



# External Quality Review One Care Plans Annual Technical Report, Calendar Year 2022



**Commonwealth of Massachusetts**  
Executive Office of Health and  
Human Services

# Table of Contents

<b>I. EXECUTIVE SUMMARY .....</b>	<b>I-4</b>
ONE CARE PLANS .....	I-4
PURPOSE OF REPORT.....	I-4
SCOPE OF EXTERNAL QUALITY REVIEW ACTIVITIES .....	I-5
HIGH-LEVEL PROGRAM FINDINGS .....	I-5
RECOMMENDATIONS.....	I-9
<b>II. MASSACHUSETTS MEDICAID MANAGED CARE PROGRAM .....</b>	<b>II-11</b>
MANAGED CARE IN MASSACHUSETTS .....	II-11
MASSHEALTH MEDICAID QUALITY STRATEGY .....	II-11
IPRO’S ASSESSMENT OF THE MASSACHUSETTS MEDICAID QUALITY STRATEGY .....	II-14
<b>III. VALIDATION OF PERFORMANCE IMPROVEMENT PROJECTS.....</b>	<b>III-16</b>
OBJECTIVES .....	III-16
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS .....	III-16
DESCRIPTION OF DATA OBTAINED .....	III-17
CONCLUSIONS AND COMPARATIVE FINDINGS.....	III-17
<b>IV. VALIDATION OF PERFORMANCE MEASURES .....</b>	<b>IV-24</b>
OBJECTIVES .....	IV-24
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS .....	IV-24
DESCRIPTION OF DATA OBTAINED .....	IV-24
VALIDATION FINDINGS .....	IV-24
CONCLUSIONS AND COMPARATIVE FINDINGS.....	IV-25
<b>V. REVIEW OF COMPLIANCE WITH MEDICAID AND CHIP MANAGED CARE REGULATIONS.....</b>	<b>V-29</b>
OBJECTIVES .....	V-29
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS .....	V-29
DESCRIPTION OF DATA OBTAINED .....	V-30
CONCLUSIONS AND COMPARATIVE FINDINGS.....	V-30
<b>VI. VALIDATION OF NETWORK ADEQUACY .....</b>	<b>VI-32</b>
OBJECTIVES .....	VI-32
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS .....	VI-32
DESCRIPTION OF DATA OBTAINED .....	VI-34
CONCLUSIONS AND COMPARATIVE FINDINGS.....	VI-34
<b>VII. VALIDATION OF QUALITY-OF-CARE SURVEYS – CAHPS MA-PD MEMBER EXPERIENCE SURVEY .....</b>	<b>VII-47</b>
OBJECTIVES .....	VII-47
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS .....	VII-47
DESCRIPTION OF DATA OBTAINED .....	VII-48
CONCLUSIONS AND COMPARATIVE FINDINGS.....	VII-48
<b>VIII. MCP RESPONSES TO THE PREVIOUS EQR RECOMMENDATIONS.....</b>	<b>VIII-50</b>
CCA ONE CARE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS.....	VIII-50
TUFTS ONE CARE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS.....	VIII-54
UHC ONE CARE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	VIII-57
<b>IX. MCP STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS .....</b>	<b>IX-58</b>
<b>X. REQUIRED ELEMENTS IN EQR TECHNICAL REPORT .....</b>	<b>X-67</b>
<b>XI. APPENDIX A – MASSHEALTH QUALITY GOALS AND OBJECTIVES .....</b>	<b>XI-69</b>
<b>XII. APPENDIX B – MASSHEALTH MANAGED CARE PROGRAMS AND PLANS .....</b>	<b>XII-70</b>
<b>XIII. APPENDIX C – MASSHEALTH QUALITY MEASURES .....</b>	<b>XIII-73</b>

