided.• Documentation to substantiate compliance with some but not all of the regulatory or contractual provisions was provided, although MCP staff interviews provided information consistent with compliance with all requirements.• Documentation to substantiate compliance with some but not all of the regulatory or contractual provisions was provided, and MCP staff interviews provided information inconsistent with compliance with all requirements.
Not Met = 0 points	There was an absence of documentation to substantiate compliance with any of the regulatory or contractual requirements, and MCP staff did not provide information to support compliance with requirements.
Not Applicable	The requirement was not applicable to the MCP. Not applicable elements are removed from the denominator

MCP: managed care plan.

Description of Data Obtained

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

Conclusions and Comparative Findings

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 SCO 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 NaviCare SCO)
- Emergency and post-stabilization services (CCA SCO)
- Coordination and continuity of care (WellSense SCO, CCA SCO, Fallon NaviCare SCO, SWH SCO, 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 NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO	Statewide 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% ³	100.0%	97.2%
Enrollee rights and protections total ¹	438.100	86.8% ³	92.4%	74.7% ³	98.6%	93.2%	98.0%	90.6%
Emergency and post-stabilization services ²	438.114	100.0%	50.0% ³	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% ³	83.6% ³	88.3% ³	85.8% ³	88.8% ³	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% ³	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%

¹ Enrollee Rights & Protections Total is the sum of regulations in the 438.10 Information Requirements Tool and the 438.100 Enrollee Rights & Protections Tool.

² Emergency and Post-stabilization Services is seven regulations embedded in the 438.210 Coverage and Authorization Tool and extracted in the scorecard for presentation.

³ Red text: indicates an opportunity for improvement (less than 90%).

SCO: Senior Care Options; CFR: Code of Federal Regulations; QAPI: Quality Assurance and Performance Improvement; N/A: not applicable.

VI. Validation of Network Adequacy

Objectives

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

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

MassHealth's access and availability standards are described in Section 2.6 Enrollee Access to Services of the Third 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 SCOs' processes for collecting and storing network data, provider networks' compliance with MassHealth's GeoAccess requirements, the accuracy of the information presented in SCOs' online provider directories, and compliance with the standards for appointment wait times.

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

Technical Methods of Data Collection and Analysis

This section explains the methodology behind each one of the three elements of network adequacy validation: validation of the underlying information systems, validation of compliance with MassHealth's travel time and distance standards, and the validation of compliance with MassHealth's standards for appointment wait times.

Network Information Systems Validation Methodology

The Information System Capacity Assessment is a component of the performance measure validation EQR activity, during which MCPs submit the results of their HEDIS audits for deeming. To complement the already existing assessments, IPRO evaluated the integrity of the systems used to collect, store, and process provider network data.

IPRO developed a survey in Research Electronic Data Capture (REDCap®) to support this effort. The survey questions addressed topics such as the systems used to collect and store provider data for network analysis; methods of data entry; the roles of staff involved in collecting, storing, and analyzing data; the frequency of

data collection and updates; the extent of missing data; and the quality assurance measures in place to prevent and correct errors.

The survey was distributed to MCPs on July 8, 2024, and closed on August 23, 2024. IPRO will also schedule individual interview sessions with each MCP to supplement understanding of the MCP’s information systems and processes.

Provider Directory and Availability of Appointments Methodology

The accuracy of provider directories and availability of appointments were assessed using secret shopper surveys. In a secret shopper survey, callers acted as members and attempted to schedule an appointment, documenting the date of the next available appointment or barriers to making the appointment. The audited specialties are listed in **Table 39**.

Table 39: Audited Specialties

Reporting Group	Specialty
Primary care	Family medicine Internal medicine Geriatric
Specialists	Obstetrics/Gynecology (Ob/Gyn) General Dental

Using the MCP online provider directories, PDF versions of the plan directories were downloaded, and computer code was used to scrape the data, creating a database of providers. Due to inherent variations in provider directory layouts this process may have resulted in a small percentage of errors. The findings should be interpreted with caution.

To ensure a statistically sound methodology, random and statistically significant samples were selected for each plan and provider type. The samples were reviewed for overlaps to create a “calling sample size” and to ensure that the same providers were not contacted multiple times.

To validate the accuracy of the information published in the provider directories, surveyors contacted a sample of practice sites to confirm providers’ participation with the Medicaid MCP, open panel status for listed specialty, telephone number, and address. IPRO reported the percentage of providers in the sample with verified and correct information.

IPRO also inquired about the wait times for the next available sick and routine appointments. Callers were provided with scenarios to use when attempting to schedule appointments. Each scenario was designed to address both the routine and sick visit standards, allowing responses to be captured in a single call. MassHealth’s appointment availability standards for SCOs are detailed in **Table 40**. Standards highlighted in gray are for provider types not included in the survey.

Table 40: Availability Standards

Provider Type	Urgency Level	SCO Sec. 2.6.A.13 and Sec. 2.6.C.1-5
Emergency services ¹	Emergency	Immediately
Urgent care ¹	Urgent/Symptomatic	48 hours
SCO PCP: internal medicine, family medicine, geriatric	Nonurgent symptomatic: sick visit	14 calendar days
SCO PCP: internal medicine, family medicine, geriatric	Nonsymptomatic: routine visit	30 calendar days
SCO specialty provider: ob/gyn, general dental	Nonurgent symptomatic: sick visit	14 calendar days
SCO specialty provider: ob/gyn, general dental	Nonsymptomatic: routine visit	30 calendar days
Behavioral health (BH) services ¹	Nonurgent BH services	14 calendar days

¹ Gray cells: indicates provider types not included in the survey.

SCO: Senior Care Options; PCP: primary care provider; ob/gyn: obstetrics/gynecology.

Travel Time and Distance Validation Methodology

For 2024, IPRO evaluated each MCP's provider network to determine compliance with network GeoAccess standards established by MassHealth. According to the SCO contracts, at least 90% of health plan members in each county must have access to in-network providers following the time or distance standards defined in the contract.

SCO network adequacy standards are a combination of CMS's network adequacy standards for Medicare Advantage 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 41**.

Table 41: Provider Type Standards – Travel Time AND Distance Versus Travel Time OR Distance

CMS Travel Time AND Distance	MassHealth Travel Time OR Distance
<ul style="list-style-type: none"> • Primary Care • Acute Inpatient Hospitals • Skilled Nursing Facilities • Orthotics and Prosthetics • Occupational Therapy • Physical Therapy • Speech Therapy • Specialists 	<ul style="list-style-type: none"> • Behavioral Health Outpatient Services • LTSS Providers: Adult Day Health, Day Habilitation, Hospice, Adult Foster Care, Group Adult Foster Care, Personal Care Assistant • Emergency Services Program (ESP) Providers • Oxygen and Respiratory Equipment Services • Hospital Rehabilitation

LTSS: long-term services and supports.

The CMS's travel time and distance standards vary by provider type, as well as by CMS's county designation. Different time and distance standards apply when certain provider types render services to members who reside in metro versus large metro counties. Massachusetts' county designation is listed in **Table 42**.

Table 42: County Designation in Massachusetts – Metro Versus Large Metro

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

IPro reviewed MassHealth GeoAccess standards and worked together with the state to define network adequacy indicators. Network adequacy indicators were updated to reflect all changes to the contract requirements for CY 2024. SCO network adequacy standards and indicators are listed in **Appendix D (Tables D1–D9)**.

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

IPro worked with a subvendor to develop MCP GeoAccess reports. IPro analyzed the results to identify MCPs with adequate provider networks, as well as service areas with deficient networks. When an MCP appeared to have network deficiencies in a particular service area, IPro reported the percentage of MCP members in that service area who had adequate access.

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

Description of Data Obtained

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

Network Information Systems Capacity Assessment Data

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

Provider Directory and Availability of Appointment Data

For the provider directory validation, provider directory web addresses were reported to IPRO by the MCPs and are presented in **Appendix E**. The practice sites were contacted between October and December 2024.

Travel Time and Distance Data

Validation of network adequacy for CY 2024 was performed using network data submitted by MCPs to IPRO. IPRO requested a complete provider list which included facility/provider name, address, phone number, and the national provider identifier for the following provider types: primary care, ob/gyn, hospitals, rehabilitation, urgent care, specialists, behavioral health, and pharmacy. For PCPs, panel status and providers' non-English language information were also requested. IPRO received a complete list of Medicaid Enrollees from each MCP. Provider and member enrollment data as of July 1, 2024, were submitted to IPRO via IPRO's secure file transfer protocol site. MCPs also submitted the results of their time and distance analysis to IPRO.

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

Conclusions and Findings

After assessing the reliability and validity of the MCP's network adequacy data, processes, and methods used by the MCP to assess network adequacy and calculate each network adequacy indicator, IPRO determined whether the data, processes, and methods used by the MCP to monitor network adequacy were accurate and current.

IPRO also validated network adequacy results submitted by the MCPs and compared them to the results calculated by IPRO to assess whether the MCP's results were valid, accurate, and reliable, as well as if the MCP's interpretation of data was accurate.

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

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

The network adequacy validation rating scale was modified for primary care providers, ob/gyn, hospitals and medical facilities, and specialists because IPRO used Medicare-Medicaid Plan standards for those providers, though Medicare Advantage standards would have been more appropriate. As a result, for those provider types, high confidence on the network adequacy validation rating scale indicates that no issues were found with the underlying information systems and that the MCP's provider data were clean. The standards used and the results calculated by the MCP could not have been validated for those provider types.

For two indicators, namely the accuracy of provider directories and appointment wait times, IPRO did not assess MCP methods of calculating the indicator but instead calculated the indicator itself. In those instances, the network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

The network adequacy validation rating for each indicator is reported in **Table 43**.

Table 43: SCO Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	WellSense SCO Validation Rating	CCA SCO Validation Rating	Fallon NaviCare SCO Validation Rating	SWH SCO Validation Rating	Tufts SCO Validation Rating	UHC SCO Validation Rating
PCP GeoAccess	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence
Ob/Gyn GeoAccess	High confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence
Hospital and Medical Facilities GeoAccess	High confidence: Acute Inpatient Hospitals, Nursing Facilities, and Orthotics and Prosthetics Moderate confidence: the remaining provider types	Moderate confidence	High confidence: Orthotics and Prosthetics, as well as Speech Therapy in certain counties Moderate confidence: other provider types	High confidence: Occupational Therapy and Speech Therapy Moderate confidence: other provider types	High confidence: Orthotics and Prosthetics in large metro counties and Acute Inpatient Hospitals, as well as Orthotics and Prosthetics in metro counties Moderate confidence: Nursing Facility and the remaining providers	Moderate confidence
Specialists GeoAccess	Moderate confidence	Moderate confidence	High confidence: Cardiothoracic Surgery, Chiropractor, ENT/Otolaryngology, Gastroenterology, Neurosurgery, Oncology – Radiation/Radiation Oncology, Physiatry, Plastic Surgery, and Rheumatology in certain counties Moderate confidence: other provider types	Moderate confidence	Moderate confidence	Moderate confidence

Network Adequacy Indicator	WellSense SCO Validation Rating	CCA SCO Validation Rating	Fallon NaviCare SCO Validation Rating	SWH SCO Validation Rating	Tufts SCO Validation Rating	UHC SCO Validation Rating
Outpatient Behavioral Health GeoAccess	Low confidence	Moderate confidence	High confidence: Clinical Support Services for SUD, Community Support Program, and Partial Hospitalization Program in certain counties Low confidence: other provider types	High confidence: most providers, except those listed under moderate confidence. Moderate confidence: Behavioral Health Outpatient, Community Crisis Stabilization, and Intensive Outpatient Programs	Moderate confidence: Clinical Support Services, Community Crisis Stabilization, Community Support Program, Intensive Outpatient, Monitored Inpatient, Partial Hospitalization, Psych Inpatient Adult, Psychiatric Day Treatment, and Structured Outpatient Addiction Program Low confidence: Behavioral Health Outpatient, Recovery Coaching, and Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	High confidence: Clinical Support Services for Substance Use Disorders (Level 3.5), Intensive Outpatient Program, Monitored Inpatient Level 3.7, Partial Hospitalization Program, Psychiatric Day Treatment, and Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) Moderate confidence: other provider types
Pharmacy GeoAccess	Moderate confidence	Moderate confidence	Not enough information to validate	Not enough information to validate	High confidence: large metro counties Moderate confidence: metro counties	High confidence
LTSS Providers GeoAccess	Moderate confidence: Adult Day Health, Day Habilitation, Group Adult Foster Care, and Hospice Low confidence: the remaining provider types	High confidence: Group Adult Foster Care Moderate confidence: other provider type	High confidence: Adult Foster Care, Day Habilitation, and Group Adult Foster Care in certain counties Low confidence: other provider types	Moderate confidence	High confidence: Day Habilitation, Group Adult Foster Care, and Hospice Moderate confidence: Adult Day Health, Adult Foster Care, and Personal Care Assistant (duplicative data)	High confidence: Adult Foster Care, Group Adult Foster Care, and Hospice Moderate confidence: other provider types

Network Adequacy Indicator	WellSense SCO Validation Rating	CCA SCO Validation Rating	Fallon NaviCare SCO Validation Rating	SWH SCO Validation Rating	Tufts SCO Validation Rating	UHC SCO Validation Rating
Other Provider Types GeoAccess	High confidence: Rehabilitation Hospital Services in Bristol, Plymouth, Hampden, and Suffolk counties but different results than IPRO's for Barnstable County Moderate confidence: Oxygen and Respiratory Equipment and Emergency Support Services	Moderate confidence: Rehabilitation Hospital and Oxygen and Respiratory Equipment Services Low confidence: Emergency Support Services	Moderate confidence: Oxygen and Respiratory Equipment Low confidence: other provider types	Low confidence	Moderate confidence	High confidence: Oxygen and Respiratory Equipment Services and Rehabilitation Hospital Services Not enough information to validate: Emergency Support Services
Dental Services GeoAccess	Moderate confidence: General Dentistry Low confidence: Oral Surgeon	Low confidence	Low confidence	Low confidence	Moderate confidence: Oral Surgeon Low confidence: General Dentists	Moderate confidence
Accuracy of Directories ²	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence	Moderate confidence
Wait Time for Appointment: sick visit ³	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable	Not Reportable

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

² IPRO did not assess the MCP’s methods of calculating the indicator but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

³ Fewer than 30 providers were able to be contacted. There is not enough information to draw plan-level conclusions; only program-level results are reported.

SCO: Senior Care Options; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; TBD: to be determined.

Network Information Systems and Quality of Provider Data

The analysis of the information systems assessment showed the following:

- The Information Systems Capabilities Assessment was conducted to confirm that the SCOs' information systems were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This included a review of the claims processing systems, enrollment systems, and provider data systems. IPRO reviewed SCO HEDIS Final Audit Reports issued by the SCOs' independent NCQA-certified HEDIS compliance auditors. No issues were identified.
- IPRO assessed the reliability and validity of MCP network adequacy data. IPRO determined that the data used by the MCP to monitor network adequacy were mostly accurate and current except for duplicative provider records and incorrect provider directory information, which was shared with the MCP via email.
- IPRO reviewed the MCP's process for updating data (i.e., provider and beneficiary information) and concluded that the MCP process for updating data should include a method for assessing the accuracy of provider information published in the online provider directory.
- IPRO assessed changes in the MCP's data systems that might affect the accuracy or completeness of network adequacy monitoring data (e.g., major upgrades, consolidations within the system, acquisitions/mergers with other MCPs). No issues were identified.

Provider Directory

IPRO validated the accuracy of provider directories for a sample of provider types chosen by MassHealth. **Tables 44–46** show the percentage of providers in the directory with verified telephone number, address, specialty, and Medicaid participation. MassHealth did not establish a goal for the provider directory activity.

Table 44: Provider Directory Accuracy – Primary Care Providers

Provider Directory Accuracy	WellSense SCO % (n) ²	CCA SCO % (n) ²	Fallon NaviCare SCO % (n) ²	SWH SCO (n) ²	Tufts SCO % (n) ²	UHC SCO % (n) ²
PCPs ¹	40.22% (74)	21.82% (79)	57.14% (196)	14.59% (20)	7.48% (27)	38.97% (53)
Total PCPs called	184	362	343	137	361	136

¹ Primary care providers (PCPs) include internal medicine, family medicine, and geriatric.

² (n) is the number of providers in the sample for whom the contact information was correct.

Note: The sample is representative of the population with a 95% confidence interval and +/- 5% margin of error.

Table 45: Provider Directory Accuracy – Obstetrics/Gynecology

Provider Directory Accuracy	WellSense SCO % (n) ¹	CCA SCO % (n) ¹	Fallon NaviCare SCO (n) ¹	SWH SCO % (n) ¹	Tufts SCO % (n) ¹	UHC SCO % (n) ¹
Ob/Gyn	25.24% (26)	21.55% (25)	44.83% (52)	20.72% (23)	37.70% (46)	28.71% (29)
Total ob/gyns called	103	116	116	111	122	101

¹ (n) is the number of providers in the sample for whom the contact information was correct.

Note: The sample is representative of the population with a 90% confidence interval and +/- 7% margin of error.

Ob/gyn: obstetrics/gynecology.

Table 46: Provider Directory Accuracy – General Dental

Provider Directory Accuracy	WellSense SCO % (n) ¹	CCA SCO % (n) ¹	Fallon NaviCare SCO% (n) ¹	SWH SCO % (n) ¹	Tufts SCO % (n) ¹	UHC SCO % (n) ¹
Dentists	40.00% (12)	26.67% (8)	33.33% (10)	20.00% (6)	36.67% (11)	43.33% (13)
Total dentists called	30	30	30	30	30	30

¹ (n) is the number of providers in the sample for whom the contact information was correct.

Note: The sample is a random sample of 30 providers.

Tables 47–49 show the most frequent reasons why information in the directories was incorrect or could not be validated.

Table 47: Directory Inaccuracy/Provider Verification Challenges – Primary Care Providers

Type of Failure	SCO Total	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Contact fails ¹	542	51	129	83	67	168	44
Provider not at the site ²	304	27	62	26	27	154	8
Provider reported a different specialty ³	130	11	70	15	13	5	16
Wrong address	67	15	18	10	9	6	9
Provider does not accept Medicaid	16	3	1	9	0	0	3
Provider is retired	12	3	3	2	1	0	3
Refused to participate (e.g., hung up)	3	0	0	2	0	1	0
Total	1074	110	283	147	117	334	83

¹ Contact fails = Wrong Telephone Number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

² Provider not at the site = provider left group or was never part of group.

³ Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

Table 48: Directory Inaccuracy/Provider Verification Challenges – Obstetrics/Gynecology

Type of Failure	SCO Total	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Contact fails ¹	240	43	51	22	49	36	39
Provider not at the site ²	133	16	30	24	16	24	23
Provider does not accept Medicaid	10	1	0	4	0	4	1
Provider is retired	6	1	2	1	1	1	0
Provider reported a different specialty ³	6	2	0	2	1	1	0
Refused to participate (e.g., hung up)	0	0	0	0	0	0	0
Wrong address	72	14	8	11	21	10	8
Total	467	77	91	64	88	76	71

¹ Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

² Provider not at the site = provider left group or was never part of group.

³ Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

Table 49: Directory Inaccuracy/Provider Verification Challenges – General Dental

Type of Failure	SCO Total	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Contact fails ¹	56	7	13	9	14	5	8
Provider not at the site ²	34	6	5	6	7	7	3
Provider does not accept Medicaid	19	4	1	4	1	5	4
Wrong address	9	1	2	1	1	2	2
Provider is retired	1	0	0	0	1	0	0
Refused to participate (e.g., hung up)	1	0	1	0	0	0	0
Provider reported a different specialty ³	0	0	0	0	0	0	0
Total	120	18	22	20	24	19	17

¹ Contact Fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

² Provider not at the site = provider left group or was never part of group.

³ Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

Wait Time for Appointment

The results of the wait time for appointment survey are listed below. **Tables 50-52** show the wait time for appointment results for PCPs.

Table 50: Average Appointment Wait Time – PCPs

MassHealth Wait Time Standards	SCO Average Calendar Days to Appt. (Min-Max)
Timely Routine Appt Rate (non-symptomatic): 45 Calendar Days	110
Timely Sick Appt Rate (non-urgent, symptomatic): 10 Calendar Days	(0-381)
Total Providers Reached (N)	97

Range (Min-Max) indicates the span between the shortest wait time recorded and the longest wait time recorded in calendar days.

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

Table 51: Reasons Not Able to Get an Appointment Date – PCPs

Reasons Not Able to Get an Appointment Date	SCO Total
Medicaid ID required ¹	45
Others ²	42
Provider not accepting new patients	331
Contact Fails ³	541
Provider not at the site ⁴	304
Provider reported a different specialty ⁵	130
Provider does not accept Medicaid	16
Provider is retired	12
Refused to Participate (e.g. Hung up)	3
Total	1424

¹ Medicaid ID required = Medicaid ID required to schedule an appt date, need to be registered to make an appt, etc.

² Others = New patient waitlist, booking out 6 months, accepting new patients but no availability for that provider, etc.

³ Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

⁴ Provider not at the site = provider left group or was never part of group.

⁵ Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

Table 52: Appointment Wait Time Standards Met – PCPs

MassHealth Wait Time Standards	SCO Providers Meeting the Standard % (n)
Timely Routine Appt Rate (non-symptomatic): 30 Calendar Days	18.56% (18)
Timely Sick Appt Rate (non-urgent, symptomatic): 14 Calendar Days	11.34% (11)
Total Providers Reached (N)	97

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

Tables 53- 55 show the wait time for appointment results for Obstetrics/Gynecology.

Table 53: Average Appointment Wait Time – Obstetrics/Gynecology

MassHealth Wait Time Standards	SCO Average Calendar Days to Appt. (Min-Max)
Timely Routine Appt Rate (non-symptomatic): 30 Calendar Days	87
Timely Sick Appt Rate (non-urgent, symptomatic): 14 Calendar Days	(6-215)
Total Providers Reached (N)	87

Range (Min-Max) indicates the span between the shortest wait time recorded and the longest wait time recorded in calendar days.

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

Table 54: Reasons Not Able to Get an Appointment Date – Obstetrics/Gynecology

Reasons Not Able to Get an Appointment Date	SCO Total
Medicaid ID required ¹	60
Others ²	76
Provider not accepting new patients	51
Contact Fails ³	240
Provider not at the site ⁴	133
Provider does not accept Medicaid	10
Provider is retired	6
Provider reported a different specialty ⁵	6
Refused to Participate (e.g. Hung up)	0
Total	582

¹ Medicaid ID required = Medicaid ID required to schedule an appt date, need to be registered to make an appt, etc.

² Others = New patient waitlist, booking out 6 months, accepting new patients but no availability for that provider, etc.

³ Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

⁴ Provider not at the site = provider left group or was never part of group.

⁵ Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

Table 55: Appointment Wait Time Standards Met – Obstetrics/Gynecology

MassHealth Wait Time Standards	SCO Providers Meeting the Standard % (n)
Timely Routine Appt Rate (non-symptomatic): 30 Calendar Days	9.88% (8)
Timely Sick Appt Rate (non-urgent, symptomatic): 14 Calendar Days	4.94% (4)
Total Providers Reached (N)	87

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

Tables 56- 58 show the wait time for appointment results for General Dental Services.

Table 56: Average Appointment Wait Time – General Dental Services

MassHealth Wait Time Standards	SCO Average Calendar Days to Appt. (Min-Max)
Timely Routine Appt Rate (non-symptomatic): 30 Calendar Days	40
Timely Sick Appt Rate (non-urgent, symptomatic): 30 Calendar Days	(1-373)
Total Providers Reached (N)	0

Range (Min-Max) indicates the span between the shortest wait time recorded and the longest wait time recorded in calendar days.
N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

Table 57: Reasons Not Able to Get an Appointment Date – General Dental Services

Reasons Not Able to Get an Appointment Date	SCO Total
Medicaid ID required ¹	14
Others ²	15
Provider not accepting new patients	10
Contact Fails ³	56
Provider not at the site ⁴	34
Provider does not accept Medicaid	19
Provider is retired	1
Refused to Participate (e.g. Hung up)	1
Provider reported a different specialty ⁵	0
Total	150

¹ Medicaid ID required = Medicaid ID required to schedule an appt date, need to be registered to make an appt, etc.

² Others = New patient waitlist, booking out 6 months, accepting new patients but no availability for that provider, etc.

³ Contact fails = wrong telephone number, no answer, disconnected phone number, constant busy signal, put on hold for more than five minutes, answering service.

⁴ Provider not at the site = provider left group or was never part of group.

⁵ Provider reported a different specialty = provider is a hospitalist; urgent care facility/nursing home facility.

Table 58: Appointment Wait Time Standards Met – General Dental Services

MassHealth Wait Time Standards	SCO Providers Meeting the Standard % (n)
Timely Routine Appt Rate (non-symptomatic): 30 Calendar Days	77.78% (21)
Timely Sick Appt Rate (non-urgent, symptomatic): 14 Calendar Days	48.15% (13)
Total Providers Reached (N)	30

N = Total Providers Reached, which is calculated as the number of providers for whom the survey was successfully completed and the secrete shopper was ABLE to get an appointment date.

Time and Distance Standards

IPRO reviewed the aggregated results to assess the adequacy of the SCO networks by provider type. The summary tables 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.

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

The state of Massachusetts has 14 counties. Medicaid members who meet SCO enrollment criteria, can enroll in a SCO Plan available in their county. SCO Plans cover large metro and metro counties, as defined in **Table 59**.

Table 59: SCO Plans and Number of Counties

County Type	WellSense SCO	CCA SCO	Fallon NaviCare 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	6
Total number of counties	5	10	12	8	10	10

SCO: Senior Care Options.

Tables 60–65 provide a summary of the network adequacy results for healthcare providers subject to travel time and distance standards defined in the SCOs’ contracts with MassHealth. Note that for PCPs, ob/gyn, hospitals and medical facilities, and specialists, IPRO’s analysis was conducted using Medicare-Medicaid Plan standards, not Medicare Advantage standards as such, those results are not presented in this report.

Table 60: Counties with Adequate Network of Hospitals and Emergency Support Services

Provider Type ¹	County Class	Standard – 90% of Enrollees in a County Who Have Access	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
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)	6 out of 6 (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)	4 out of 6 (Partially Met)	5 out of 6 (Partially Met)

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

SCO: Senior Care Options.

Table 61: Counties with Adequate Network of LTSS Providers

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

¹ Black text indicates met; red text indicates partially met or not met.

² Managed Care Plans utilize statewide vendors to deliver services in individuals' homes for certain LTSS categories, which is not adequately represented in the GeoAccess analysis. SCO: Senior Care Options; LTSS: long-term services and supports.

Table 62: Counties with Adequate Network of Pharmacies

Provider Type ¹	County Class	Standard – 90% of Enrollees in a County Who Have Access	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Pharmacy	Large Metro	1 provider within 2 miles.	1 out of 1 (Met)	1 out of 4 (Partially Met)	4 out of 4 (Met)	0 out of 4 (Not Met)	3 out of 4 (Partially Met)	4 out of 4 (Met)
Pharmacy	Metro	1 provider within 5 miles.	4 out of 4 (Met)	3 out of 6 (Partially Met)	8 out of 8 (Met)	0 out of 4 (Not Met)	6 out of 6 (Met)	6 out of 6 (Met)

¹ Black text indicates met; red text indicates partially met or not met.

SCO: senior care options.

Table 63: Counties with Adequate Network of Behavioral Health Outpatient

Provider Type ¹	County Class	Standard – 90% of Enrollees in a County Who Have Access	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Behavioral Health Outpatient Providers	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)
Behavioral Health Outpatient Providers	Metro	2 providers within 15 miles or 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)	6 out of 6 (Met)

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

SCO: Senior Care Options.

Table 64: Number of Counties with an Adequate Network of Behavioral Health Diversionary Services

Provider Type ¹	County Class	Standard – 90% of Enrollees in a County Who Have Access	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Clinical Support Services for Substance Use Disorders (Level 3.5)	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)	1 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Clinical Support Services for Substance Use Disorders (Level 3.5)	Metro	2 providers within 15 miles or 30 minutes.	2 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)	6 out of 6 (Met)
Community Crisis Stabilization	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)	3 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Community Crisis Stabilization	Metro	2 providers within 15 miles or 30 minutes.	4 out of 4 (Met)	6 out of 6 (Met)	8 out of 8 (Met)	3 out of 4 (Partially Met)	4 out of 6 (Partially Met)	5 out of 6 (Partially Met)
Community Support Program (CSP)	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)
Community Support Program (CSP)	Metro	2 providers within 15 miles or 30 minutes.	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)	6 out of 6 (Met)
Intensive Outpatient Program (IOP)	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)
Intensive Outpatient Program (IOP)	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)	0 out of 4 (Not Met)	6 out of 6 (Met)	6 out of 6 (Met)
Monitored Inpatient Level 3.7	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)
Monitored Inpatient Level 3.7	Metro	2 providers within 15 miles or 30 minutes.	2 out of 4 (Partially Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	2 out of 4 (Partially Met)	6 out of 6 (Met)	4 out of 6 (Partially Met)
Partial Hospitalization Program (PHP)	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)
Partial Hospitalization Program (PHP)	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)	6 out of 6 (Met)	6 out of 6 (Met)
Psychiatric Inpatient Adult	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)
Psychiatric Inpatient Adult	Metro	2 providers within 15 miles or 30 minutes.	3 out of 4 (Partially Met)	6 out of 6 (Met)	8 out of 8 (Met)	3 out of 4 (Partially Met)	2 out of 6 (Partially Met)	6 out of 6 (Met)
Psychiatric Day Treatment	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)	3 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)

Provider Type ¹	County Class	Standard – 90% of Enrollees in a County Who Have Access	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Psychiatric Day Treatment	Metro	2 providers within 15 miles or 30 minutes.	3 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)	2 out of 6 (Partially Met)
Recovery Coaching	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)
Recovery Coaching	Metro	2 providers within 15 miles or 30 minutes.	1 out of 4 (Partially Met)	6 out of 6 (Met)	8 out of 8 (Met)	4 out of 4 (Met)	6 out of 6 (Met)	6 out of 6 (Met)
Recovery Support Navigators	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)
Recovery Support Navigators	Metro	2 providers within 15 miles or 30 minutes.	3 out of 4 (Partially Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	4 out of 4 (Met)	5 out of 6 (Partially Met)	6 out of 6 (Met)
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	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)
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Metro	2 providers within 15 miles or 30 minutes.	2 out of 4 (Partially Met)	6 out of 6 (Met)	7 out of 8 (Partially Met)	2 out of 4 (Partially Met)	6 out of 6 (Met)	6 out of 6 (Met)
Structured Outpatient Addiction Program (SOAP)	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)	3 out of 4 (Partially Met)	4 out of 4 (Met)	4 out of 4 (Met)
Structured Outpatient Addiction Program (SOAP)	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)	2 out of 4 (Partially Met)	6 out of 6 (Met)	6 out of 6 (Met)

¹ Black text indicates met; red text indicates partially met or not met.

SCO: Senior Care Options.

Table 65: Number of Counties with an Adequate Network of Dentists

Provider Type ¹	County Class	Standard – 95% of Enrollees in a County Who Have Access	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
General Dentists	Large Metro	2 providers within 10 minutes.	0 out of 1 (Not Met)	0 out of 4 (Not Met)	2 out of 4 (Partially Met)	1 out of 4 (Partially Met)	2 out of 4 (Partially Met)	1 out of 4 (Partially Met)
General Dentists	Metro	2 providers within 10 minutes.	0 out of 4 (Not Met)	0 out of 6 (Not Met)	0 out of 8 (Not Met)	0 out of 4 (Not Met)	0 out of 6 (Not Met)	0 out of 6 (Not Met)
Oral Surgeon	Large Metro	1 provider within 30 minutes.	1 out of 1 (Met)	4 out of 4 (Met)	4 out of 4 (Met)	2 out of 4 (Partially Met)	3 out of 4 (Partially Met)	4 out of 4 (Met)
Oral Surgeon	Metro	1 provider within 30 minutes.	3 out of 4 (Partially Met)	6 out of 6 (Met)	6 out of 8 (Partially Met)	0 out of 4 (Not Met)	1 out of 6 (Partially Met)	6 out of 6 (Met)

¹ Black text indicates met; red text indicates partially met or not met.

SCO: Senior Care Options.

WellSense SCO

More information about WellSense SCO network adequacy validation rating is provided in **Table 66**.

Table 66: WellSense SCO Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating WellSense SCO	Comments
PCP GeoAccess	<ul style="list-style-type: none"> 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. <p><i>Note:</i> Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p> <ul style="list-style-type: none"> Apply CMS standards of the minimum number of PCP providers in each county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating WellSense SCO	Comments
Ob/Gyn GeoAccess	<ul style="list-style-type: none"> 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. <p><i>Note:</i> CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p>	Addressed	High confidence	<p>No issues were found with the underlying information systems, and the MCP's provider data did not have duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Hospital and Medical Facilities GeoAccess	<ul style="list-style-type: none"> 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	<p>High confidence: Acute Inpatient Hospitals, Nursing Facilities, and Orthotics and Prosthetics</p> <p>Moderate confidence: the remaining provider types</p>	<p>For Acute Inpatient Hospitals, Nursing Facilities, and Orthotics and Prosthetics: No issues were found with the underlying information systems, and the MCP's provider data did not have duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>For the remaining provider types: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that GeoAccess standards were met in all counties, except for Speech Therapy and Orthotics and Prosthetics. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating WellSense SCO	Comments
Specialists GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that GeoAccess standards were met in all counties, except for Neurosurgery, Oncology, and Rheumatology. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Outpatient Behavioral Health GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	Low confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that GeoAccess standards were met for BH Outpatient, while network provider gaps were revealed for some BH Diversionary providers.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP's provider data did not have duplicative records, but the MCP applied incorrect standards. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating WellSense SCO	Comments
LTSS Providers GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	<p>Moderate confidence: Adult Day Health, Day Habilitation, Group Adult Foster Care, and Hospice</p> <p>Low confidence: the remaining provider types</p>	<p>Adult Day Health, Day Habilitation, Group Adult Foster Care, and Hospice: No issues were found with the underlying information systems, and the MCP's provider data did not have duplicative records, but the MCP applied incorrect standards. The MCP's results were not comparable for further analysis.</p> <p>For the remaining provider types: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis revealed gaps in the LTSS provider networks.</p>
Other Provider Types GeoAccess	<ul style="list-style-type: none"> • 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. • 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. • 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. 	Addressed	<p>High confidence: Rehabilitation Hospital Services in Bristol, Plymouth, Hampden, and Suffolk counties but different results than IPRO's for Barnstable County</p> <p>Moderate confidence: Oxygen and Respiratory Equipment and Emergency Support Services</p>	<p>For Rehabilitation Hospital Services in Bristol, Plymouth, Hampden, and Suffolk counties: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results, except for Barnstable County.</p> <p>For Oxygen and Respiratory Equipment and Emergency Support Services: No issues were found with the underlying information systems, but the MCP either did not apply the correct MassHealth standards (Oxygen and Respiratory Equipment) or the MCP's provider data had duplicative records (Emergency Support Services). The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that GeoAccess standards were met in all counties, except for Rehabilitation Hospital Services in one metro county.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating WellSense SCO	Comments
Dental Services GeoAccess	<ul style="list-style-type: none"> General Dentists: 95% of Members have access to 2 General Dentists within 10 minutes of their home Oral Surgeon: 95% have access to 1 Oral Surgeon within 30 minutes of their home 	Missing ³	<p>Moderate confidence: General Dentistry</p> <p>Low confidence: Oral Surgeon</p>	<p>For General Dentistry: No issues were found with the underlying information systems, and the MCP's provider data did not have duplicative records, but the MCP applied incorrect standards. The MCP's results were not comparable for further analysis.</p> <p>For Oral Surgeon: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis revealed gaps in the General Dentistry and Oral Surgeon provider networks, except for Oral Surgeons in one large metro county where the standards were met.</p>
Accuracy of Directories ²	<ul style="list-style-type: none"> Percent of providers in the directory with correct information 	Missing ⁴	Moderate confidence	IPro's analysis showed that the information in the PCP, ob/gyn, and dentist providers directories is not entirely accurate.

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

² IPro did not assess the MCP's methods of calculating the indicator but instead calculated the indicator itself. The network adequacy validation rating reflects IPro's confidence that the MCP's network meets MassHealth's standards and expectations.

³ Not required to report to MassHealth during the review period.

⁴ MCPs are not required to report what percentage of the directory information is accurate.

SCO: Senior Care Options; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; LTSS: long-term services and supports; MMP: Medicare-Medicaid Plan; CMS: Centers for Medicare and Medicaid Services; TBD: to be determined.

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 67–70** show counties with deficient networks. Note that for PCPs, ob/gyn, hospitals and medical facilities, and specialists, IPRO’s analysis was conducted using Medicare-Medicaid Plan standards, not Medicare Advantage standards.

Table 67: WellSense SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Rehabilitation Hospital Services	Barnstable	22.2%	1 provider within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 68: WellSense SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Adult Day Health	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Adult Day Health	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Adult Day Health	Bristol	73.9%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Hampden	1.9%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Bristol	80.9%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Bristol	81.4%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Barnstable	18.5%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Hampden	5.7%	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	Bristol	22.1%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 69: WellSense SCO Counties with Network Deficiencies of Behavioral Health Diversionary Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Clinical Support Services for Substance Use Disorders Level 3.5 (CSS3.5)	Barnstable	48.1%	2 providers within 15 miles or 30 minutes.
CSS3.5	Hampden	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	Barnstable	48.1%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Barnstable	22.2%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Barnstable	18.5%	2 providers within 15 miles or 30 minutes.
Recovery Coaching	Plymouth	84.0%	2 providers within 15 miles or 30 minutes.
Recovery Coaching	Bristol	79.9%	2 providers within 15 miles or 30 minutes.
Recovery Coaching	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Recovery Support Navigators	Barnstable	25.9%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Residential Rehabilitation Services for Substance Use Disorders Level 3.1 (RRS3.1)	Bristol	73.4%	2 providers within 15 miles or 30 minutes.
RRS3.1	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 70: WellSense SCO Counties with Network Deficiencies of Dental Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 95% of Members Have Access
General Dentists	Hampden	79.2%	2 providers within 10 minutes.
General Dentists	Plymouth	76.6%	2 providers within 10 minutes.
General Dentists	Bristol	74.9%	2 providers within 10 minutes.
General Dentists	Suffolk	85.3%	2 providers within 10 minutes.
General Dentists	Barnstable	44.4%	2 providers within 10 minutes.
Oral Surgeon	Barnstable	88.9%	1 provider within 30 minutes.

SCO: Senior Care Options.

Recommendations

- WellSense SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- WellSense SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- WellSense SCO should design quality improvement interventions to enhance the accuracy of all three directories.

More information about CCA SCO network adequacy validation rating is provided in **Table 71**.