## List of Tables

TABLE 1: MASSHEALTH’S ONE CARE PLANS – CY 2022 .....	I-4
TABLE 2: MASSHEALTH’S STRATEGIC GOALS.....	II-11
TABLE 3: ONE CARE PIP TOPICS – CY 2022 .....	III-16
TABLE 2: CCA ONE CARE PIP VALIDATION RESULTS .....	III-18
TABLE 3: TUFTS HEALTH UNIFY PIP VALIDATION RESULTS .....	III-18
TABLE 4: UHC CONNECTED PIP VALIDATION RESULTS .....	III-18
TABLE 7: CCA ONE CARE PIP SUMMARIES, 2022.....	III-19
TABLE 8: CCA ONE CARE PIP RESULTS – PIP 1 .....	III-20
TABLE 9: CCA ONE CARE PIP RESULTS – PIP 2 .....	III-20
TABLE 10: TUFTS HEALTH UNIFY PIP SUMMARIES, 2022 .....	III-21
TABLE 11: TUFTS HEALTH UNIFY PIP RESULTS – PIP 1.....	III-22
TABLE 12: TUFTS HEALTH UNIFY PIP RESULTS – PIP 2.....	III-22
TABLE 13: UHC CONNECTED PIP SUMMARIES, 2022 .....	III-22
TABLE 14: UHC CONNECTED PIP RESULTS – PIP 1 .....	III-23
TABLE 15: ONE CARE PLAN COMPLIANCE WITH INFORMATION SYSTEM STANDARDS – MY 2021 .....	IV-25
TABLE 16: COLOR KEY FOR HEDIS PERFORMANCE MEASURE COMPARISON TO NCQA HEDIS MY 2021 QUALITY COMPASS MEDICAID NATIONAL PERCENTILES. .....	IV-25
TABLE 17: ONECARE HEDIS PERFORMANCE MEASURES – MY 2021 AS COMPARED TO MEDICAID QUALITY COMPASS .....	IV-27
TABLE 18: COLOR KEY FOR HEDIS PERFORMANCE MEASURE COMPARISON TO NCQA HEDIS MY 2021 QUALITY COMPASS MEDICARE NATIONAL PERCENTILES.....	IV-27
TABLE 19: ONE CARE HEDIS PERFORMANCE MEASURES – MY 2021 AS COMPARED TO MEDICARE QUALITY COMPASS.....	IV-28
TABLE 20: SCORING DEFINITIONS.....	V-30
TABLE 21: CFR STANDARDS TO STATE CONTRACT CROSSWALK – 2020 COMPLIANCE VALIDATION RESULTS .....	V-31
TABLE 22: PROVIDER TYPE STANDARDS – TRAVEL TIME AND DISTANCE VS. TRAVEL TIME OR DISTANCE .....	VI-32
TABLE 23: PROVIDER TYPES – 50-MILE RADIUS RULE .....	VI-33
TABLE 24: COUNTY DESIGNATION IN MASSACHUSETTS – METRO VS. LARGE METRO .....	VI-33
TABLE 25: ONE CARE PLAN ADHERENCE TO PROVIDER TIME AND DISTANCE STANDARDS.....	VI-35
TABLE 26: ONE CARE PLAN ADHERENCE TO PROVIDER TIME OR DISTANCE STANDARDS .....	VI-37
TABLE 27: CCA ONE CARE COUNTIES WITH NETWORK DEFICIENCIES BY PROVIDER TYPE.....	VI-41
TABLE 28: TUFTS UNIFY COUNTIES WITH NETWORK DEFICIENCIES BY PROVIDER TYPE.....	VI-42
TABLE 29: UHC CONNECTED COUNTIES WITH NETWORK DEFICIENCIES BY PROVIDER TYPE.....	VI-44
TABLE 30: MA-PD CAHPS SURVEY SECTIONS .....	VII-47
TABLE 31: MA-PD CAHPS – TECHNICAL METHODS OF DATA COLLECTION BY ONE CARE PLAN, MY 2021 .....	VII-48
TABLE 32: MA-PD CAHPS RESPONSE CATEGORIES, MY 2021 .....	VII-48
TABLE 33: KEY FOR MEDICARE ADVANTAGE CAHPS PERFORMANCE MEASURE COMPARISON TO THE MEDICARE ADVANTAGE 2022 FFS MEAN SCORE. ..	VII-49
TABLE 34: MA-PD CAHPS PERFORMANCE – MASSHEALTH ONE CARE PLANS, MY 2021 .....	VII-49
TABLE 35: CCA ONE CARE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	VIII-50
TABLE 36: TUFTS ONE CARE RESPONSE TO PREVIOUS EQR RECOMMENDATIONS .....	VIII-54
TABLE 38: STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS FOR ALL ONE CARE PLANS.....	IX-58
TABLE 38: REQUIRED ELEMENTS IN EQR TECHNICAL REPORT .....	X-67
TABLE A1: MASSHEALTH QUALITY STRATEGY GOALS AND OBJECTIVES .....	XI-69
TABLE B1: MASSHEALTH MANAGED CARE PROGRAMS AND HEALTH PLANS BY PROGRAM .....	XII-70
TABLE C1: QUALITY MEASURES AND MASSHEALTH GOALS AND OBJECTIVES ACROSS MANAGED CARE ENTITIES .....	XIII-73

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# I. Executive Summary

## One Care Plans

External quality review (EQR) is the evaluation and validation of information about quality, timeliness, and access to health care services furnished to Medicaid enrollees. The objective of the EQR is to improve states' ability to oversee managed care plans (MCPs) and to help MCPs to improve their performance. This annual technical report (ATR) describes the results of the EQR for One Care Plans that furnish health care services to Medicaid enrollees in Massachusetts (i.e., Medicare-Medicaid eligible population).

Massachusetts's Medicaid program, administered by the Massachusetts Executive Office of Health and Human Services (EOHHS, known as "MassHealth"), contracted with three One Care Plans during the 2022 calendar year (CY). 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, enrollees receive all medical and behavioral health services, as well as long-term services and support (LTSS). One Care Plans are for enrollees between 21–64 years old who are dually enrolled in Medicaid and Medicare. MassHealth's One Care Plans are listed in **Table 1**.

**Table 1: MassHealth's One Care Plans – CY 2022**

One Care Plan Name	Abbreviation Used in the Report	Members as of December 31, 2022	Percent of Total One Care Plan Population
Commonwealth Care Alliance	CCA One Care	30,547	74.89%
Tufts Health Plan Unify	Tufts Health Unify	6,208	15.22%
UnitedHealthcare Connected for One Care	UHC Connected	4,039	9.90%

The **Commonwealth Care Alliance (CCA One Care)** is a nonprofit integrated health system that serves 30,547 MassHealth enrollees. CCA One Care is available to enrollees who live in Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties.<sup>1</sup>

The **Tufts Health Plan Unify (Tufts Health Unify)** is a nonprofit health plan that serves 6,208 MassHealth enrollees across eight counties in the state of Massachusetts: Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester. Tufts Health Unify is part of the Point32Health health system.<sup>2</sup>

The **UnitedHealthcare Connected for One Care (UHC Connected)** serves 4,039 MassHealth enrollees across 10 counties in the state of Massachusetts. UHC Connected is available to enrollees who live in Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties.<sup>3</sup>

## Purpose of Report

The purpose of this ATR is to present the results of EQR activities conducted to assess the quality, timeliness, 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 One Care Plans met the state standards and whether the state met the federal standards as defined in the CFR.

<sup>1</sup> [One Care | Commonwealth Care Alliance MA](#)

<sup>2</sup> [Tufts Health Unify | Member | Tufts Health Plan](#)

<sup>3</sup> [UnitedHealthcare Connected® for One Care \(Medicare-Medicaid Plan\) | UnitedHealthcare Community Plan: Medicare & Medicaid Health Plans \(uhcommunityplan.com\)](#)

## Scope of External Quality Review Activities

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

- (i) **CMS Mandatory Protocol 1: Validation of Performance Improvement Projects (PIPs)** – This activity validates that One Care Plans’ performance improvement projects (PIPs) were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.
- (ii) **CMS Mandatory Protocol 2: Validation of Performance Measures** – This activity assesses the accuracy of performance measures (PMs) reported by each One Care Plan and determines the extent to which the rates calculated by the One Care Plans follow state specifications and reporting requirements.
- (iii) **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP<sup>4</sup> Managed Care Regulations** – This activity determines One Care Plans’ compliance with its contract and with state and federal regulations.
- (iv) **CMS Mandatory Protocol 4: Validation of Network Adequacy** – This activity assesses One Care Plans’ adherence to state standards for travel time and distance to specific provider types, as well as each One Care Plan’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 One Care Plans’ performance strengths and opportunities for improvement.