Table 71: CCA SCO Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating CCA SCO	Comments
Primary Care Providers' GeoAccess	<ul style="list-style-type: none"> 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. <p><i>Note:</i> Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p> <ul style="list-style-type: none"> Apply CMS standards of the minimum number of PCP providers in each county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"> 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. <p><i>Note:</i> CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating CCA SCO	Comments
Hospital and Medical Facilities GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Specialists GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis revealed gaps in specialists networks. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Outpatient Behavioral Health GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards, but the MCP's provider data had duplicative records. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating CCA SCO	Comments
Pharmacy GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, and provider data had no duplicative records, but the MCP did not apply correct MassHealth standards. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis revealed gaps in pharmacy network.</p>
LTSS Providers GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	<p>High confidence: Group Adult Foster Care</p> <p>Moderate confidence: other provider type</p>	<p>For Group Adult Foster Care: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>For other provider types: No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards, but the MCP's provider data had duplicative records. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis revealed gaps in the Adult Foster Care, Group Adult Foster Care, and Personal Care Assistants networks in metro counties.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating CCA SCO	Comments
Other Provider Types GeoAccess	<ul style="list-style-type: none"> • 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. • 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. • 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. 	Addressed	<p>Moderate confidence: Rehabilitation Hospital and Oxygen and Respiratory Equipment Services</p> <p>Low confidence: Emergency Support Services</p>	<p>For Oxygen and Respiratory Equipment Services: No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards, but the MCP's provider data had duplicative records. The MCP's results were not comparable for further analysis.</p> <p>For Emergency Support Services: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis revealed gaps in the Rehabilitation Hospital Services and Oxygen and Respiratory Equipment Services networks in metro counties.</p>
Dental Services GeoAccess	<ul style="list-style-type: none"> • General Dentists: 95% of Members have access to 2 General Dentists within 10 minutes of their home • Oral Surgeon: 95% have access to 1 Oral Surgeon within 30 minutes of their home 	Missing ³	Low confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed gaps in the General Dentists networks in large metro and metro counties.</p>
Accuracy of Directories ²	<ul style="list-style-type: none"> • Percent of providers in the directory with correct information 	Missing ⁴	Moderate confidence	IPro's analysis showed that the information in the PCP, ob/gyn, and dentist providers directories is not entirely accurate.

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

² IPRO did not assess the MCP's methods of calculating the indicator but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO's confidence that the MCP's network meets MassHealth's standards and expectations.

³ Not required to report to MassHealth during the review period.

⁴ MCPs are not required to report what percentage of the directory information is accurate.

SCO: Senior Care Options; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; LTSS: long-term services and supports; MMP: Medicare-Medicaid Plan; CMS: Centers for Medicare and Medicaid Services; TBD: to be determined.

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 72–75** show counties with deficient networks for CCA SCO. Note that for PCPs, ob/gyn, hospitals and medical facilities, and specialists, IPRO’s analysis was conducted using Medicare-Medicaid Plan standards, not Medicare Advantage standards.

Table 72: CCA SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Rehabilitation Hospital Services	Worcester	82.7%	1 provider within 15 miles or 30 minutes.
Rehabilitation Hospital Services	Franklin	9.9%	1 provider within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 73: CCA SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Adult Foster Care	Franklin	27.8%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Franklin	11.8%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Essex	27.6%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Franklin	2.4%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Hampshire	0.4%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Worcester	85.1%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Plymouth	42.8%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Worcester	83.6%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options; LTSS: long-term services and supports.

Table 74: CCA SCO Counties with Network Deficiencies of Pharmacies

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Pharmacy	Worcester	77.6%	1 provider within 5 miles.
Pharmacy	Middlesex	83.4%	1 provider within 2 miles.
Pharmacy	Hampshire	72.4%	1 provider within 5 miles.
Pharmacy	Essex	77.8%	1 provider within 2 miles.
Pharmacy	Norfolk	66.6%	1 provider within 2 miles.
Pharmacy	Franklin	8.5%	1 provider within 5 miles.

SCO: Senior Care Options.

Table 75: CCA SCO Counties with Network Deficiencies of Dental Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 95% of Members Have Access
General Dentists	Essex	0.0%	2 providers within 10 minutes.
General Dentists	Worcester	39.1%	2 providers within 10 minutes.
General Dentists	Norfolk	13.8%	2 providers within 10 minutes.
General Dentists	Bristol	0.0%	2 providers within 10 minutes.
General Dentists	Suffolk	80.5%	2 providers within 10 minutes.
General Dentists	Franklin	0.0%	2 providers within 10 minutes.
General Dentists	Plymouth	0.0%	2 providers within 10 minutes.
General Dentists	Hampden	0.9%	2 providers within 10 minutes.
General Dentists	Middlesex	52.6%	2 providers within 10 minutes.
General Dentists	Hampshire	2.5%	2 providers within 10 minutes.

SCO: Senior Care Options.

Recommendations

- CCA SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- CCA SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- CCA SCO should design quality improvement interventions to enhance the accuracy of all three directories.

Fallon NaviCare SCO

More information about Fallon NaviCare SCO network adequacy validation rating is provided in **Table 76**.

Table 76: Fallon NaviCare SCO Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Fallon NaviCare SCO	Comments
PCP GeoAccess	<ul style="list-style-type: none"> 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. <p><i>Note:</i> Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p> <ul style="list-style-type: none"> Apply CMS standards of the minimum number of PCP providers in each county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"> 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. <p><i>Note:</i> CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Fallon NaviCare SCO	Comments
Hospital and Medical Facilities GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	<p>High confidence: Orthotics and Prosthetics, as well as Speech Therapy in certain counties</p> <p>Moderate confidence: other provider types</p>	<p>For Orthotics and Prosthetics, as well as Speech therapy in certain counties: No issues were found with the underlying information systems, and provider data had no duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>For other providers: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Fallon NaviCare SCO	Comments
Specialists GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	<p>High confidence: Cardiothoracic Surgery, Chiropractor, ENT/Otolaryngology, Gastroenterology, Neurosurgery, Oncology – Radiation/Radiation Oncology, Physiatry, Plastic Surgery, and Rheumatology in certain counties</p> <p>Moderate confidence: other provider types</p>	<p>For Cardiothoracic Surgery, Chiropractor, ENT/Otolaryngology, Gastroenterology, Neurosurgery, Oncology – Radiation/Radiation Oncology, Physiatry, Plastic Surgery, and Rheumatology in certain counties: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>For other providers: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Fallon NaviCare SCO	Comments
Outpatient Behavioral Health GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	<p>High confidence: Clinical Support Services for SUD, Community Support Program, and Partial Hospitalization Program in certain counties</p> <p>Low confidence: other provider types</p>	<p>For Clinical Support Services for SUD, Community Support Program, and Partial Hospitalization Program in certain counties: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>For other providers: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis revealed network gaps for some Behavioral Health Diversionary Services.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	Not enough information to validate	<p>No issues were found with the underlying information systems, and the MCP's provider data were clean; however, the MCP did not provide complete standards when submitting their analysis. IPro did not have enough information to conduct the validation.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Fallon NaviCare SCO	Comments
LTSS Providers GeoAccess	<ul style="list-style-type: none"> 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. 	Addressed	<p>High confidence: Adult Foster Care, Day Habilitation, and Group Adult Foster Care in certain counties</p> <p>Low confidence: other provider types</p>	<p>For Adult Foster Care, Day Habilitation, and Group Adult Foster Care in certain counties: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>For other providers: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed gaps in some LTSS providers' networks.</p>
Other Provider Types GeoAccess	<ul style="list-style-type: none"> 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. 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. 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. 	Addressed	<p>Moderate confidence: Oxygen and Respiratory Equipment</p> <p>Low confidence: other provider types</p>	<p>For Oxygen and Respiratory Equipment in certain counties: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, but the comparison yielded different results.</p> <p>For other providers: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis revealed gaps in the Rehabilitation Hospital Services and Oxygen and Respiratory Equipment Services networks in metro counties.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Fallon NaviCare SCO	Comments
Dental Services GeoAccess	<ul style="list-style-type: none"> • General Dentists: 95% of Members have access to 2 General Dentists within 10 minutes of their home • Oral Surgeon: 95% have access to 1 Oral Surgeon within 30 minutes of their home 	Missing ³	Low confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis revealed provider network gaps.</p>
Accuracy of Directories ²	<ul style="list-style-type: none"> • Percent of providers in the directory with correct information 	Missing ⁴	Moderate confidence	IPro's analysis showed that the information in the PCP, ob/gyn, and dentist providers directories is not entirely accurate.

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

² IPro did not assess the MCP's methods of calculating the indicator but instead calculated the indicator itself. The network adequacy validation rating reflects IPro's confidence that the MCP's network meets MassHealth's standards and expectations.

³ Not required to report to MassHealth during the review period.

⁴ MCPs are not required to report what percentage of the directory information is accurate.

SCO: senior care options; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; LTSS: long-term services and supports; MMP: Medicare-Medicaid Plan; CMS: Centers for Medicare and Medicaid Services; TBD: to be determined.

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 77–80** show counties with deficient networks. Note that PCPs, ob/gyn, hospitals and medical facilities, and specialists, IPRO’s analysis was conducted using Medicare-Medicaid Plan standards, not Medicare Advantage standards.

Table 77: Fallon NaviCare SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Rehabilitation Hospital Services	Worcester	86.0%	1 provider within 15 miles or 30 minutes.
Rehabilitation Hospital Services	Franklin	6.1%	1 provider within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 78: Fallon NaviCare SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Adult Day Health	Berkshire	0.4%	2 providers within 15 miles or 30 minutes.
Adult Day Health	Barnstable	55.9%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Berkshire	1.1%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Franklin	22.4%	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	Suffolk	69.1%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Bristol	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Berkshire	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	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Worcester	82.6%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Plymouth	0.2%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Norfolk	28.8%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Barnstable	48.4%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Franklin	79.6%	2 providers within 15 miles or 30 minutes.
Hospice	Barnstable	56.5%	2 providers within 15 miles or 30 minutes.
Hospice	Berkshire	80.4%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Worcester	89.2%	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	Berkshire	78.7%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Barnstable	32.9%	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	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Suffolk	81.3%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Personal Care Assistant	Plymouth	71.7%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Middlesex	1.0%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Norfolk	80.9%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Hampshire	0.0%	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	Franklin	0.0%	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	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options; LTSS: long-term services and supports.

Table 79: Fallon NaviCare SCO Counties with Network Deficiencies of Behavioral Health Diversionary Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Intensive Outpatient Program (IOP)	Franklin	77.6%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Franklin	75.5%	2 providers within 15 miles or 30 minutes.
Recovery Support Navigators	Berkshire	10.1%	2 providers within 15 miles or 30 minutes.
Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)	Berkshire	81.0%	2 providers within 15 miles or 30 minutes.
Structured Outpatient Addiction Program (SOAP)	Berkshire	9.0%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 80: Fallon NaviCare SCO Counties with Network Deficiencies of Dental Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
General Dentists	Bristol	68.5%	2 providers within 10 minutes.
General Dentists	Barnstable	85.1%	2 providers within 10 minutes.
General Dentists	Worcester	71.8%	2 providers within 10 minutes.
General Dentists	Suffolk	93.5%	2 providers within 10 minutes.
General Dentists	Hampshire	50.8%	2 providers within 10 minutes.
General Dentists	Essex	88.9%	2 providers within 10 minutes.
General Dentists	Franklin	22.4%	2 providers within 10 minutes.
General Dentists	Hampden	85.8%	2 providers within 10 minutes.
General Dentists	Plymouth	84.9%	2 providers within 10 minutes.
General Dentists	Berkshire	49.1%	2 providers within 10 minutes.
Oral Surgeon	Berkshire	9.1%	1 provider within 30 minutes.
Oral Surgeon	Barnstable	93.2%	1 provider within 30 minutes.

SCO: Senior Care Options.

Recommendations

- Fallon NaviCare SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- Fallon NaviCare SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- Fallon NaviCare SCO 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.
- Fallon NaviCare SCO should design quality improvement interventions to enhance the accuracy of all three directories.

SWH SCO

More information about SWH SCO network adequacy validation rating is provided in **Table 81**.

Table 81: SWH SCO Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating SWH SCO	Comments
PCP GeoAccess	<ul style="list-style-type: none">• 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. <i>Note:</i> Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type. <ul style="list-style-type: none">• Apply CMS standards of the minimum number of PCP providers in each county.	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>I PRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that I PRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none">• 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. <i>Note:</i> CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>I PRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that I PRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating SWH SCO	Comments
Hospital and Medical Facilities GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	<p>High confidence: Occupational Therapy and Speech Therapy</p> <p>Moderate confidence: other provider types</p>	<p>For Occupational Therapy and Speech Therapy: No issues were found with the underlying information systems, and provider data had no duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>For other providers: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis revealed provider network gaps. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards</p>
Specialists GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating SWH SCO	Comments
Outpatient Behavioral Health GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	<p>High confidence: most providers, except those listed under moderate confidence.</p> <p>Moderate confidence: Behavioral Health Outpatient, Community Crisis Stabilization, and Intensive Outpatient Programs</p>	<p>For most providers: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>Behavioral Health Outpatient, Community Crisis Stabilization, and Intensive Outpatient Programs: No issues were found with the underlying information systems, but <u>either</u> the MCP applied incorrect standards or the MCP's provider data had duplicative records. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis revealed network gaps for some Behavioral Health Diversionary Services.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	Not enough information to validate	<p>No issues were found with the underlying information systems; however, the MCP's provider data had duplicative records, and the MCP did not provide Pharmacy results when submitting their analysis. IPro did not have enough information to conduct the validation.</p> <p>IPro's analysis revealed pharmacy network gaps.</p>
LTSS Providers GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, but the comparison yielded different results.</p> <p>IPro's analysis revealed network gaps for some LTSS provider types.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating SWH SCO	Comments
Other Provider Types GeoAccess	<ul style="list-style-type: none"> • 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. • 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. • 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. 	Addressed	Low confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis revealed provider network gaps.</p>
Dental Services GeoAccess	<ul style="list-style-type: none"> • General Dentists: 95% of Members have access to 2 General Dentists within 10 minutes of their home • Oral Surgeon: 95% have access to 1 Oral Surgeon within 30 minutes of their home 	Missing ³	Low confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not provide Pharmacy results for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis revealed provider network gaps.</p>
Accuracy of Directories ²	<ul style="list-style-type: none"> • Percent of providers in the directory with correct information 	Missing ⁴	Moderate confidence	IPro's analysis showed that the information in the PCP, ob/gyn, and dentist providers directories is not entirely accurate.

¹ "Addressed" means that the indicator was required to be reported to the state and the managed care plan (MCP) submitted the report to the state. "Missing" means that the indicator was either not required or required but not reported. ² IPro did not assess the MCP's methods of calculating the indicator but instead calculated the indicator itself. The network adequacy validation rating reflects IPro's confidence that the MCP's network meets MassHealth's standards and expectations. ³ Not required to report to MassHealth during the review period. ⁴ MCPs are not required to report what percentage of the directory information is accurate.

SCO: senior care options; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; LTSS: long-term services and supports; MMP: Medicare-Medicaid Plan; CMS: Centers for Medicare and Medicaid Services; TBD: to be determined.

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 82–86** show counties with deficient networks. Note that for PCP, ob/gyn, hospitals and medical facilities, and specialists, IPRO’s analysis was conducted using Medicare-Medicaid Plan standards, not Medicare Advantage standards.

Table 82: SWH SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Rehabilitation Hospital Services	Worcester	83.0%	1 provider within 15 miles or 30 minutes.
Emergency Support Services	Worcester	31.9%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Middlesex	78.3%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Bristol	19.0%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Essex	10.0%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 83: SWH SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Adult Day Health	Worcester	65.3%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Worcester	87.5%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Middlesex	76.6%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Essex	3.8%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Bristol	57.5%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Worcester	56.7%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Worcester	82.5%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Hampden	7.1%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Worcester	86.4%	2 providers within 15 miles or 30 minutes.
Personal Care Assistant	Hampden	0.0%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options; LTSS: long-term services and supports.

Table 84: SWH SCO Counties with Network Deficiencies of Pharmacies

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Pharmacy	Worcester	55.1%	1 provider within 5 miles.
Pharmacy	Suffolk	3.2%	1 provider within 2 miles.
Pharmacy	Plymouth	0.0%	1 provider within 5 miles.
Pharmacy	Norfolk	0.0%	1 provider within 2 miles.
Pharmacy	Middlesex	14.3%	1 provider within 2 miles.
Pharmacy	Essex	43.9%	1 provider within 2 miles.
Pharmacy	Hampden	0.0%	1 provider within 5 miles.
Pharmacy	Bristol	0.0%	1 provider within 5 miles.

SCO: Senior Care Options.

Table 85: SWH SCO Counties with Network Deficiencies of Behavioral Health Diversionary Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Clinical Support Services for Substance Use Disorders Level 3.5 (CSS3.5)	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
CSS3.5	Worcester	0.0%	2 providers within 15 miles or 30 minutes.
CSS3.5	Suffolk	64.7%	2 providers within 15 miles or 30 minutes.
CSS3.5	Bristol	83.7%	2 providers within 15 miles or 30 minutes.
CSS3.5	Middlesex	85.8%	2 providers within 15 miles or 30 minutes.
CSS3.5	Plymouth	10.1%	2 providers within 15 miles or 30 minutes.
CSS3.5	Norfolk	3.0%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Worcester	29.0%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Essex	29.5%	2 providers within 15 miles or 30 minutes.
Intensive Outpatient Program (IOP)	Worcester	80.9%	2 providers within 15 miles or 30 minutes.
IOP	Middlesex	80.1%	2 providers within 15 miles or 30 minutes.
IOP	Plymouth	37.0%	2 providers within 15 miles or 30 minutes.
IOP	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
IOP	Essex	4.8%	2 providers within 15 miles or 30 minutes.
IOP	Bristol	1.8%	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	Worcester	78.1%	2 providers within 15 miles or 30 minutes.
Partial Hospitalization Program (PHP)	Bristol	18.8%	2 providers within 15 miles or 30 minutes.
PHP	Worcester	83.8%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Bristol	84.0%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment (PDT)	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
PDT	Worcester	1.3%	2 providers within 15 miles or 30 minutes.
PDT	Bristol	10.3%	2 providers within 15 miles or 30 minutes.
PDT	Essex	67.5%	2 providers within 15 miles or 30 minutes.

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Residential Rehabilitation Services for Substance Use Disorders Level 3.1 (RRS3.1)	Worcester	82.0%	2 providers within 15 miles or 30 minutes.
RRS3.1	Plymouth	57.5%	2 providers within 15 miles or 30 minutes.
RRS3.1	Middlesex	78.7%	2 providers within 15 miles or 30 minutes.
RRS3.1	Essex	11.5%	2 providers within 15 miles or 30 minutes.
Structured Outpatient Addiction Program (SOAP)	Hampden	0.0%	2 providers within 15 miles or 30 minutes.
SOAP	Plymouth	24.8%	2 providers within 15 miles or 30 minutes.
SOAP	Essex	74.9%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 86: SWH SCO Counties with Network Deficiencies of Dental Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
General Dentists	Norfolk	17.4%	2 providers within 10 minutes.
General Dentists	Middlesex	70.0%	2 providers within 10 minutes.
General Dentists	Plymouth	83.0%	2 providers within 10 minutes.
General Dentists	Hampden	67.9%	2 providers within 10 minutes.
General Dentists	Worcester	79.9%	2 providers within 10 minutes.
General Dentists	Essex	84.3%	2 providers within 10 minutes.
General Dentists	Bristol	60.0%	2 providers within 10 minutes.
Oral Surgeon	Worcester	1.6%	1 provider within 30 minutes.
Oral Surgeon	Plymouth	92.5%	1 provider within 30 minutes.
Oral Surgeon	Middlesex	78.1%	1 provider within 30 minutes.
Oral Surgeon	Hampden	0.0%	1 provider within 30 minutes.
Oral Surgeon	Essex	29.8%	1 provider within 30 minutes.
Oral Surgeon	Bristol	9.8%	1 provider within 30 minutes.

SCO: Senior Care Options.

Recommendations

- SWH SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- SWH SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- SWH SCO should design quality improvement interventions to enhance the accuracy of all three directories.

Tufts SCO

More information about Tufts SCO network adequacy validation rating is provided in **Table 87**.

Table 87: Tufts SCO Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Tufts SCO	Comments
PCP GeoAccess	<ul style="list-style-type: none"> 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. <p><i>Note:</i> Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p> <ul style="list-style-type: none"> Apply CMS standards of the minimum number of PCP providers in each county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis revealed gaps in metro county. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"> 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. <p><i>Note:</i> CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p>	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPRO's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Tufts SCO	Comments
Hospital and Medical Facilities GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	<p>High confidence: Orthotics and Prosthetics in large metro counties and Acute Inpatient Hospitals and Orthotics and Prosthetics in metro counties</p> <p>Moderate confidence: Nursing Facility and the remaining providers</p>	<p>For Orthotics and Prosthetics in large metro counties and Acute Inpatient Hospital and Orthotics and Prosthetics in metro counties: No issues were found with the underlying information systems, and the MCP's provider data did not have any duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>For Nursing Facility and the remaining providers: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Specialists GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Tufts SCO	Comments
Outpatient Behavioral Health GeoAccess	<ul style="list-style-type: none"> 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. 	Addressed	<p>Moderate confidence: Clinical Support Services, Community Crisis Stabilization, Community Support Program, Intensive Outpatient, Monitored Inpatient, Partial Hospitalization, Psych Inpatient Adult, Psychiatric Day Treatment, and Structured Outpatient Addiction Program</p> <p>Low confidence: Behavioral Health Outpatient, Recovery Coaching and Residential Rehabilitation Services for Substance Use Disorders (Level 3.1).</p>	<p>For Clinical Support Services, Community Crisis Stabilization, Community Support Program, Intensive Outpatient, Monitored Inpatient, Partial Hospitalization, Psych Inpatient Adult, Psychiatric Day Treatment, and Structured Outpatient Addiction Program: No issues were found with the underlying information systems, and the MCP's provider data did not have any duplicative records, but the MCP applied incorrect standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>For Behavioral Health Outpatient, Recovery Coaching, and Residential Rehabilitation Services for Substance Use Disorders (Level 3.1): No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis revealed network gaps for some Behavioral Health Diversionary Services.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Tufts SCO	Comments
Pharmacy GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	<p>High confidence: large metro counties</p> <p>Moderate confidence: metro counties</p>	<p>For Pharmacy in large metro counties: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>For Pharmacy in metro counties: No issues were found with the underlying information systems, and the MCP's provider data did not have any duplicative records, but the MCP applied incorrect standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis revealed a network gap in one large metro county.</p>
LTSS Providers GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	<p>High confidence: Day Habilitation, Group Adult Foster Care, and Hospice</p> <p>Moderate confidence: Adult Day Health, Adult Foster Care, and Personal Care Assistant (duplicative data)</p>	<p>For Day Habilitation, Group Adult Foster Care, and Hospice: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>For Adult Day Health, Adult Foster Care, and Personal Care Assistant: No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards, but the MCP's provider data had duplicative records. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis revealed network gaps for some LTSS provider types.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating Tufts SCO	Comments
Other Provider Types GeoAccess	<ul style="list-style-type: none"> 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. 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. 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. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP either did not apply the correct MassHealth standards (Emergency Support Services and Rehabilitation Hospital Services) or the MCP's provider data had duplicative records (Oxygen and Respiratory Equipment Rental). The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis revealed network gaps in metro counties.</p>
Dental Services GeoAccess	<ul style="list-style-type: none"> General Dentists: 95% of Members have access to 2 General Dentists within 10 minutes of their home Oral Surgeon: 95% have access to 1 Oral Surgeon within 30 minutes of their home 	Missing ³	<p>Moderate confidence: Oral Surgeon</p> <p>Low confidence: General Dentists</p>	<p>For Oral Surgeon: No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards, but the MCP's provider data had duplicative records. The MCP's results were not comparable for further analysis.</p> <p>For General Dentists: No issues were found with the underlying information systems, but the MCP's provider data had duplicative records, and the MCP did not consistently apply the correct MassHealth standards for analysis. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis revealed provider network gaps.</p>
Accuracy of Directories ²	<ul style="list-style-type: none"> Percent of providers in the directory with correct information 	Missing ⁴	Moderate confidence	<p>IPRO's analysis showed that the information in the PCP, ob/gyn, and dentist providers directories is not entirely accurate.</p>

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

² IPRO did not assess the MCP’s methods of calculating the indicator but instead calculated the indicator itself. The network adequacy validation rating reflects IPRO’s confidence that the MCP’s network meets MassHealth’s standards and expectations.

³ Not required to report to MassHealth during the review period.

⁴ MCPs are not required to report what percentage of the directory information is accurate.

SCO: senior care options; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; LTSS: long-term services and supports; MMP: Medicare-Medicaid Plan; CMS: Centers for Medicare and Medicaid Services; TBD: to be determined.

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 88–92** show counties with deficient networks. Note that for PCPs, ob/gyn, hospitals and medical facilities, and specialists, IPRO’s analysis was conducted using Medicare-Medicaid Plan standards, not Medicare Advantage standards.

Table 88: Tufts SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Rehabilitation Hospital Services	Worcester	81.9%	1 provider within 15 miles or 30 minutes.
Emergency Support Services	Worcester	85.6%	2 providers within 15 miles or 30 minutes.
Emergency Support Services	Bristol	89.2%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 89: Tufts SCO Counties with Network Deficiencies of LTSS Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Adult Foster Care	Barnstable	80.2%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Worcester	87.7%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Worcester	86.7%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Essex	86.8%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Bristol	89.5%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Barnstable	65.3%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options; LTSS: long-term services and supports.

Table 90: Tufts SCO Counties with Network Deficiencies of Pharmacies

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Pharmacy	Essex	89.7%	1 provider within 2 miles.

SCO: Senior Care Options.

Table 91: Tufts SCO Counties with Network Deficiencies of Behavioral Health Diversionary Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Community Crisis Stabilization	Worcester	74.5%	2 providers within 15 miles or 30 minutes.
Community Crisis Stabilization	Hampshire	66.7%	2 providers within 15 miles or 30 minutes.
Community Support Program (CSP)	Barnstable	53.3%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Hampden	4.3%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Barnstable	0.0%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Bristol	71.0%	2 providers within 15 miles or 30 minutes.
Psychiatric Inpatient Adult	Hampshire	0.0%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Barnstable	49.6%	2 providers within 15 miles or 30 minutes.
Recovery Support Navigators	Barnstable	43.0%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 92: Tufts SCO Counties with Network Deficiencies of Dental Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 95% of Members Have Access
General Dentists	Worcester	75.4%	2 providers within 10 minutes.
General Dentists	Plymouth	18.2%	2 providers within 10 minutes.
General Dentists	Hampshire	66.7%	2 providers within 10 minutes.
General Dentists	Norfolk	92.7%	2 providers within 10 minutes.
General Dentists	Hampden	87.0%	2 providers within 10 minutes.
General Dentists	Essex	90.2%	2 providers within 10 minutes.
General Dentists	Bristol	91.2%	2 providers within 10 minutes.
General Dentists	Barnstable	74.7%	2 providers within 10 minutes.
Oral Surgeon	Plymouth	88.2%	1 provider within 30 minutes.
Oral Surgeon	Hampshire	66.7%	1 provider within 30 minutes.
Oral Surgeon	Essex	92.8%	1 provider within 30 minutes.
Oral Surgeon	Worcester	31.3%	1 provider within 30 minutes.
Oral Surgeon	Bristol	26.7%	1 provider within 30 minutes.
Oral Surgeon	Barnstable	87.3%	1 provider within 30 minutes.

SCO: Senior Care Options.

Recommendations

- Tufts SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- Tufts SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- Tufts SCO should design quality improvement interventions to enhance the accuracy of all three directories.

More information about UHC SCO network adequacy validation rating is provided in **Table 93**.

Table 93: UHC SCO Network Adequacy Validation Ratings – CY 2024

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating UHC SCO	Comments
PCP GeoAccess	<ul style="list-style-type: none"> • 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. <i>Note:</i> Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type. • Apply CMS standards of the minimum number of PCP providers in each county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Ob/Gyn GeoAccess	<ul style="list-style-type: none"> • 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. <i>Note:</i> CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating UHC SCO	Comments
Hospital and Medical Facilities GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>
Specialists GeoAccess	<ul style="list-style-type: none"> • 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 the minimum number of providers defined by CMS, which vary by county. 	Addressed	Moderate confidence	<p>No issues were found with the underlying information systems, but the MCP's provider data had duplicative records. The MCP's results and standards used by the MCP were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed that the GeoAccess standards were met in all counties. Note that IPro's analysis was conducted using MMP standards, not Medicare Advantage standards.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating UHC SCO	Comments
Outpatient Behavioral Health GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	<p>High confidence: Clinical Support Services for Substance Use Disorders (Level 3.5), Intensive Outpatient Program, Monitored Inpatient Level 3.7, Partial Hospitalization Program, Psychiatric Day Treatment, Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</p> <p>Moderate confidence: other provider types</p>	<p>For Clinical Support Services for Substance Use Disorders (Level 3.5), Intensive Outpatient Program, Monitored Inpatient Level 3.7, Partial Hospitalization Program, Psychiatric Day Treatment, Residential Rehabilitation Services for Substance Use Disorders (Level 3.1): No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>For other provider types: No issues were found with the underlying information systems, but provider data had duplicative records or MassHealth standards were not applied correctly, and the results of MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed that the Outpatient Behavioral Health GeoAccess standards were met in all counties; however, some Diversionary Behavioral Health Services provider networks had gaps.</p>
Pharmacy GeoAccess	<ul style="list-style-type: none"> • 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. 	Addressed	High confidence	<p>No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>IPRO's analysis of the network revealed that the GeoAccess standards were met in all service areas.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating UHC SCO	Comments
LTSS Providers GeoAccess	<ul style="list-style-type: none"> 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. 	Addressed	<p>High confidence: Adult Foster Care, Group Adult Foster Care, and Hospice</p> <p>Moderate confidence: other provider types</p>	<p>For Adult Foster Care, Group Adult Foster Care, and Hospice: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>For other provider types: No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards, but the MCP's provider data had duplicative records. The MCP's results were not comparable for further analysis.</p> <p>IPRO's analysis of the network revealed gaps in some LTSS providers' networks.</p>
Other Provider Types GeoAccess	<ul style="list-style-type: none"> 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. 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. 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. 	Addressed	<p>High confidence: Oxygen and Respiratory Equipment Services and Rehabilitation Hospital Services</p> <p>Not enough information to validate: Emergency Support Services</p>	<p>Oxygen and Respiratory Equipment Services and Rehabilitation Hospital Services: No issues were found with the underlying information systems, provider data had no duplicative records, MassHealth standards were applied correctly, and the comparison yielded very close results.</p> <p>Emergency Support Services: No issues were found with the underlying information systems; however, the MCP's provider data had duplicative records, and the MCP did not provide complete standards when submitting their analysis. IPRO did not have enough information to conduct the validation.</p> <p>IPRO's analysis of the network revealed gaps in the Oxygen and Respiratory Equipment and Emergency Support Services networks in metro counties.</p>

Network Adequacy Indicator	Definition of the Indicator	Indicator in MCP monitoring? ¹	Validation Rating UHC SCO	Comments
Dental Services GeoAccess	<ul style="list-style-type: none"> • General Dentists: 95% of Members have access to 2 General Dentists within 10 minutes of their home • Oral Surgeon: 95% have access to 1 Oral Surgeon within 30 minutes of their home 	Missing ³	Moderate Confidence	<p>No issues were found with the underlying information systems, and the MCP applied the correct MassHealth standards, but the MCP's provider data had duplicative records. The MCP's results were not comparable for further analysis.</p> <p>IPro's analysis of the network revealed gaps in the General Dentists networks in large metro and metro counties.</p>
Accuracy of Directories ²	<ul style="list-style-type: none"> • Percent of providers in the directory with correct information 	Missing ⁴	Moderate confidence	IPro's analysis showed that the information in the PCP, ob/gyn, and dentist providers directories is not entirely accurate.

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

² IPro did not assess the MCP's methods of calculating the indicator but instead calculated the indicator itself. The network adequacy validation rating reflects IPro's confidence that the MCP's network meets MassHealth's standards and expectations.

³ Not required to report to MassHealth during the review period.

⁴ MCPs are not required to report what percentage of the directory information is accurate.

SCO: senior care options; CY: calendar year; ob/gyn: obstetrics/gynecology; PCP: primary care provider; LTSS: long-term services and supports; MMP: Medicare-Medicaid Plan; CMS: Centers for Medicare and Medicaid Services; TBD: to be determined.

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 94–97** show counties with deficient networks. Note that for PCPs, ob/gyn, hospitals and medical facilities, and specialists, IPRO’s analysis was conducted using Medicare-Medicaid Plan standards, not Medicare Advantage standards.

Table 94: UHC SCO Counties with Network Deficiencies of Hospitals and Emergency Support Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Emergency Support Services	Worcester	78.2%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 95: UHC SCO Counties with Network Deficiencies of LTSS Providers

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Adult Day Health	Franklin	53.3%	2 providers within 15 miles or 30 minutes.
Adult Foster Care	Franklin	6.7%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Franklin	13.3%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Essex	42.3%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Bristol	44.5%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Middlesex	86.7%	2 providers within 15 miles or 30 minutes.
Day Habilitation	Plymouth	89.8%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Franklin	0.0%	2 providers within 15 miles or 30 minutes.
Group Adult Foster Care	Hampshire	89.7%	2 providers within 15 miles or 30 minutes.
Hospice	Worcester	89.7%	2 providers within 15 miles or 30 minutes.
Hospice	Plymouth	86.2%	2 providers within 15 miles or 30 minutes.
Hospice	Franklin	20.0%	2 providers within 15 miles or 30 minutes.
Oxygen and Respiratory Equipment Services	Franklin	60.0%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options; LTSS: long-term services and supports.

Table 96: UHC SCO Counties with Network Deficiencies of Behavioral Health Diversionary Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access
Community Crisis Stabilization	Bristol	73.9%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Franklin	13.3%	2 providers within 15 miles or 30 minutes.
Monitored Inpatient Level 3.7	Worcester	87.3%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Worcester	22.1%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Bristol	75.3%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Hampshire	82.1%	2 providers within 15 miles or 30 minutes.
Psychiatric Day Treatment	Franklin	0.0%	2 providers within 15 miles or 30 minutes.

SCO: Senior Care Options.

Table 97: UHC SCO Counties with Network Deficiencies of Dental Services

Provider Type	County with Network Deficiencies	Percent of Members with Access in That County	Standard – 95% of Members Have Access
General Dentists	Worcester	86.6%	2 providers within 10 minutes.
General Dentists	Suffolk	94.6%	2 providers within 10 minutes.
General Dentists	Plymouth	66.9%	2 providers within 10 minutes.
General Dentists	Middlesex	91.7%	2 providers within 10 minutes.
General Dentists	Hampshire	66.7%	2 providers within 10 minutes.
General Dentists	Hampden	91.2%	2 providers within 10 minutes.
General Dentists	Franklin	46.7%	2 providers within 10 minutes.
General Dentists	Essex	87.8%	2 providers within 10 minutes.
General Dentists	Bristol	66.6%	2 providers within 10 minutes.

SCO: Senior Care Options.

Recommendations

- UHC SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.
- UHC SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.
- UHC SCO should design quality improvement interventions to enhance the accuracy of all three directories.

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 Third 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 2024 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 2024 MA-PD CAHPS survey was conducted in the first half of 2024 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 using a random sample of members selected by CMS. CMS requires all Medicare Advantage and Prescription Drug Plan 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.⁹ The standardized survey instrument selected for the MassHealth SCO Plans was the 2024 MA-PD CAHPS survey. The MA-PD survey contains 69 questions, organized into seven sections, as explained in **Table 98**.

Table 98: 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	22 questions

MA-PD CAHPS: Consumer Assessment of Healthcare Providers and Systems Medicare Advantage and Prescription Drug.

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, who were continuously enrolled in the contract for at least six months at the time of sample draw in January 2024, and who were not institutionalized. **Table 99** provides a summary of the technical methods of data collection by SCO.

⁹ Medicare Advantage and Prescription Drug Plan CAHPS Survey. Available at: <https://www.ma-pdcahps.org/>.

Table 99: 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	February to June 2024	February to June 2024	February to June 2024	February to June 2024	February to June 2024	February to June 2024
Method of collection	Mail, phone	Mail, phone	Mail, phone	Mail, phone	Mail, phone	Mail, phone
Response rate	21.6%	31.1%	29.4%	21.4%	29.9%	25.5%

MA-PD CAHPS: Consumer Assessment of Healthcare Providers and Systems Medicare Advantage and Prescription Drug.

Responses were classified into response categories. **Table 100** displays these categories and the measures for which these response categories are used.

Table 100: MA-PD CAHPS Response Categories

Measures	Response Categories
<ul style="list-style-type: none"> Rating of Health Plan Rating of All Health Care Quality Rating of Personal Doctor Rating of Specialist Rating of Prescription Drug Plan 	<ul style="list-style-type: none"> 0 to 4 (Dissatisfied) 5 to 7 (Neutral) 9 or 10 (Satisfied)
<ul style="list-style-type: none"> Getting Needed Care Getting Appointments and Care Quickly Doctors Who Communicate Well Customer Service Care Coordination Getting Needed Prescription Drugs composite measures 	<ul style="list-style-type: none"> Never (Dissatisfied) Sometimes (Neutral) Usually or Always (Satisfied)
<ul style="list-style-type: none"> Annual Flu Vaccine individual item measure Pneumonia Vaccine individual item measure 	<ul style="list-style-type: none"> Yes or No

MA-PD CAHPS: Consumer Assessment of Healthcare Providers and Systems Medicare Advantage and Prescription Drug.

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 and Pneumonia Vaccine measures. For those questions, the value is the percentage of members responding "Yes."

Description of Data Obtained

For each SCO, IPRO received a copy of the final 2024 MA-PD 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 101**.

Table 101: 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).

MA-PD CAHPS: Consumer Assessment of Healthcare Providers and Systems Medicare Advantage and Prescription Drug.

When compared to the Medicare Advantage national mean scores, SCO Plans exceeded the goal benchmark for the following measures:

- Annual Flu Vaccine: All SCO Plans scored above the goal.
- Rating of Health Plan: CCA SCO, Fallon NaviCare SCO, and UHC SCO.
- Rating of Prescription Drug Plan: CCA SCO and Fallon NaviCare SCO.
- Customer Service: CCA SCO.

SCO Plans scored below the Medicare Advantage national mean score for the following measures:

- Getting Appointments and Care Quickly: All SCO Plans scored below the goal.
- Getting Needed Prescription Drugs: All SCO Plans scored below the goal.
- Care Coordination: WellSense SCO, CCA SCO, Fallon NaviCare SCO, SWH SCO, and Tufts SCO.
- Getting Needed Care: WellSense SCO, Fallon NaviCare SCO, SWH SCO, Tufts SCO, and UHC SCO.
- Customer Service: WellSense SCO, Fallon NaviCare SCO, SWH SCO, Tufts SCO, and UHC SCO.
- Rating of Health Care Quality: WellSense SCO, Fallon NaviCare SCO, SWH SCO, Tufts SCO, and UHC SCO.
- Rating of Prescription Drug Plan: WellSense SCO, SWH SCO, Tufts SCO, and UHC SCO.
- Rating of Health Plan: WellSense SCO, SWH SCO, and Tufts SCO.

Table 102 displays the top-box scores of the 2024 MA-PD CAHPS survey.