All four mandatory EQR activities were conducted in accordance with CMS EQR protocols. CMS defined *validation* in *Title 42 CFR § 438.320 Definitions* as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.” It should be noted that validation of network adequacy was conducted at the state’s discretion as activity protocols were not included in the *CMS External Quality Review (EQR) Protocols* published in October 2019.

## High-Level Program Findings

The EQR activities conducted in CY 2022 demonstrated that MassHealth and the One Care Plans share a commitment to improvement in providing high-quality, timely, and accessible care for members.

IPRO used the analyses and evaluations of CY 2022 EQR activity findings to assess the performance of MassHealth’s One Care Plans in providing quality, timely, and accessible health care services to Medicaid members. The individual One Care Plans were evaluated against state and national benchmarks for measures related to the **quality, access, and timeliness** domains, and results were compared to previous years for trending when possible. These plan-level findings and recommendations for each One Care Plan 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 One Care 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 One Care program.

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<sup>4</sup> Children’s Health Insurance 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. Measures' 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.

### Opportunities for improvement:

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

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

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:

MassHealth selected topics for its PIPs in alignment with the quality strategy goals and objectives.

MassHealth requires that within each project there is at least one intervention focused on health equity, which supports MassHealth's strategic goal to promote equitable care.

During CY 2022, the CCA One Care and Tufts Health Unify plans conducted two PIPs in the following priority areas: care coordination/planning and prevention and wellness (primarily for flu vaccination improvement). PIPs were validated by MassHealth's previous EQRO. UHC Connected conducted planning for one new PIP validated by MassHealth. PIPs were conducted in compliance with federal requirements and were designed to drive

improvement on measures that support specific strategic goals; however, they also presented opportunities for improvement.

**Opportunities for improvement:**

PIPs did not have effective aim statements that would define a clear objective for the improvement project. An effective aim statement should be short, specific, and measurable. PIPs also lacked effective measures to track the success of specific changes that were put in place to overcome barriers that prevent improvement.

One Care Plan-specific PIP validation results are described in **Section III** of this report.

**Performance Measure Validation**

IPRO validated the accuracy of PMs and evaluated the state of health care quality in the One Care 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.

One Care Plans are evaluated on a set of Healthcare Effectiveness Data and Information Set (HEDIS®) and non-HEDIS measures (i.e., measures that are not reported to the National Committee for Quality Assurance [NCQA] via the Interactive Data Submission System [IDSS]). HEDIS rates are calculated by each One Care Plan and reported to the state. Non-HEDIS measures were not available at the time of writing this report.

IPRO conducted performance measure validation (PMV) to assess the accuracy of One Care Plans’ performance measures and to determine the extent to which all performance measures follow MassHealth’s specifications and reporting requirements. IPRO reviewed One Care Plans’ Final Audit Reports (FARs) issued by independent HEDIS auditors and found that all One Care Plans were fully compliant with applicable NCQA information system standards. No issues were identified.

IPRO compared One Care Plans’ and MassHealth’s weighted statewide average HEDIS rates to both the Medicaid and Medicare national Quality Compass® percentiles. When compared to the Medicare national Quality Compass, MassHealth’s weighted statewide average rates were above the national Medicare 90<sup>th</sup> percentile for the Follow-Up After Hospitalization for Mental Illness (30 Days) and the Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment measures. When compared to the Medicaid national Quality Compass, none of the MassHealth’s weighted statewide average rates were above the 90<sup>th</sup> percentile leaving some opportunities for improvement.