Table 102: MA-PD CAHPS Performance – MassHealth SCO Plans, 2024 MA-PD CAHPS

MA-PD CAHPS Measure	WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO	SCO Weighted Mean	Medicare Advantage National Mean Score (Goal)
Getting Needed Care (Composite)	78 (Goal)	81 (= Goal)	79 (Goal)	77 (Goal)	76 (Goal)	77 (Goal)	78 (Goal)	81
Getting Appointments and Care Quickly (Composite)	80 (Goal)	82 (Goal)	82 (Goal)	82 (Goal)	81 (Goal)	78 (Goal)	81 (Goal)	83
Customer Service (Composite)	89 (Goal)	91 (Goal)	89 (Goal)	87 (Goal)	87 (Goal)	88 (Goal)	88 (Goal)	90
Care Coordination (Composite)	85 (Goal)	84 (Goal)	83 (Goal)	85 (Goal)	82 (Goal)	86 (= Goal)	84 (Goal)	86
Getting Needed Prescription Drugs (Composite)	87 (Goal)	87 (Goal)	89 (Goal)	87 (Goal)	87 (Goal)	87 (Goal)	87 (Goal)	90
Annual Flu Vaccine	77 (Goal)	73 (Goal)	75 (Goal)	80 (Goal)	78 (Goal)	76 (Goal)	76 (Goal)	71
Rating of Prescription Drug Plan	87 (Goal)	90 (Goal)	90 (Goal)	86 (Goal)	86 (Goal)	88 (= Goal)	88 (= Goal)	88
Rating of Health Care Quality	86 (Goal)	88 (Goal)	86 (Goal)	84 (Goal)	83 (Goal)	86 (Goal)	86 (Goal)	87
Rating of Health Plan	87 (Goal)	90 (Goal)	90 (Goal)	86 (Goal)	86 (Goal)	89 (Goal)	88 (= Goal)	88
Pneumonia Vaccine	70	68	77	65	75	70	70	N/A

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, PAHP, or PCCM entity has effectively addressed the recommendations for QI¹⁰ made by the EQRO during the previous year’s EQR.”

Tables 103–108 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 103 displays the SCO’s progress related to the *SCOs External Quality Review CY 2023*, as well as IPRO’s assessment of SCO’s response.

Table 103: WellSense SCO Response to Previous EQR Recommendations

Recommendation for WellSense SCO	WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Care Planning: In future PIPs, IPRO recommends using interventions that target multiple levels (i.e., members, providers, and Plan level interventions).	<p>WellSense has developed system, provider, and member interventions for improvements in care planning and coordination which include:</p> <ol style="list-style-type: none"> 1. System based intervention which is also a plan level intervention for SCO including for Transitions of Care (TRC), Colorectal Cancer Screening (COL-E), and other hybrid measures, WellSense uses a supplemental data interface with all inpatient facilities to enter and store medical record data collected throughout the measurement year for inclusion in the annual HEDIS and state reporting. The purpose/benefit of the interface is to collect data used in HEDIS rate calculation that is not otherwise through claims processing and other administrative data sources. Data are considered non-standard supplemental data and follows all elements of NCQA measure specifications and NCQA audit requirements. 2. Provider interventions include: (1) Epic access to retrieve medical records for colorectal cancer screening and transition of care and (2) The development of a HEDIS tip sheet for all measures. (3) SCO transition of care (TOC) nurses can interface with the SCO enhanced care team, a team of providers and nurse practitioners, to offer higher risk members an in-person TOC visit within 7 days post-discharge. 3. Member interventions include: (1) The development of a colorectal cancer screening (COL) communication to create a call to action to have the screening (2) a Transition of Care (TRC) mailer FAQ document-distributed to all members within 7 days post-discharge with resources from WellSense and important follow up items such as following your discharge instructions from the hospital 	Addressed
PIP 1 Care Planning: In future PIPs, IPRO recommends thorough review of all data	Updated HEDIS 2023 Technical notes in the appendix 1 for TRC CY 2023. The data in the TRC PIP for Table 4 was utilized to show a population level view of HEDIS compliance	Addressed

¹⁰ Quality improvement.

Recommendation for WellSense SCO	WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
presented in PIP reports and supporting appendices to confirm accuracy, consistency and continuity.	rates for TRC based on subgroups including: sex, gender identify, age, race, ethnicity, spoken language, written language, sexual orientation, and disability. This language is updated in the baseline report update and will be discussed during the IPRO meeting in early December 2024.	
PIP 2 Flu: IPRO recommends reviewing figures for consistency of formatting (rounding to 2 decimal places) in future reports.	For subsequent submissions for the Baseline Report (Dec 2023) and Baseline Update Report (July 2024), WellSense reported out to 2 decimal places for Table 1 and Table 7.	Addressed
<p>PMV: HEDIS SNP Measures: WellSense SCO's HEDIS rates were below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> Pharmacotherapy Management of COPD Exacerbation Corticosteroids Plan All-Cause Readmission (Observed/Expected Ratio) <p>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.</p>	<p>For Pharmacotherapy Management of COPD Exacerbation Corticosteroids (PCE), WellSense reviewed the trends for performance for MY 2022. The HEDIS analytics team was able to determine a root cause analysis and discovered the need for more robust Q/A and improved processes for data accuracy. For MY 2023, there is a significant improvement in the performance for the National Quality Compass with rate of 87.27% which is in the 90th percentile for SCO.</p> <p>Interventions outlined for Pharmacotherapy Management of COPD Exacerbation Corticosteroids (PCE) are focused on both data analytics and member engagement approaches. For MY 2023, there is a significant improvement in the performance for the National Quality Compass with rate of 87.27% which is in the 90th percentile for SCO. For Care Management, all SCO members have a Care Manager assigned. Therefore, the CM conducts an HRA on the member to determine health risk needs and can assess any needs for health-related interventions including COPD then creates an individualized care plan for the member, regular health check-ins, and care coordination and assistance on a monthly basis.</p> <p>For Plan All-Cause Readmissions, the HEDIS Analytics team and quality area reviewed data and trends and discovered trends in certain diagnoses driving the overall readmissions. In addition, WellSense quality has created a Q/A process to review the outliers and exclusions monthly for the members with multiple admissions/ readmissions and coordinates with the enrollment team to identify frequent fliers and any members new to hospice. Interventions outlined for Plan All-Cause Readmissions are focused both on a data analytics and member engagement approach similar to PCE.</p>	Addressed
Compliance: 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	Upon receipt of IPRO's report, the WellSense Compliance team assessed each finding and assigned internal business owners to each. An internal directive for Corrective Action Plan (CAP) was provided to each impacted business owner to address each Partial or Not Met finding. The Compliance team has periodically met with each business owner and has provided regular status updates on CAP progress to WellSense leadership.	Addressed

Recommendation for WellSense SCO	WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2024.</p> <p>Lack of compliance with 2 requirements in the following domains:</p> <ul style="list-style-type: none"> • Coordination and continuity of care (1) • QAPI (1) <p>Partial compliance with 45 requirements in the following domains:</p> <ul style="list-style-type: none"> • 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) 	<p>As of the date of this submission, all but 2 corrective actions are complete, with the remaining 2 on-track for completion in Q4'24.</p>	
<p>Network – Data Integrity: 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.</p>	<p>WellSense is implementing stricter validation rules in our data processing pipeline to prevent the data integrity issues. We will add internal review steps prior to reports submission to deduplicate the data and to ensure that Credentials, SITE name, TaxID, State, Zip code, and Panel status information are all populated and in correct format. We will work with Provider Data Integrity and IT teams to ensure information like Credentials or NPI are populated in our source data.</p>	<p>Addressed</p>
<p>Network – Time and Distance: Access was assessed for a total of 56 provider types. WellSense SCO had deficient networks for 14 provider types:</p> <ul style="list-style-type: none"> • Acute Inpatient Hospital • Rehabilitation Hospital • Speech Therapy • Adult Day Health • Adult Foster Care • Day Habilitation • Group Adult Foster Care • Personal Care Assistant 	<p>WellSense was unable to replicate IPRO's findings for the two provider types. However, we have confirmed a number of network gaps for one county, and Personal Care Assistant in two counties. Network gaps were closed with the addition of an Acute Inpatient Hospital and Speech Therapy providers in one county as well as Group Adult Foster Care providers in one county.</p> <p>While we have not encountered any cases where members were unable to access needed services, we are fully prepared to establish single case agreements with available providers if necessary.</p> <p>Additionally, for BH, when additional providers are not available, Carelon typically takes several actions to ensure adequate access for members. These actions may include:</p>	<p>Addressed</p>

Recommendation for WellSense SCO	WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<ul style="list-style-type: none"> • "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)" <p>MCP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the Plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	<ul style="list-style-type: none"> • Telehealth Services: Expanding access to telehealth services to allow members to consult with healthcare providers remotely. • Out-of-Network Coverage: Providing coverage for out-of-network providers to ensure members can still receive necessary care <p>Recruitment and Retention Programs: Implementing programs to recruit and retain healthcare providers in underserved areas.</p>	
<p>Network – Provider Directory: WellSense SCO's accuracy rate was at 20% for the following provider type:</p> <ul style="list-style-type: none"> • Family Medicine (20.0%) <p>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.</p>	<p>WellSense shall:</p> <ul style="list-style-type: none"> • Conduct outreach to a statistically significant sample of Family Medicine Physicians participating within the SCO line of business to attest and validate that their directory information is accurate. • Network Management staff will work with the Marketing Department to send a reminder to providers of their obligation to notify the Plan of all demographic and panel status changes in a timely manner. Additionally, Provider Relations staff will continue to send Provider offices their demographic and panel status reports for review on a regular basis for their review and approval. <p>Given that we were not provided with the data, WellSense intends to explore using a third-party vendor with expertise in provider data management to assist with the validation process and ensure regular updates from providers. Additionally, we will explore working with our lead time study vendor to expand the scope of the survey to</p>	Addressed

Recommendation for WellSense SCO	WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	include information on how providers can make updates to their data, potentially incorporating a link to the Plan's change forms for data corrections.	
<p>Quality-of-Care Surveys: WellSense SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> • 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 <p>WellSense 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.</p>	<p>WellSense convened an internal CAHPS Work Group that met monthly from September through December 2023 to review the MY2022 MA-PD CAHPS SCO survey results collected in 2023, identify key drivers, prioritize interventions, and monitor progress of initiative implementation. WellSense adds supplemental questions to the MA-PD CAHPS survey of SCO members regarding care planning and experience getting help with transportation to assist trending and root cause analysis. Our survey vendor found care planning was a key driver of Rating of Health Plan and SCO member experience with WellSense care planning including all needed services improved from 2022 to 2023. Monthly review of SCO member grievances found most were transportation-related in 2023, and member experience getting help with transportation when needed has improved slightly from 2022 to 2023, as did transportation needs being met. WellSense administered off-cycle MA-PD CAHPS Simulation surveys with SCO members in Q3 2022 and Q4 2023 to identify and attempt to resolve any member issues in a timely manner. Members who respond negatively to one of 8 CAHPS questions generate a Red Flag Alert that is shared weekly. In November 2023, 61 SCO members were identified for Red Flag outreach and 15 responded. Member barriers included unreliable transportation or no-shows, difficulty accessing PCP or Renal specialist, not always receiving test results, or coordinating an aide to accompany office visits. Member Service and/or SCO Care Management worked to resolve the member issues. The CAHPS Work Group recommended and the Quality Improvement Committee approved several prioritized interventions to improve member experience. WellSense continued pre-CAHPS Q1 outreach to SCO members and Simulation CAHPS survey administration in 2024.</p>	Addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined.

SCO: Senior Care Plan; MCP: managed care plan; EQR: external quality review.

CCA SCO Response to Previous EQR Recommendations

Table 104 displays the SCO's progress related to the *SCO External Quality Review CY 2023*, as well as IPRO's assessment of SCO's response.

Table 104: 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: Where possible, in future PIPs, conclusions should be supported by Plan data regarding implementation and/or utilization of individual interventions.	CCA is committed to maintaining high confidence by implementing acceptable methodology and evidence of improvement when engaging in performance improvement projects (PIPs). Future PIPs will include a robust barrier analysis and the implementation of individual interventions, which are Member, system and or provider focused, which link back to the barriers identified. Each intervention will include a description and a tracking measure to determine intervention effectiveness. Quarterly data for each intervention will be analyzed for value towards improving the overall indicator(s). PIP conclusions will be better informed using these described improvements and regularly leveraging data for individual measurable interventions.	Addressed
PIP 2 Flu Vaccination: Recommend that Plan review all data presented in PIP reports for accuracy in future PIP submissions.	CCA is committed to ensuring data accuracy when engaging in performance improvement projects (PIPs). For future PIPs, a consistent approach to data will be uniformly throughout the PIP. This includes consistency when discussing data within the project narrative, and when displaying those same rates within tables. Consistency to the required decimal will be validated prior to submission. For PIPs, CCA will continue to leverage HEDIS and when appropriate non-HEDIS data to support the development of interventions and monitoring.	Addressed
PMV 1: HEDIS SNP Measures: SCO's HEDIS rates were below the 25 th percentile for the following measures: <ul style="list-style-type: none"> Pharmacotherapy Management of COPD Exacerbation Corticosteroids Use of High-Risk Medications in the Elderly – Total 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.	<p>Pharmacotherapy Management of COPD Exacerbation Corticosteroids: After the RIF back in November 2023, the clinical pharmacy team no longer exists. Prior to the RIF, the clinical pharmacy team did conduct population health projects to address medication adherence & appropriate medication prescribing via CMRs. Prior to November 2023, COPD management was a focus of the clinical pharmacy team and it was found that lack of medication adherence and education was one of the root causes of increased exacerbation/hospitalization. Currently, calls to members address medication adherence for hypertension, diabetes and hyperlipidemia but do not address COPD. Our MTM vendor Clarex conducts conversations with members related to medication access, need, and safety.</p> <p>Use of High-Risk Medications in the Elderly: Upon conducting an RCA/barrier analysis amongst our internal providers at CCA, we found that there was a lack of literature describing the effects of medication tapering or discontinuation or guidance on how to taper or stop a medication. They may also not be the original prescriber the medication may have been prescribed by a specialist, or they may be unsure why the medication was started originally. We also found that prescribers need support from colleagues for</p>	Partially Addressed

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>stopping or reducing medications and they have competing priorities. Additionally, patients, family members and caregivers are in varying stages of readiness to deprescribe due to concerns about side effects or withdrawals associated with high-risk medications.</p> <p>To address these barriers and help decrease the utilization of such high-risk medications, we have the assistance of provider engagement to send out provider letters along with deprescribing guidance/rationale and a list of members to the respective providers of those affected members. We have also been having some of our APC team conduct member outreaches to address the utilization of high-risk medications and also act as the conduit between the patient and provider should they require assistance to deprescribe if clinically appropriate/patient is in agreeance. Lastly, we also have member communications assisting with sending out an educational pamphlet/medication tracker to increase awareness to our female SCO members, as there is a disproportionate utilization of high-risk medications in the female subpopulation versus the male subpopulation</p>	
<p>Compliance: 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.</p> <p>Lack of compliance with 9 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights requirements (3) • Coordination and continuity of care (4) • Grievance and appeal systems (2) <p>Partial compliance with 30 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights requirements (5) • Emergency and post-stabilization services (6) • Availability of services (1) 	<p>CCA implemented CAPs for all SCO Partially Met and Not Met findings identified during the 2023 EQR Compliance Validation as outlined in the Compliance Review Tools. CAPs were tracked through implementation and staff validated that completed CAPs had sufficient evidence of successful remediation (for example, updated policies) to confirm closure. All but one SCO CAPs from the 2023 EQR Compliance Validation have been successfully implemented, validated, and closed as of October 2024; the remaining open CAP is expected be complete by the end of 2024.</p>	<p>Addressed</p>

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<ul style="list-style-type: none"> • Coordination and continuity of care (14) • Grievance and appeal systems (2) • Subcontractual relationships and delegation (1) • Practice guidelines (1) 		
Network – Data Integrity: 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.	CCA is implementing new processes for all network adequacy analysis, including submissions to external review organizations. This includes improvements to the base source data as well as the file integration in downstream systems, and is part of our larger Provider Data transformation work beginning in 2024 and finishing in 2025, with the implementation of a new core provider data technology stack.	Addressed
<p>Network – Time and Distance: Access was assessed for a total of 56 provider types. CCA SCO had deficient networks for 8 provider types:</p> <ul style="list-style-type: none"> • Rehabilitation Hospital Services • Occupational Therapy • Speech Therapy • Adult Foster Care • Group Adult Foster Care • Oxygen and Respiratory Equipment Services • Pharmacy <p>MCP should expand the network when members’ access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the Plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	CCA continuously monitors our network adequacy for any deficiencies and takes immediate action to close gaps if any are identified. In most of the cases noted above, the gap is a result of no providers available that close the gap. In this case, our care teams work with members residing in these areas to access the services in different ways, such as telehealth if applicable, accessing CCA’s transportation benefit to contracted providers, services provided by CCA’s clinical organizations in the home, and if necessary single case agreements with out-of-network providers.	Addressed
Network – Provider Directory: With the exception of the All Home and Community-	CCA has conducted a root cause analysis of the various issues driving provider directory inaccuracies as part of scoping our provider data transformation work described above.	Addressed

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>Based Services, CCA SCO's provider directory accuracy rates were below 40% for the remaining provider types.</p> <p>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.</p>	<p>The remediation work includes updating our policies, procedures, and workflows to minimize preventable errors in the system. Beginning in 2024 with a targeted go-live of September 2025, CCA will be converting to the Symplr S-Payer and S-Directory platforms to upgrade our existing Provider Data, Credentialing, and Directory systems. These systems will enable greater automation with CAQH and other outside entities to verify accuracy of provider data and validate how the data is being displayed.</p>	
<p>Quality-of-Care Surveys: CCA SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> • Getting Needed Care, • Getting Appointments and Care Quickly, and • Getting Needed Prescription Drugs <p>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.</p>	<p>Specific to getting needed care and appointments and care quickly: CCA is developing workflows to create better escalation pathways when members are unable to obtain appointments with providers, is reviewing telehealth solutions that may be able to better increase access to Behavioral Health resources and is developing communication materials to send to members on provider data accuracy.</p> <p>Specific to getting prescription drugs: CCA has trained relevant departments on utilization to ensure members are provided accurate and timely information, and worked with the IT department to ensure that members have timely access to medications when rejected.</p>	<p>Addressed</p>

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.

Fallon NaviCare SCO Response to Previous EQR Recommendations

Table 105 displays SCO's progress related to the *SCO External Quality Review CY 2023*, as well as IPRO's assessment of SCO's response.