**Opportunities for improvement:**

When compared to the measurement year (MY) 2021 Quality Compass national Medicaid percentiles, MassHealth’s weighted state average rates were below the 25<sup>th</sup> percentile for the Influenza Vaccination, Comprehensive Diabetes Care: A1C Poor Control, and the Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment measures. Both the CCA One Care and the Tufts Health Unify scored below the 25<sup>th</sup> percentile on the Influenza Vaccination measure.

When compared to the MY 2021 Quality Compass national Medicare percentiles, MassHealth’s weighted state average rates were below the 25<sup>th</sup> percentile for the Influenza Vaccination, Controlling High Blood Pressure, and

the Comprehensive Diabetes Care: A1c Poor Control measures. Both CCA One Care and Tufts Health Unify scored below the 25<sup>th</sup> percentile on these three measures.

As a new plan, UHC Connected did not report HEDIS rates for most measures, except for one: Controlling High Blood Pressure.

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

## Compliance

The compliance of One Care Plans with Medicaid and CHIP managed care regulations was evaluated by MassHealth's previous EQRO. The most current review was conducted in 2020 for the 2019 contract year. IPRO summarized the 2020 compliance results and followed up with each plan on recommendations made by the previous EQRO. IPRO's assessment of whether One Care Plans effectively addressed the recommendations is included in **Section VIII** of this report. The compliance validation process is conducted triennially, and the next comprehensive review will be conducted in contract year 2023.

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

## Network

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

### Strengths:

MassHealth developed time and distance standards for adult and pediatric primary care providers (PCPs), obstetrics/gynecology (ob/gyn) providers, adult and pediatric behavioral health providers (for mental health and substance use disorder [SUD]), adult and pediatric specialists, hospitals, pharmacy services, and LTSS. MassHealth did not develop standards for pediatric dental services because dental services are carved out from managed care.

Network adequacy is an integral part of MassHealth's strategic goals. One of the goals of MassHealth's quality strategy is to promote timely preventative primary care services with access to integrated care and community-based services and supports. MassHealth's strategic goals also include improving access for members with disabilities as well as increasing timely access to behavioral health care and reducing mental health and SUD emergencies.

Travel time and distance standards and availability standards are defined in the One Care Plans' contracts with MassHealth.

### Opportunities for improvement:

IPRO evaluated each One Care Plan's provider network to determine compliance with the time and distance standards established by MassHealth. Access was assessed for a total of 71 provider types. The results show that all One Care Plans had some type of network deficiency. The CCA One Care had network deficiencies for six provider types, the Tufts Health Unify had network deficiencies for 26 provider types, and the UHC Connected had network deficiencies for 22 provider types.

One Care Plan-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 One Care 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. Two of the One Care Plans, CCA One Care and Tufts Health Unify, independently contracted with a certified CAHPS vendor to administer CMS's Medicare Advantage Prescription Drugs (MA-PD) CAHPS survey for MY 2021. UHC Connected did not conduct the survey for MY 2021 because the plan joined the One Care program in 2022.

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

MassHealth's weighted mean score for the Getting Appointments and Care Quickly, Rating of Health Plan, and the Customer Service measures exceeded the Medicare Advantage fee-for-service (FFS) mean score. In addition, the CCA One Care exceeded the Medicare Advantage mean score on three measures, and Tufts Health Unify exceeded the national benchmark on two out of seven MA-PD CAHPS measures. Both of these One Care Plans exceeded the Medicare Advantage FFS mean score for the Rating of Health Plan and the Customer Service measures.

### Opportunities for improvement:

The MassHealth weighted mean scores were below the Medicare Advantage FFS mean on three of the seven MA-PD CAHPS measures. All One Care Plans scored below the benchmark on the Getting Needed Care and Annual Flu Vaccine measures.

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

One Care Plan-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 One Care Plans and recommendations on how MassHealth can target the goals and the objectives outlined in the state's quality strategy to better support improvement in the **quality** of, **timeliness** of, and **access** to health care services furnished to Medicaid managed care enrollees.