Table 105: 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: 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.	This project was ended according to IPRO's instructions received on 5/23/2023. SCO Plans were required to close out EQR PIPs for CY2023, regardless of their stage in process, as the State was transitioning all MassHealth managed care programs to a new reporting cycle.	Not Addressed
PIP 2 Flu: 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.	This project was ended according to IPRO's instructions received on 5/23/2023. SCO Plans were required to close out EQR PIPs for CY2023, regardless of their stage in process, as the State was transitioning all MassHealth managed care programs to a new reporting cycle.	Not Addressed
<p>PMV: HEDIS Measures: Fallon NaviCare SCO's HEDIS rates were below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> • Use of High-Risk Medications in the Elderly – Total • Potentially Harmful Drug Disease Interactions in the Elderly (Total) <p>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.</p>	<p>For 2024, Fallon expanded our Medicare adherence program to address DDE/DAE during our RPh case management. In 2025, to address both the Use of High-Risk Medications in the Elderly (DAE) and Potentially Harmful Drug-Disease Interaction in Older Adults (DDE) measure, we are evaluating an expanded fax/electronic outreach program with Optum Rx to educate providers on the risk associated with high-risk medications used in the elderly population and drug disease interactions. The use of medical data in addition to pharmacy data will help Fallon identify members more precisely with specific medical conditions that may be used to either include or exclude a member from clinical outreach. As part of the provider communication, the risks associated with the use of the medication should be assessed and alternative therapies or routine patient monitoring is recommended.</p> <p>The goal is for the program to be implemented in 2025 when the appropriate medical data is provided to Optum Rx that can be ingested in the clinical program platform to be used as part of the identification process for members meeting or excluded from the measure specifications. Furthermore, Fallon and Optum Rx are evaluating further drug-age and drug-disease service at point of sale to be coded by 2026 in which claims will be</p>	Addressed

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>rejected at point-of-sale and will require clinical review for medical necessity through consultation with the provider or clinical review from the dispensing pharmacist.</p> <p>The goal of the interventions is to ensure that the benefits outweigh the risk for the use of the medication within the age group or in patients with specific medical conditions. The expected outcome is an improvement in the measure performance by 5%. With every provider outreach or point-of-sale claim rejection, the medication in question will be monitored for discontinuation through the year.</p>	
<p>Compliance: 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.</p> <p>Lack of compliance with 9 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights requirements (6) • Coordination and continuity of care (3) <p>Partial compliance with 44 requirements in the following domains:</p> <ul style="list-style-type: none"> • 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) 	<p>Fallon has addressed all recommendations to requirements that were deficient and partially met through policy and process changes. Policies and procedures are reviewed annually to ensure compliance.</p>	<p>Addressed</p>
<p>Network – Data Integrity: 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.</p>	<p>Fallon currently deduplicates data for geo-access reporting.</p>	<p>Partially Addressed</p>

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>Network – Time and Distance: Access was assessed for a total of 54 provider types. Fallon SCO had deficient networks for 17 provider types:</p> <ul style="list-style-type: none"> • Oncology - Medical, Surgical • Acute Inpatient Hospital • Rehabilitation Hospital Services • Occupational Therapy • 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)" <p>MCP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the Plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	<p>For Orthotics and Prosthetics:</p> <p>In 2018, CMS removed the Orthotics and Prosthetics requirement and plans attest that their organization can provide adequate beneficiary access to these specialty types. There are many providers who are located outside of the required access guidelines; however, they deliver to member's homes. For this reason, we do not think this specialty should be required to meet time and distance standards to align with the CMS requirements.</p> <p>For Personal Care Assistants, Hospice and Oxygen and Respiratory Equipment:</p> <p>Fallon does have services in the entire service area. Please note that these specialties should not be recognized in the same way as other specialties are when geos are run because the data in the system is reflected to where the corporation is located, not each provider. Each individual provider is not housed in Fallon's system and many services are delivered to member's homes.</p> <p>Fallon is currently addressing the network needs for the remaining specialties as follows:</p> <ul style="list-style-type: none"> • Rehabilitation Hospital services- Fallon currently contracts with all the free-standing facilities in the state. Fallon will seek to ensure hospital services are covered. • Adult Foster Care- Fallon is working to contract with additional providers. • Group Adult Foster Care- Fallon is working to contract with additional providers. • Day Habilitation services- There are no additional available providers in the service area. Fallon will coordinate with an ASAP or use providers on a non-par basis. <p>Response from Carelon addressing BH providers:</p> <p>Carelon takes several actions when additional providers are not available to ensure adequate access for members. These actions may include:</p> <ul style="list-style-type: none"> • Telehealth services- Expanding access to the telehealth services allowing members to consult with providers remotely. • Out-of-Network Coverage- Providing coverage for out-of-network providers to ensure members can still receive necessary care. • Recruitment and Retention Programs- Implementing programs to recruit and retain providers in underserved areas. <p>Provider recruitment utilizes data from geo-access reports, out of network utilization and quarterly reports to create recruitment plans. Carelon's network remains open and strives to partner with all available and qualified providers.</p>	<p>Addressed</p>

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>Network – Provider Directory: Fallon SCO’s accuracy rate was at 20% for the following provider type:</p> <ul style="list-style-type: none"> Family Medicine (20.0%) <p>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.</p>	<p>Fallon determined to partner with CAQH Direct Assure, along with several other MA health plans, to have providers/providers' office staff attest and provide updates to directory data. Fallon determined that CAQH would be our source of truth for provider directory data and has automated the data received from CAQH, which was finalized on 2/15/24. Fallon expects that with the automation of CAQH data, the directory results will be more accurate as providers/providers’ office staff confirm and attest to their directory data at least every 90 days.</p>	<p>Addressed</p>
<p>Quality-of-Care Surveys: Fallon NaviCare SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> Getting Needed Care, Care Coordination, and Getting Needed Prescription Drugs <p>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.</p>	<p>Fallon has multiple established venues for reviewing and implementing actions to address CAHPS performance measures. During CY 2023 (based on CAHPS results), Fallon prioritized NaviCare efforts around score improvement for Getting Needed Care, Getting Care Quickly, Care Coordination, Customer Service & Getting Needed Prescription Drugs. Examples of interventions identified and implemented in CY 2023 included customer service initiative to assist members to get needed care; monitoring post survey follow-up for negative responses to access to care questions; implemented member incentive program to support CAHPS improvement and prescription drug adherence goals; outreach campaign to encourage members to respond to CAHPS surveys and ensure they did not have issues with getting needed care or care coordination; three specific campaigns to help members without a PCP to obtain one, working with members to set up a wellness visit, and signing members up for a 90 day prescription refill; developed and distributed a personalized wellness plan document for members; held provider engagement sessions to improve CAHPS scores; developed enhanced member and provider communications through a variety of materials.</p> <p>Fallon has ongoing efforts in place to follow up on negative member responses to key CAHPS indicators and monitors trends in member response. Fallon tracks Overall Rating of Health Plan experience as an official corporate metric (included as part of the employee incentive plan) and targets are set for each Fallon product. Customer Service staff ask inbound callers about Wellness visits and assist with setting up appointments directly with providers when necessary. NaviCare Navigators outreach to all new NaviCare members within five business days of receipt of enrollment notification to review benefits and the NaviCare Model of Care. They conduct the Navigator Assessment to identify and proactively address member benefit, service, or experience issues. NaviCare Nurse Case</p>	<p>Addressed</p>

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>Managers outreach to complete ongoing HRAs every three months for members with higher complexity levels and every six months for the “Community Well” population.</p> <p>Member Grievances (complaints) Fallon monitors and reports appeals and grievances to identify and address trends. As outlined in the Service Advisory Committee charter, Fallon monitors, reviews, analyzes, and evaluates key stakeholder listening posts (survey findings, aggregate complaints, appeals, inbound calls, social media postings) to make recommendations for service/experience improvement, including the identification and prioritization of needed improvements. The Service Advisory Committee is also responsible for developing, monitoring, and evaluating an annual work plan. The 2023 Fallon Work Plan includes an initiative to assess member experience with services through evaluation and analysis of data on member appeal and grievances and to identify opportunities for improvement; set priorities, and decide which opportunities to pursue based on analysis of member appeal and grievance data & CAHPS survey results.</p>	

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.

SWH SCO Response to Previous EQR Recommendations

Table 106 displays the SCO's progress related to the *SCO External Quality Review CY 2023*, as well as IPRO's assessment of SCO's response.

Table 106: 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: 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.	Senior Whole Health (SWH) reviewed the IPRO reports to identify the opportunities outlined in the recommendation and has implemented a process to ensure formatting and consistency of rounding figures throughout the document is employed. Formatting requirements will be documented in the style guide tools the health plan records for this project and the report writer and reviewers have been trained on the formatting to ensure adherence. SWH expects that this process shall resolve the concern regarding percentages rounded to two decimal places.	Addressed
PMV: HEDIS SNP Measures: SWH SCO's HEDIS rates were below the 25 th percentile for the following measures: <ul style="list-style-type: none"> 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.	Senior Whole Health (SWH) has assessed measure performance data and implemented several interventions to address barriers to care, documentation, and health literacy. Continuing with the CY 2022 member education campaigns to address Controlling Blood Pressure (CBP), SWH has now also expanded its community education efforts through regular onsite workgroup with members to promote CBP healthy habits and discuss member-identified barriers. For Spirometry, SWH will be continuing member education on chronic health conditions but also partnering with providers on improved record keeping and documentation with a focus on SDS file collection and EMR access for the health plan. For Plan All Cause readmission, SWH will continue work with our transition of care nurse team but will also utilize its partnership with Cityblock to continue efforts to improve member experience and health outcomes post-discharge. For Osteoporosis Management in Women Who Had a Fracture, SWH will continue inhouse outreach to members and providers to encourage bone density scans but will also be partnering with BeamMed vendor in 2025 who will be able to provide in-home scans. SWH has regular workgroups in place to review metrics associated with HEDIS performance and intervention progress to discuss and refine projects for continued improvement.	Addressed
Compliance: 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	All deficiencies and "partially met" requirements have been addressed through the corrective action process.	Addressed

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>and follow up with the MCP before the end of CY 2024.</p> <p>Lack of compliance with 2 requirements in the following domains:</p> <ul style="list-style-type: none"> • Coordination and continuity of care (1) • Grievance and appeal systems (1) <p>Partial compliance with 23 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights requirements (2) • Assurances of adequate capacity and services (3) • Coordination and continuity of care (17) • Grievance and appeal systems (1) 		
<p>Network – Data Integrity: 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.</p>	<p>SWH has adopted the recommendation to deduplicate records prior to submission. This change was implemented in August 2024. Records will be deduplicated at the provider name, NPI, provider type, and service location match; records that do not match all four categories will continue to be reported separately to ensure all provider types and service locations remain accounted for in network adequacy calculations. SWH refreshes network adequacy reporting no less than quarterly and will continue to monitor against this enhanced policy, including annual submissions to MassHealth.</p>	<p>Addressed</p>
<p>Network – Time and Distance: Access was assessed for a total of 56 provider types. SWH SCO had deficient networks for 29 provider types:</p> <ul style="list-style-type: none"> • Plastic Surgery • Rehabilitation Hospital • Emergency Support Services • Occupational Therapy • Orthotics and Prosthetics • Speech Therapy • Adult Foster Care • Day Habilitation • Group Adult Foster Care • Personal Care Assistant 	<p>SWH continues to actively monitor network adequacy against CMS and MassHealth provider types and time and distance criteria. SWH welcomes providers to join our network and reviews all formal applications monthly. Additionally, the Network team proactively outreaches to recruit new providers to our network if a new member is seeing a non-participating provider, if claims data suggests a non-participating provider is seeing a volume of SWH members, and if network adequacy data suggests an opportunity to improve access in a particular provider type or service area. There are known access to care considerations for specific provider types and service areas, namely behavioral health services in western counties. SWH continues to work with local providers, advocacy and trade organizations, and the state to ensure access for members in these areas. SWH refreshes network adequacy reports no less than quarterly to continuously evaluate opportunities and network needs.</p>	<p>Partially Addressed</p>

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<ul style="list-style-type: none"> • 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)" <p>MCP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the Plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>		
<p>Network – Provider Directory: SWH SCO's accuracy rate was at or below 20% for the following provider types:</p> <ul style="list-style-type: none"> • Family Medicine (20.00%) • All PCPs (17.50%) • Geriatrics (16.70%) • Internal Medicine (16.70%) • OB/GYN (16.70%) <p>SCO should conduct a root cause analysis and design quality improvement interventions to</p>	<p>SWH has validated PCPs within our network and believes that this is a data issue impacting 2023, as this was not represented in the 2024 submission. Historically, SWH has had a lower volume of Family Medicine and OBGYN PCPs, given the age of the SCO population. SWH has revised the Availability and Accessibility of Network Providers and Practitioners policy, effective 2023, to ensure the provider types are accurately captured based on NPPES taxonomy at the time of credentialing and/or recredentialing. SWH Network Team also completes Secret Shopper outreach and ongoing random sampling provider data audits, including primary care providers, to continuously validate accessibility of primary care providers. SWH refreshes network adequacy reporting no less than quarterly and will continue to monitor against this enhanced policy, including annual submissions to MassHealth.</p>	<p>Addressed</p>

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>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.</p>		
<p>Quality-of-Care Surveys: SWH SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>	<p>Senior Whole Health (SWH) employs a multi-prong approach using member-focused, provider-focused, and staff-focused initiatives to discuss and improve member experience. As noted in our CY2022 response, member advisory committees are held throughout the year to discuss member experience with benefits, access, healthcare, and other topics. We have also added regular member focus groups to capture additional member voices in varied communities. The takeaways from these meetings are shared throughout the health plan and are utilized when developing new or enhanced programs and benefits. Similarly, in addition to our continuous review of appeals and grievance trends to identify opportunities for improvement, SWH will now also utilize Decision Point data to further analyze member experience with the goal of identifying and addressing barriers to care and satisfaction. These strategies/programs are underway already and it is expected that we will continue to improve member satisfaction through these efforts. Regular workgroup meetings to review program performance will take place to ensure continuous improvement.</p>	<p>Addressed</p>

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.

Tufts SCO Response to Previous EQR Recommendations

Table 107 displays the SCO's progress related to the *SCO External Quality Review CY 2023*, as well as IPRO's assessment of SCO's response.

Table 107: Tufts SCO Response to Previous EQR Recommendations

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PMV: HEDIS SNP Measures: Tufts SCO's HEDIS rate was below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> Plan All-Cause Readmission (Observed/Expected Ratio) Osteoporosis Management in Women Who Had a Fracture <p>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.</p>	<p>"Osteoporosis Management in Women Who Had a Fracture (OMW) : For MY2023, the Point32Health Star team assigned a coordinator to complete outreach to providers to ensure a bone density scan was scheduled for members who had a fracture within the six month timeframe. If the outreach to the PCP was unsuccessful or support was needed in scheduling, the member was called directly. In both MY2022 and MY2023, care managers received a file of their assigned members that needed a bone density scan and outreach was attempted directly with those members. Resource constraints have prevented these outreaches from occurring each month in the past and we are working to make the outreach occur on an ongoing basis.</p> <ul style="list-style-type: none"> Plan All-Cause Readmission (Observed/Expected Ratio) For MY2024 there is a workplan project specific to reducing acute patient readmissions which has the following interventions: 1. medically tailored meals for members 2. post discharge outreach 3. collaboration with the SDOH department to increase provider engagement for high-risk, high-volume members and improving medication reconciliation performance. We also have an internal SCO Readmissions workgroup focused on this measure consisting of clinical and operational leads for the SCO product that identify, track, measure and enhance initiatives focused on reducing acute inpatient readmissions." 	Addressed
<p>Compliance: 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.</p> <p>Lack of compliance with 3 requirements in the following domains:</p> <ul style="list-style-type: none"> Disenrollment requirements and limitations (1) 	All deficiencies and "partially met" requirements have been addressed through the corrective action process.	Addressed

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<ul style="list-style-type: none"> • Enrollee rights requirements (1) • Coordination and continuity of care (1) <p>Partial compliance with 24 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights requirements (8) • Coordination and continuity of care (13) • Grievance and appeal systems (3) 		
<p>Network – Data Integrity: 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.</p>	<p>The MCP uses the geocoding tool in Quest Analytics Suite to ensure we are using valid addresses. Additionally, we will use the standardized addresses that geocoding produces to identify duplicate records and improve the quality of our submissions in the future.</p>	<p>Addressed</p>
<p>Network – Time and Distance: Access was assessed for a total of 56 provider types. Tufts SCO had deficient networks for 11 provider types:</p> <ul style="list-style-type: none"> • Acute Inpatient Hospital • Rehabilitation Hospital Services • Emergency Support Services • Occupational Therapy • 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)" <p>MCP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p>	<p>The MCP has a quarterly monitoring process where the SCO Network is evaluated using both CMS Time/Distance standards and EOHHS standards as specified in the SCO Contract. When a gap or deficiency is identified, the appropriate contracting teams are made aware of the issue. Research is also done using the MA/MMP Supply files and an analytics market availability tool to determine if there are providers available for contracting. Some of the gaps identified above have been closed via system data clean-up efforts over the last year and by recruitment efforts to bring additional providers into the SCO network. Tufts Health SCO makes all attempts to service the member via an in network LTSS provider via our ASAP (Aging Service Access Points) relationships.</p>	<p>Addressed</p>

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
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.		
<p>Network – 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.</p> <p>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.</p>	Tufts Health Plan conducted a root cause analysis to understand the issues identified from the provider directory audit results. During an extensive review of the results of the audit, the Provider Operations team identified several interventions to improve the accuracy of provider and facility directory information, as well as to increase provider engagement in maintaining updated and correct directory information.	Addressed
<p>Quality-of-Care Surveys: Tufts SCO scored below the Medicare Advantage national mean score on the Getting Needed Care and Care Coordination MA-PD CAHPS measures.</p> <p>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.</p>	Point32Health utilizes CAHPS results to track and trend performance across a continuum of key member satisfaction performance indicators to inform opportunities for improvement. Barrier analyses are conducted to identify common themes, issues, and areas of member dissatisfaction that appear in multiple data sources. When appropriate, the organization also leverages internal data sources such as Appeals and Grievance data, member experience gleaned from its members through the organization’s Member Advisory Councils as well as additional satisfaction surveys administered by the health plan. Identified opportunities are prioritized based on areas of greatest dissatisfaction for members balanced with the organization’s ability to successfully intervene. With a focus on indicators with the largest variance from organizational goals, internal brainstorming sessions and the results of barrier analyses inform the strategy for improvement. After trending member experience results across multiple products and committing to improving member experience overall, Point32Health has chosen to implement a new Member Experience Governance structure that will oversee multidisciplinary teams that are responsible for the execution of targeted initiatives.	Partially 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 Option; MCP: managed care plan; EQR: external quality review.

UHC SCO Response to Previous EQR Recommendations

Table 108 displays the SCO's progress related to the *SCO External Quality Review CY 2023*, as well as IPRO's assessment of SCO's response.

Table 108: UHC SCO Response to Previous EQR Recommendations

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PIP 2 Flu Vaccination: 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.</p>	<p>UnitedHealthcare Community Plan of Massachusetts (UnitedHealthcare) acknowledge that the vaccination incentive program was not aligned with the flu season. This was the first time this incentive program had been done and due to that, there were administrative and legal approvals needed. These approvals delayed the program. However, the following flu season (2023-2024) the incentive program was announced to providers in October 2023, which allowed providers to be aware of the incentive at the start of the flu season. UnitedHealthcare reviewed flu vaccination rates for the entire Senior Care Options (SCO) population, the specific practices included in the provider incentive and gained insight from the Provider Advisory Committee. In CY 2022 it was recommended that UnitedHealthcare develop flu vaccination gap reports for providers. UnitedHealthcare distributed flu gap reports to provider practices who participated in this initiative, who were practices with the largest number of Russian speaking members (largest disparity in 2022).</p>	Addressed
<p>PMV: HEDIS SNP Measures: UHC SCO's HEDIS rate was below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> • Use of High-Risk Medications in the Elderly – Total • Follow-up after Hospitalization for Mental Illness (7 days) • Plan All-Cause Readmission (Observed/Expected Ratio) <p>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.</p>	<p>UnitedHealthcare conducted a root cause analysis and held quality meetings where input was obtained to identify barriers impacting members and providers. UnitedHealthcare created interventions and quality activities to address identified barriers and improve the measures.</p>	Addressed
<p>Compliance: MCP is required to address all deficient and partially met requirements based on IPRO's recommendations outlined in the final validation tools sent by</p>	<p>In early 2024, UnitedHealthcare responded to the IPRO recommendations outlined in the final validation tool.</p>	Addressed

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>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.</p> <p>Lack of compliance with 1 requirement in the following domains:</p> <ul style="list-style-type: none"> • Provider selection (1) <p>Partial compliance with 25 requirements in the following domains:</p> <ul style="list-style-type: none"> • 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) 		
<p>Network – Data Integrity: 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.</p>	<p>UnitedHealthcare successfully advocated with IPRO to use only National Provider Identification (NPI) instead of Tax Identification Number (TIN), significantly reducing duplicate records. They recommended the creation of the Technical Manual for MassHealth Managed Care Plans, which included a helpful data dictionary. UnitedHealthcare developed a new internal Policy and Procedure (P&P) for state and third-party audits, such as the IPRO Survey. Improved communications between UnitedHealthcare and IPRO clarified key information ahead of data submission, ensuring deliverables met state requirements. The internal review process now includes a multi-layer quality assurance process and can produce information that is de-duplicated. UnitedHealthcare monitors the network by evaluating the data produced year over year.</p>	<p>Addressed</p>
<p>Network – Time and Distance: Access was assessed for a total of 56 provider types. UHC had deficient networks for 12 provider types:</p> <ul style="list-style-type: none"> • Emergency Support Services 	<p>United Healthcare has resolved deficiencies where possible by including all contracted entities in the 2024 NA submission. Where deficiencies have not been resolved, UnitedHealthcare is actively working to identify additional providers and reaching out to non-participating providers to close gaps. UnitedHealthcare continues targeted recruitment through community outreach, internet searches, emails, and phone calls to</p>	<p>Addressed</p>

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<ul style="list-style-type: none"> • Occupational Therapy • Speech Therapy • Adult Foster Care • Day Habilitation • Group Adult Foster Care • Hospice • "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)" <p>MCP should expand the network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the Plan should explain what actions are being taken to provide adequate access for members residing in those service areas.</p>	<p>eligible providers. The goal is to resolve network deficiencies by the end of Q2 2025. UnitedHealthcare continues to generate geo access reporting data on all services identified with a deficiency to ensure enrollees have access to care. UnitedHealthcare aims to ensure all provider types with current network deficiencies meet a minimum network adequacy standard of 90%, guaranteeing sufficient access to care for members. If no providers meet the time and distance standards, and will document all efforts to address these gaps and request an exception from MassHealth.</p>	
<p>Network – Provider Directory: UHC SCO's accuracy rate was at 13.3% for Family Medicine directory.</p> <p>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.</p>	<p>UnitedHealthcare has various initiatives in place to increase data accuracy. These initiatives are carefully reviewed monthly and maintained or changed as evidenced by results. Our Provider Quality Assurance team performs an accuracy review each month. Defects are validated through the Total Quality Management (TQM) Audit Liaison roles as a support for the operations business partners and any appeals are managed through that team to assure accurate measurement systems and results. Additionally, validated defects are 100% root caused and trended to determine key opportunities for improvements. Internal quality reviews are additionally conducted via phone call campaigns to practitioner offices (Secret Shopper), defects from which an additional outreach validation is prompted to determine if system updates and/or corrective actions should be taken in UnitedHealthcare source systems; if so, updates are made to the applicable elements or practitioners are removed from directory display. Data Controls and Proactive Business</p>	<p>Addressed</p>

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>Rule Detections have also been established for updates to be made. Additionally, multiple intake channels were created with the intent of allowing practitioners an opportunity to validate, or attest, to the demographic data on file with UnitedHealthcare every 90 days. Providers may also be contacted via phone or email to validate demographic data. Attestation data is tracked across all channels within an internal database and is archived for physician and facility. UnitedHealthcare does not solely rely on providers to share demographic changes but seeks additional opportunities to improve directory accuracy. UnitedHealthcare operational and technology teams work continuously to increase data updates via automated tools and processes for enhanced data capture.</p>	
<p>Quality-of-Care Surveys: UHC SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> • Getting Needed Care, • Customer Service, Care Coordination, and • Getting Needed Prescription Drugs <p>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.</p>	<p>UnitedHealthcare Quality Team reviewed the Consumer Assessment of Healthcare Providers & Systems (CAHPS®) data, reported to leadership to determine barriers, opportunities and next steps. There is a focus on the Net Promoter Score (NPS) related to the area of “Customer Service Challenges” and there are on-going Appeals & Grievances Operations meetings held with cross-functional staff attending. During these meetings, metrics of compliance are reviewed (i.e. contract requirements with acknowledgement letters) and review of trending issues, which are operational issues and/or specific member cases. UnitedHealthcare reviewed the complaints and grievances data and identified a trend with members complaining about transportation. Several interventions were implemented to address specific CAHPS metrics. Interventions included such actions as: Provider incentive program for annual wellness visits; connecting members to transportation options and coordinating with care management to schedule transportation; staff feedback and training to focus on customer service; improved care coordination for medication reconciliation and meeting member transportation needs; coordination between member HRA and pharmacy needs. Progress and effectiveness of these interventions are regularly monitored and changes implemented as needed.</p>	Addressed

¹ IPRO assessments are as follows: **addressed:** MCP’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP’s QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP’s QI response did not address the recommendation; improvement was not observed, or performance declined.

Not applicable: PIP was discontinued.

SCO: Senior Care Option; MCP: managed care plan; EQR: external quality review.

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

Tables 109–114 highlight each SCO’s performance strengths, opportunities for improvement, and this year’s recommendations based on the aggregated results of CY 2024 EQR activities as they relate to **quality**, **timeliness**, and **access**.

WellSense SCO Strengths, Opportunities, and EQR Recommendations

Table 109: Strengths, Opportunities for Improvement, and EQR Recommendations for WellSense SCO

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: TRC	There is moderate confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. The validation findings generally indicate that the credibility of the PIP results is not at risk.	Results must be interpreted with some caution due to baseline data missing in Table 1, missing indicator exclusion for MY 2023, conflicting performance indicator data in Tables 1 and 4, and a lack of clarity related to one or more interventions and intervention tracking measure.	WellSense SCO should ensure that all valid data are included in the PIP and that indicator details align with the MY 2023 HEDIS Technical Specifications, as well as clarify interventions including all associated intervention tracking measures.	Quality, Timeliness, Access
PIP 1: COL	There is high confidence that the PIP Baseline Update Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Performance Measure Validation: HEDIS SNP measures	<p>SCO demonstrated compliance with information system 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:</p> <ul style="list-style-type: none"> Pharmacotherapy Management of COPD Exacerbation (Corticosteroids): 87.27% Pharmacotherapy Management of COPD Exacerbation (Bronchodilators): 92.73% 	<p>WellSense SCO HEDIS rates were below the 25th percentile for the following measure:</p> <ul style="list-style-type: none"> Advance Care Planning: 6.27% 	<p>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.</p>	<p>Quality, Timeliness, Access</p>
Compliance Review	<p>WellSense SCO demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with two requirements in the following domains:</p> <ul style="list-style-type: none"> Coordination and continuity of care (1) QAPI (1) <p>Partial compliance with 45 requirements in the following domains:</p> <ul style="list-style-type: none"> 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) 	<p>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.</p>	<p>Quality, Timeliness, Access</p>

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current except for duplicative provider records and incorrect provider directory information.	WellSense SCO submitted duplicates for individual and facility providers due to variations in the addresses, such as including the suite name in the address. IPRO removed a total of 977 duplicate providers from the WellSense SCO data prior to conducting the analysis.	WellSense SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP’s Methodology	WellSense SCO used the correct standards for PCPs, Residential Rehabilitation Services for SUD, Intensive Outpatient Program, and Emergency Support Services. When IPRO compared WellSense SCO results for Rehabilitation Hospital Services in Barnstable, Bristol, Plymouth, Hampden, and Suffolk counties, the comparison showed that IPRO and WellSense SCO had similar results in most counties, except for Barnstable County. IPRO concluded that the results reported for the four counties were valid, accurate, and reliable.	WellSense SCO used incorrect time and distance standards for pharmacy, LTSS providers, and some behavioral health providers. IPRO was able to compare WellSense SCO results for Rehabilitation Hospital Services but only in five counties.	WellSense SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	WellSense SCO achieved a 40.22% accuracy rate in its PCP provider directory, a 25.24% accuracy rate in its ob/gyn provider directory, and only 40.00% accuracy rate in its dental directory.	WellSense SCO should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, 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
	<ul style="list-style-type: none"> Annual Flu Vaccine 	following MA-PD CAHPS measures: <ul style="list-style-type: none"> Getting Needed Care Getting Appointments and Care Quickly Customer Service, Care Coordination Getting Needed Prescription Drugs Rating of Prescription Drug Plan Rating Of Health Care Quality Rating of Health Plan 	SCO should also utilize complaints and grievances to identify and address trends.	

SCO: Senior Care Option; EQR: external quality review; PIP: performance improvement project; PCP: primary care provider; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; CY: calendar year; MCP: managed care plan; QAPI: quality assurance and performance improvement; ob/gyn; obstetrics/gynecology; N/A: not applicable; TBD: to be determined.

CCA SCO Strengths, Opportunities, and EQR Recommendations

Table 110: Strengths, Opportunities for Improvement, and EQR Recommendations for CCA SCO

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

Activity	Strengths	Weaknesses	Recommendations	Standards
	methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.			
Performance Measure Validation: HEDIS SNP measures	<p>SCO demonstrated compliance with information system standards. No issues were identified. CCA SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:</p> <ul style="list-style-type: none"> Follow-up After Hospitalization for Mental Illness (7 days): 52.04% Follow-up After Hospitalization for Mental Illness (30 days): 71.43% Pharmacotherapy Management of COPD Exacerbation (Bronchodilators): 91.76% 	<p>SCO's HEDIS rates were below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> Use of High-Risk Medications in the Elderly: 25.63% Plan All-Cause Readmission (Observed/Expected Ratio) 65+: 1.3583 Osteoporosis Management in Women Who Had a Fracture: 12.07% Antidepressant Medication Management Acute: 73.71% Antidepressant Medication Management Continuation: 57.54% 	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.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Compliance Review	<p>CCA SCO demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with nine requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights requirements (3) • Coordination and continuity of care (4) • Grievance and appeal systems (2) <p>Partial compliance with 30 requirements in the following domains:</p> <ul style="list-style-type: none"> • 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: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current except for duplicative provider records and incorrect provider directory information.	CCA SCO submitted many duplicates for individual and facility providers due to variations in the addresses, such as including the suite name in the address. IPRO removed a total of 2,209 duplicate providers from the CCA SCO data prior to conducting the analysis.	CCA SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP's Methodology	When IPRO compared CCA SCO's results for the Group Adult Foster Care, the comparison showed that IPRO and CCA SCO had similar results. IPRO concluded that the results reported for Group Adult Foster Care provider types were valid, accurate, and reliable.	CCA SCO used incorrect time and distance standards for PCPs, ob/gyn, hospitals and medical facilities, specialists, behavioral health providers, and LTSS providers. Because of the quality of the provider data, IPRO was able to compare MCP's results for only one provider type: Group Adult Foster Care.	CCA SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Accuracy of Provider Directory	None.	CCA SCO achieved a 21.82% accuracy rate in its PCP directory, a 21.55% accuracy rate in its ob/gyn provider directory, and only 26.67% accuracy rate in its dental directory.	CCA SCO should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Quality-of-care Surveys	CCA SCO exceeded the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> • Customer Service • Rating of Health Plan • Rating of Health Care Quality • 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: <ul style="list-style-type: none"> • Getting Appointments and Care Quickly • Care Coordination • 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; PIP: performance improvement project; PCP: primary care provider; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; CY: calendar year; MCP: managed care plan; ob/gyn: obstetrics/gynecology; N/A: not applicable; TBD: to be determined.

Fallon NaviCare SCO Strengths, Opportunities, and EQR Recommendations

Table 111: Strengths, Opportunities for Improvement, and EQR Recommendations for Fallon NaviCare SCO

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 1: TRC	There is high confidence that the PIP Baseline Update Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
PIP 2: COL	There is high confidence that the PIP Baseline Update Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS SNP measures	SCO demonstrated compliance with information systems standards. No issues were identified. Fallon NaviCare SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures: <ul style="list-style-type: none"> Transitions of Care: Medication Reconciliation Post-Discharge: 92.70% 	Fallon NaviCare SCO's HEDIS rates were below the 25th percentile for the following measures: <ul style="list-style-type: none"> Transitions of Care – Medication Reconciliation Post-Discharge: 57.66% Follow-up After Hospitalization for Mental Illness (7 days): 23.53% 	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

Activity	Strengths	Weaknesses	Recommendations	Standards
Compliance Review	<p>Fallon NaviCare SCO demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with nine requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights requirements (6) • Coordination and continuity of care (3) <p>Partial compliance with 44 requirements in the following domains:</p> <ul style="list-style-type: none"> • 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) 	<p>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.</p>	<p>Quality, Timeliness, Access</p>
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	<p>Data used by the MCP to monitor network adequacy were mostly accurate and current except for duplicative provider records and incorrect provider directory information.</p>	<p>Fallon NaviCare SCO submitted many duplicates for individual and facility providers due to variations in the addresses, such as including the suite name in the address. IPRO removed a total of 751 duplicate providers from Fallon NaviCare SCO data prior to conducting the analysis.</p>	<p>Fallon NaviCare SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.</p>	<p>Quality, Access, Timeliness</p>

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – MCP's Methodology	Fallon NaviCare SCO used the correct MassHealth standards for Cardiothoracic Surgery, Chiropractor, ENT/Otolaryngology, Gastroenterology, Neurosurgery, Oncology – Radiation/Radiation Oncology, Physiatry, Plastic Surgery, and Rheumatology in certain counties; Clinical Support Services for SUD, Community Support Program, and Partial Hospitalization Program in certain counties; and Adult Foster Care, Day Habilitation, Group Adult Foster Care in certain counties. When IPRO compared Fallon NaviCare SCO's results, the comparison showed that IPRO and Fallon NaviCare SCO had similar results for those provider types. IPRO concluded that the results reported for those four provider types were valid, accurate, and reliable.	Fallon NaviCare SCO used incorrect time and distance standards for primary care, ob/gyn, medical facilities in some counties, and dentists. Because of the quality of the provider data, IPRO was able to compare Fallon NaviCare SCO results for those provider types.	Fallon NaviCare SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	Fallon NaviCare SCO achieved a 57.14% accuracy rate in its PCP directory, a 44.83% accuracy rate in its ob/gyn directory, and only 33.33% in its dental directory.	Fallon NaviCare SCO should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
Quality-of-care Surveys	<p>Fallon NaviCare SCO scored above the Medicare Advantage national mean score on the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> • Annual Flu Vaccine • Rating of Health Plan • Rating of Prescription Drug Plan 	<p>Fallon NaviCare SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> • Getting Needed Care • Getting Appointments and Care Quickly • Customer Service • Care Coordination • Getting Needed Prescription Drugs • Rating of Health Plan 	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; PIP: performance improvement project; PCP: primary care provider; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; CY: calendar year; MCP: managed care plan; QAPI: quality assurance and performance improvement; SUD: substance use disorder; ob/gyn: obstetrics/gynecology; N/A: not applicable; TBD: to be determined.

SWH SCO Strengths, Opportunities, and EQR Recommendations

Table 112: Strengths, Opportunities for Improvement, and EQR Recommendations for SWH SCO

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

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 2: TRC	There is moderate confidence that the PIP Baseline Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. The validation findings generally indicate that the credibility of the PIP results is not at risk.	Results must be interpreted with some caution due to a lack of clarity regarding intervention tracking measures associated with one or more interventions and intervention tracking measures.	For the Remeasurement 1 Report, the Plan should continue to work on the intervention tracking measures to increase the likelihood of desired performance outcomes.	Quality, Timeliness, Access
Performance Measure Validation: HEDIS SNP measures	SCO demonstrated compliance with information system standards. No issues were identified.	<p>SWH SCO's HEDIS rates were below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> • Transitions of Care – Medication Reconciliation Post-Discharge: 54.5% • Controlling High Blood Pressure: 67.64% • Use of Spirometry Testing in the Assessment and Diagnosis of COPD: 19.86% • Follow-up After Hospitalization for Mental Illness (30 days): 48.48% • Osteoporosis Management in Women Who Had a Fracture: 27.78% 	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	<p>SWH SCO demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with two requirements in the following domains:</p> <ul style="list-style-type: none"> • Coordination and continuity of care (1) • Grievance and appeal systems (1) <p>Partial compliance with 23 requirements in the following domains:</p> <ul style="list-style-type: none"> • Enrollee rights requirements (2) • Assurances of adequate capacity and services (3) • Coordination and continuity of care (17) • Grievance and appeal systems (1) 	<p>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.</p>	<p>Quality, Timeliness, Access</p>
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	<p>Data used by the MCP to monitor network adequacy were mostly accurate and current except for duplicative provider records and incorrect provider directory information.</p>	<p>SWH submitted duplicates for individual and facility providers due to variations in the addresses, such as including the suite name in the address. IPRO removed a total of 971 duplicate providers from SWH SCO data prior to conducting the analysis.</p>	<p>SWH SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.</p>	<p>Quality, Access, Timeliness</p>

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – MCP's Methodology	SWH SCO used the correct MassHealth standards for PCPs, ob/gyn, pharmacies, LTSS, Emergency Support Services and most behavioral health providers, except for Intensive Outpatient Programs. When IPRO compared SWH SCO's results for Occupational Therapy and most behavioral health providers (except for Behavioral Health Outpatient, Community Crisis Stabilization, and Intensive Outpatient Programs), the comparison showed that IPRO and SWH SCO had identical results for those provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	SWH SCO used incorrect time and distance standards for many specialists, Intensive Outpatient Program, and dentists. Because of the incorrect standards and the quality of the provider data, IPRO was able to compare SWH SCO's results for those provider types.	SWH SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	SWH SCO achieved only a 14.6% accuracy rate in its PCP directory, a 20.72% accuracy rate in its ob/gyn directory, and a 20.00% accuracy rate in its dental directory.	SWH SCO should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness

Activity	Strengths	Weaknesses	Recommendations	Standards
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: <ul style="list-style-type: none"> • Getting Needed Care • Getting Appointments and Care Quickly • Customer Service • Care Coordination • Getting Needed Prescription Drugs • Rating of Prescription Drug Plan • Rating of Health Care Quality • Rating of Health Plan. 	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

SCO: Senior Care Option; EQR: external quality review; PIP: performance improvement project; PCP: primary care provider; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; CY: calendar year; MCP: managed care plan; ob/gyn; obstetrics/gynecology; N/A: not applicable; TBD: to be determined.

Tufts SCO Strengths, Opportunities, and EQR Recommendations

Table 113: Strengths, Opportunities for Improvement, and EQR Recommendations for Tufts SCO

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

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 2: TRC	There is high confidence that the PIP Baseline Update Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS SNP measures	SCO demonstrated compliance with information system standards. No issues were identified. Tufts SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measure: <ul style="list-style-type: none"> Follow-up After Hospitalization for Mental Illness (7 days): 47.83% 	Tufts SCO's HEDIS rate was below the 25th percentile for the following measure: <ul style="list-style-type: none"> Use of High-Risk Medications in the Elderly: 20.33% Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement): 2.9% 	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
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 three requirements in the following domains: <ul style="list-style-type: none"> Disenrollment requirements and limitations (1) Enrollee rights requirements (1) Coordination and continuity of care (1) Partial compliance with 24 requirements in the following domains: <ul style="list-style-type: none"> 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

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	Data used by the MCP to monitor network adequacy were mostly accurate and current except for duplicative provider records and incorrect provider directory information.	Tufts SCO submitted many duplicates for individual and facility providers due to variations in the addresses, such as including the suite name in the address. IPRO removed a total of 1,063 duplicate providers from the Tufts SCO data prior to conducting the analysis.	Tufts SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.	Quality, Access, Timeliness
Network Adequacy: Time and Distance Analysis – MCP's Methodology	Tufts SCO used the correct MassHealth standards for PCPs, Orthotics and Prosthetics providers in large metro counties, pharmacies in large metro counties, Oxygen and Respiratory Equipment Services, and Oral Surgeons. When IPRO compared Tuft SCO's results for Orthotics and Prosthetics, pharmacies in metro counties, Day Habilitation, Group Adult Foster Care, and Hospice, the comparison showed that IPRO and Tufts SCO had similar results for those provider types. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	Tufts SCO used incorrect time and distance standards for ob/gyn, Acute Inpatient Hospitals, specialists, behavioral health providers, pharmacies in metro counties, Emergency Support Services, and Rehabilitation Hospital Services, as well as General Dentists. Because of the quality of the provider data and a lack of correct standards, IPRO was unable to compare Tuft SCO's results for those provider types.	Tufts SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	Tufts SCO achieved only a 7.48% accuracy rate in its PCP directory, a 37.7% accuracy rate in its ob/gyn directory, and only a 36.67% accuracy rate in its dental directory.	Tufts SCO should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Quality-of-care Surveys	Tufts SCO scored above the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> Annual Flu Vaccine 	Tufts SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> Getting Needed Care 	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

Activity	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> • Getting Appointments and Care Quickly • Customer Service • Care Coordination • Getting Needed Prescription Drugs • Rating of Health Plan • Rating of Health Care Quality • Rating of Prescription Drug Plan 		

SCO: Senior Care Option; EQR: external quality review; PIP: performance improvement project; PCP: primary care provider; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; CY: calendar year; MCP: managed care plan;; ob/gyn; obstetrics/gynecology; N/A: not applicable; TBD: to be determined.

UHC SCO Strengths, Opportunities, and EQR Recommendations

Table 114: Strengths and Opportunities for Improvement, and EQR Recommendations for UHC SCO

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

Activity	Strengths	Weaknesses	Recommendations	Standards
PIP 2: TRC	There is high confidence that the PIP Baseline Update Report adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	N/A	N/A	Quality, Timeliness, Access
Performance Measure Validation: HEDIS SNP measures	<p>SCO demonstrated compliance with information system 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:</p> <ul style="list-style-type: none"> • Colorectal Cancer Screening: 87.35% • Pharmacotherapy Management of COPD Exacerbation (Bronchodilators): 92.19% 	<p>UHC SCO's HEDIS rate was below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> • Use of Spirometry Testing in the Assessment and Diagnosis of COPD: 23.21% • Use of High-Risk Medications in the Elderly: 21.23% • Plan All-Cause Readmission (Observed/Expected Ratio) 65+: 1.1627 	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
Compliance Review	<p>UHC SCO demonstrated compliance with most of the federal and state contractual standards.</p> <p>MCP addressed opportunities for improvement from the prior compliance review.</p>	<p>Lack of compliance with one requirement in the following domains:</p> <ul style="list-style-type: none"> • Provider selection (1) <p>Partial compliance with 25 requirements in the following domains:</p> <ul style="list-style-type: none"> • 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) 	<p>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.</p>	<p>Quality, Timeliness, Access</p>
Network Adequacy: Information Systems and Quality of Provider Data – Duplicates	<p>Data used by the MCP to monitor network adequacy were mostly accurate and current except for duplicative provider records and incorrect provider directory information.</p>	<p>UHC SCO submitted duplicates for individual and facility providers due to variations in the addresses, such as including the suite name in the address. IPRO removed a total of 228 duplicate providers from the UHC SCO data prior to conducting the analysis.</p>	<p>UHC SCO should further clean and deduplicate the provider data prior to conducting any network analyses or submitting provider data for the EQR analysis.</p>	<p>Quality, Access, Timeliness</p>

Activity	Strengths	Weaknesses	Recommendations	Standards
Network Adequacy: Time and Distance Analysis – MCP's Methodology	UHC SCO used the correct MassHealth standards for many provider types, including LTSS providers, dentists, Oxygen and Respiratory Equipment Services, Rehabilitation Hospital Services, and Emergency Support Services, as well as behavioral health providers except for Psychiatric Inpatient Adult. When IPRO compared UHC SCO's results for Clinical Support Services for SUD (Level 3.5), Intensive Outpatient Program, Monitored Inpatient Level 3.7, Partial Hospitalization Program, Psychiatric Day Treatment, Residential Rehabilitation Services for SUD (Level 3.1), the comparison showed that IPRO and UHC SCO had similar results. The same was true for comparisons conducted for Adult Foster Care, Group Adult Foster Care, Hospice, Oxygen and Respiratory Equipment Services, Rehabilitation Hospital Services, and pharmacies. IPRO concluded that the results reported for those provider types were valid, accurate, and reliable.	UHC SCO seemed to implement incorrect time and distance standards for primary care, ob/gyn, hospitals and medical facilities. Because of incorrect standards and some duplicative records, IPRO was unable to compare UHC's results for those provider types.	UHC SCO should use the correct MassHealth standards and clean data for the GeoAccess analysis for all provider types.	Quality, Access, Timeliness
Network Adequacy: Accuracy of Provider Directory	None.	UHC SCO achieved a 38.97% accuracy rate in its PCP directory, a 28.71% accuracy rate in its ob/gyn directory, and only 43.33% accuracy rate in its dental directory.	UHC SCO should design quality improvement interventions to enhance the accuracy of all three directories.	Quality, Access, Timeliness
Quality-of-care surveys	UHC SCO exceeded the Medicare Advantage national mean score on	UHC SCO scored below the Medicare Advantage national mean score on	UHC SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
	<p>the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> • Annual Flu Vaccine • Rating of Health Plan 	<p>the following MA-PD CAHPS measures:</p> <ul style="list-style-type: none"> • Getting Needed Care • Getting Appointments and Care Quickly • Customer Service • Care Coordination • Getting Needed Prescription Drugs • Rating of Health Care Quality. 	<p>experience. SCO should also utilize complaints and grievances to identify and address trends.</p>	

SCO: Senior Care Option; EQR: external quality review; PIP: performance improvement project; PCP: primary care provider; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; CY: calendar year; MCP: managed care plan; QAPI: quality assurance and performance improvement; SUD: substance use disorder; ob/gyn; obstetrics/gynecology; N/A: not applicable; TBD: to be determined.

X. Required Elements in EQR Technical Report

The Balanced Budget Act of 1997 established that state agencies contracting with MCPs provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCP. The federal requirements for the annual EQR of contracted MCPs are set forth in *Title 42 CFR § 438.350 External quality review (a) through (f)*.

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

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

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

Elements required in EQR technical report, including the requirements for the PIP validation, performance measure validation, and review of compliance activities, are listed in **Table 115**.

Table 115: Required Elements in EQR Technical Report

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.364(a)</i>	All eligible Medicaid and CHIP plans are included in the report.	All MCPs are identified by plan name, MCP type, managed care authority, and population served in Appendix B, Table B1 .
<i>Title 42 CFR § 438.364(a)(1)</i>	The technical report must summarize findings on quality, access, and timeliness of care for each MCO, PIHP, PAHP, and PCCM entity that provides benefits to Medicaid and CHIP Enrollees.	The findings on quality, access, and timeliness of care for each SCO are summarized in Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations .
<i>Title 42 CFR § 438.364(a)(3)</i>	The technical report must include an assessment of the strengths and weaknesses of each MCO, PIHP, PAHP and PCCM entity with respect to (a) quality, (b) timeliness, and (c) access to the health care services furnished by MCOs, PIHPs, PAHPs, or PCCM entity.	See Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations for a chart outlining each SCO’s strengths and weaknesses for each EQR activity and as they relate to quality, timeliness, and access.
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for improving the quality of health care services furnished by each MCO, PIHP, PAHP, or PCCM entity.	Recommendations for improving the quality of health care services furnished by 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
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under <i>Title 42 CFR § 438.340</i> , to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.	Recommendations for how the state can target goals and objectives in the quality strategy are included in Section I, High-Level Program Findings and Recommendations , as well as when discussing strengths and weaknesses of an SCO or activity and when discussing the basis of performance measures or PIPs.
<i>Title 42 CFR § 438.364(a)(5)</i>	The technical report must include methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities.	Methodologically appropriate, comparative information about 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 .
<i>Title 42 CFR § 438.364(a)(6)</i>	The technical report must include an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.	See Section VIII. MCP Responses to the Previous EQR Recommendations for the prior year findings and the assessment of each SCO's approach to addressing the recommendations issued by the EQRO in the previous year's technical report.
<i>Title 42 CFR § 438.364(d)</i>	The information included in the technical report must not disclose the identity or other protected health information of any patient.	The information included in this technical report does not disclose the identity or other PHI of any patient.
<i>Title 42 CFR § 438.364(a)(2)(iiv)</i>	The technical report must include the following for each of the mandatory activities: objectives, technical methods of data collection and analysis, description of data obtained including validated performance measurement data for each PIP, and conclusions drawn from the data.	Each EQR activity section describes the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.
<i>Title 42 CFR § 438.358(b)(1)(i)</i>	The technical report must include information on the validation of PIPs that were underway during the preceding 12 months.	This report includes information on the validation of PIPs that were underway during the preceding 12 months; see Section III .
<i>Title 42 CFR § 438.330(d)</i>	The technical report must include a description of PIP interventions associated with each state-required PIP topic for the current EQR review cycle.	The report includes a description of PIP interventions associated with each state-required PIP topic; see Section III .
<i>Title 42 CFR § 438.358(b)(1)(ii)</i>	The technical report must include information on the validation of each MCO's, PIHP's, PAHP's, or PCCM entity's performance measures for each MCO, PIHP, PAHP, and PCCM entity performance measure calculated by the state during the preceding 12 months.	This report includes information on the validation of each SCO's performance measures; see Section IV .

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

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

XI. Appendix A – MassHealth Quality Goals and Objectives

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

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

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

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

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

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

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

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

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

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

XII. Appendix B – MassHealth Managed Care Programs and Plans

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

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Accountable Care Partnership Plan (ACPP)	<p>Groups of primary care providers working with one managed care organization to create a full network of providers.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> 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)	<p>Groups of primary care providers forming an ACO that works directly with MassHealth's network of specialists and hospitals for care and coordination of care.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> 1. Community Care Cooperative 2. Revere Medical

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

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

XIII. Appendix C – MassHealth Quality Measures

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

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

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

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

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

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

CMS's network adequacy standards for Medicare and Medicaid Plans were downloaded on 08/28/24 from the following CMS website:
<https://www.cms.gov/medicare/medicaid-coordination/plans/mmp-application-annual-requirements>.

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
<p>Primary care Providers:</p> <ul style="list-style-type: none"> General Practice Family Practice Internal Medicine <p>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:</p> <ol style="list-style-type: none"> Primary Care; Obstetrics and Gynecology; Specialist Providers; Hospital; and Pharmacy <p>(Source: https://www.cms.gov/medicare/medicaid-coordination/plans/mmp-application-annual-requirements)</p>	<p>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. <i>Note:</i> Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p> <p>Apply provider-to-enrollee ratio defined by CMS.</p> <p>Apply CMS standards of the minimum number of PCP providers in each county.</p>	<p>Primary Care Providers: Numerator: number of Enrollees in a county for which both of the following is true:</p> <ul style="list-style-type: none"> 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. <p><i>Note:</i> Time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p> <p>Denominator: all plan Enrollees in a county.</p> <p>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.</p>

Table D2: SCO Network Adequacy Standards and Indicators – Obstetricians and Gynecologists

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
<p>Provider Type:</p> <ul style="list-style-type: none"> OB/GYN <p>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:</p> <ol style="list-style-type: none"> Primary Care; Obstetrics and Gynecology; Specialist Providers; Hospital; and Pharmacy <p>(Source: https://www.cms.gov/medicare/medicaid-coordination/plans/mmp-application-annual-requirements)</p>	<p>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. <i>Note:</i> CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type.</p> <p>Apply provider-to-enrollee ratio defined by CMS.</p>	<p>Primary Care Providers: Numerator: number of Enrollees in a county for which both of the following is true:</p> <ul style="list-style-type: none"> 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. <p><i>Note:</i> CMS time and distance vary by county designation (Large Metro, Metro, and Micro) and provider type. Denominator: all plan Enrollees in a county.</p> <p>Minimum Provider Ratios: the number of all in-network providers in a county against the number of all Enrollees in that county.</p>

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
<p>Hospitals/Medical Facilities:</p> <ul style="list-style-type: none"> • Acute Inpatient Hospital • Skilled Nursing Facilities • Orthotics and Prosthetics • Occupational Therapy • Physical Therapy • Speech Therapy <p>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:</p> <ol style="list-style-type: none"> Primary Care; Obstetrics and Gynecology; Specialist Providers; Hospital; and Pharmacy <p>(Source: https://www.cms.gov/medicare/medicaid-coordination/plans/mmp-application-annual-requirements)</p>	<p>Hospitals/Medical Facilities:</p> <ul style="list-style-type: none"> • 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. <p>Apply the minimum number of providers defined by CMS, which vary by county.</p>	<p>Hospitals/Medical Facilities:</p> <p>Numerator: number of plan Enrollees in a county for which both of the following are true:</p> <ul style="list-style-type: none"> • 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. <p>Denominator: all plan Enrollees in a county.</p> <p>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.</p> <p>Minimum Number of Providers: apply the minimum number of providers as defined by CMS per county designation for each provider types.</p>

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
<p>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 Podiatry Psychiatry Pulmonology Rheumatology Urology Vascular Surgery</p> <p>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;</p>	<p>Specialists:</p> <ul style="list-style-type: none"> 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. <p>Apply the minimum number of providers defined by CMS, which vary by county.</p>	<p>Specialists: Numerator: number of plan Enrollees in a county for which both of the following are true:</p> <ul style="list-style-type: none"> 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. <p>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.</p>

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
d. Hospital; and e. Pharmacy (Source: https://www.cms.gov/medicare/medicaid-coordination/plans/mmp-application-annual-requirements)		

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
<p>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 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</p> <p>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.</p>	<p>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.</p>	<p>Outpatient Behavioral Health: Numerator: number of plan Enrollees in a county for whom one of the following is true:</p> <ul style="list-style-type: none"> 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. <p>Denominator: all plan Enrollees in a county.</p>

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
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
<p>Provider Type:</p> <ul style="list-style-type: none"> Pharmacy <p>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:</p> <ul style="list-style-type: none"> a. Primary Care; b. Obstetrics and Gynecology; c. Specialist Providers; d. Hospital; and e. Pharmacy <p>(Source: https://www.cms.gov/medicare/medicaid-coordination/plans/mmp-application-annual-requirements)</p>	<p>Pharmacy</p> <ul style="list-style-type: none"> •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. 	<p>Pharmacy:</p> <p>Numerator: number of plan Enrollees in a county for which the following is true:</p> <ul style="list-style-type: none"> •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. <p>Denominator: all plan Enrollees in a county.</p>

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
<p>LTSS Providers:</p> <ul style="list-style-type: none"> • Adult Day Health • Day Habilitation • Hospice <p>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 offer the Enrollee only one such Provider per service.</p> <p>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</p>	<p>LTSS Providers: 90% of Enrollees in a county have access to at least two LTSS providers within 15 miles <u>or</u> 30 minutes for the Enrollee’s ZIP code of residence.</p>	<p>LTSS Providers: Numerator: number of plan Enrollees in a county for whom one of the following is true:</p> <ul style="list-style-type: none"> • 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. <p>Denominator: all plan Enrollees in a county.</p>
<p>LTSS Providers:</p> <ul style="list-style-type: none"> • Adult Foster Care • Group Adult Foster Care • Personal Care Assistant <p>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:</p> <p>a. Adult Foster Care; b. Private Duty Nursing; and</p>	<p>LTSS Providers: 90% of Enrollees in a county have access to at least two LTSS providers within 15 miles <u>or</u> 30 minutes for the Enrollee’s ZIP code of residence.</p>	<p>LTSS Providers: Numerator: number of plan Enrollees in a county for whom one of the following is true:</p> <ul style="list-style-type: none"> • 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. <p>Denominator: all plan Enrollees in a county.</p>

Network Adequacy Standards Source: SCO Contract - Section 2.6.B.1-4	Indicator	Definition of the Indicator
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); 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.

Table D9: SCO Network Adequacy Standards and Indicators – Dental Services

Network Adequacy Standards Source: 2025 SCO Contract (to be integrated into the 2024 network analysis) 3.1.A	Indicator	Definition of the Indicator
<p>1. Access: Contractor shall meet the Access Standards (as defined below), Travel Times (as defined below), Appointment Accessibility Standards (as defined below), and Wait Times (as defined below) for general, pedodontic, orthodontic and oral surgery practitioners by the Contract Implementation Date and thereafter throughout the life of the Contract, except for the Travel Times related to pedodontists and oral surgeons for Members residing on Nantucket Island, Hampshire, Hampden, Franklin, Barnstable, Dukes and Berkshire counties; related to general practitioners and pedodontists for Members residing in Barnstable; Nantucket Island, Berkshire, Hampden, Hampshire, Franklin and Dukes counties; and related to oral surgeons for Members residing in Hampden, Hampshire, Franklin, Berkshire, Barnstable and Dukes counties and on Nantucket Island.</p>	<p>General Dentists</p> <ul style="list-style-type: none"> •95% of Members have access to 2 General Dentists within 10 minutes of their home •Apply provider-to-enrollee ratio of 1: 1,500 <p>Oral Surgeon</p> <ul style="list-style-type: none"> •95% have access to 1 Oral Surgeon within 30 minutes of their home •Apply provider-to-enrollee ratio of 1: 20,000 	<p>General Dentists:</p> <p>Numerator: number of plan enrollees in a county for which two unique in-network providers are within a 10-minute drive or less from Enrollee’s ZIP code of residence.</p> <p>Denominator: all plan enrollees in a county.</p> <p>Minimum Provider Ratios: the number of all in-network providers in a county against the number of all enrollees in that county.</p> <p>Oral Surgeons:</p> <p>Numerator: number of plan enrollees in a county for which one unique in-network provider is within a 30-minute drive or less from Enrollee’s ZIP code of residence.</p> <p>Denominator: all plan enrollees in a county.</p> <p>Minimum Provider Ratios: the number of all in-network providers in a county against the number of all enrollees in that county.</p>

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	<ul style="list-style-type: none"> PCP: https://www.wellsense.org/members/ma/senior-care-options#find-a-provider Ob/Gyn: Members Senior Care Options WellSense Health Plan Dentists: https://www.dentaquest.com/en/find-a-dentist
Fallon NaviCare SCO	<ul style="list-style-type: none"> PCP: https://fallonhealth.org/en/find-insurance/navicare/provider-directory Ob/Gyn: https://fallonhealth.org/en/find-insurance/navicare/provider-directory Dentists: https://www.dentaquest.com/en/find-a-dentist
Tufts SCO	<ul style="list-style-type: none"> PCP: https://www.tuftsmedicarepreferred.org/tufts-health-plan-doctor-search Ob/Gyn: https://www.tuftsmedicarepreferred.org/tufts-health-plan-doctor-search Dentists: Search results - DentaQuest (healthsparq.com)https://dentaquest.healthsparq.com/healthsparq/public/%23/one/city=&state=&postalCode=&country=&insurerCode=DENTAQUEST_I&brandCode=DENTAQUEST/search/filters= SPECIALTY%253AGeneral%2520Dentistry&isPromotionSearch=false&location=Boston%252C%2520MA&page=1&productCode=MA-TUFTSCO&radius=25&searchType=advanced
CCA SCO	<ul style="list-style-type: none"> PCP: https://www.commonwealthcarealliance.org/ma/members/find-a-provider/ Ob/Gyn: https://www.commonwealthcarealliance.org/ma/members/find-a-provider/ Dentists: Search - Provider Directory (commonwealthcarealliance.org)
UHC SCO	<ul style="list-style-type: none"> PCP: https://connect.werally.com/county-plan-selection/uhc.mnr/plan/25025?zipCode=02109&coverageType=medical Ob/Gyn: https://connect.werally.com/county-plan-selection/uhc.mnr/plan/25025?zipCode=02109&coverageType=medical Dentists: https://connect.werally.com/dentalProvider/root?showBack Button=true
SWH SCO	<ul style="list-style-type: none"> PCP: https://molina.sapphirethreesixtyfive.com/?ci=ma-molina Ob/Gyn: https://molina.sapphirethreesixtyfive.com/?ci=ma-molina Dentists: Find Care - DentaQuest (healthsparq.com)

PCP: primary care provider; ob/gyn: obstetrics/gynecology; SCO: Senior Care Plan.