### EQR Recommendations for MassHealth

- *Recommendation towards achieving the goals of the Medicaid quality strategy* – MassHealth should assess whether the state met or made progress on the five strategic goals and objectives described in the quality strategy. This assessment should describe whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved

care through better integration, communication, and coordination (goal 5). The state may decide to continue with or revise its five strategic goals and objectives based on the evaluation.<sup>5</sup>

- *Recommendation towards accelerating the effectiveness of PIPs* – IPRO recommends that MassHealth’s PIPs have an effective aim statement and include intervention tracking measures to better track the success of specific changes that were put in place to overcome barriers that prevent improvement.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the HEDIS and CAHPS survey 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 measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access. MassHealth should also work with EQRO and MCPs to identify consistent network adequacy indicators.
- *Recommendation towards sharing information about member experiences with health care* – 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 One Care Plans

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

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<sup>5</sup> Considerations for addressing the evaluation of the quality strategy are described in the *Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Quality Strategy Toolkit* on page 29, available at [Medicaid and Children’s Health Insurance Program \(CHIP\) Managed Care Quality Strategy Toolkit](#).

## 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 Massachusetts's Medicaid program is funded by both the state and federal government, and it is administered by the Massachusetts EOHSS, known as MassHealth.

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.<sup>6</sup>

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. <b>Promote better care</b>	Promote safe and high-quality care for MassHealth members.
2. <b>Promote equitable care</b>	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. <b>Make care more value-based</b>	Ensure value-based care for our members by holding providers accountable for cost and high quality of patient-centered, equitable care.
4. <b>Promote person and family-centered care</b>	Strengthen member and family-centered approaches to care and focus on engaging members in their health.
5. <b>Improve care</b>	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. MassHealth's managed care programs, quality metrics, and initiatives are described next in more detail. For the full list of MassHealth's quality goals and objectives see **Appendix A, Table A1**.

<sup>6</sup> [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 seven distinct managed care programs described next.

1. The **Accountable Care Partnership Plans** (ACPPs) are health plans consisting of groups of primary care providers who partner with one managed care organization to provide coordinated care and create a full network of providers, including specialists, behavioral health providers, and hospitals. As accountable care organizations, ACPPs are rewarded for spending Medicaid dollars more wisely while providing high quality care to MassHealth enrollees. To select an Accountable Care Partnership Plan, a MassHealth enrollee must live in the plan's service area and must use the plan's provider network.
2. The **Primary Care Accountable Care Organizations** (PCACOs) are health plans consisting of groups of primary care providers who contract directly with MassHealth to provide integrated and coordinated care. A PCACO functions as an accountable care organization and a primary care case management arrangement. In contrast to ACPPs, a PCACO does not partner with just one managed care organization. Instead, PCACOs use the MassHealth network of specialists and hospitals. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership (MBHP).
3. **Managed Care Organizations** (MCOs) are health plans run by health insurance companies with their own provider network that includes primary care providers, specialists, behavioral health providers, and hospitals.
4. **Primary Care Clinician Plan** (PCCP) is a primary care case management arrangement, where Medicaid enrollees select or are assigned to a primary care provider, called a Primary Care Clinician (PCC). The PCC provides services to enrollees including the location, coordination, and monitoring of primary care health services. PCCP uses the MassHealth network of primary care providers, specialists, and hospitals as well as the Massachusetts Behavioral Health Partnership's network of behavioral health providers.
5. **Massachusetts Behavioral Health Partnership** is a health plan that manages behavioral health care for MassHealth's Primary Care Accountable Care Organizations and the Primary Care Clinician Plan. MBHP also serves children in state custody, not otherwise enrolled in managed care and certain children enrolled in MassHealth who have commercial insurance as their primary insurance.<sup>7</sup>
6. **One Care** Plans are integrated health plans for people with disabilities that cover the full set of services provided by both Medicare and Medicaid. Through integrated care, members receive all medical and behavioral health services as well as long-term services and support. This plan is for enrollees between 21 and 64 years old who are dually enrolled in Medicaid and Medicare.<sup>8</sup>
7. **Senior Care Options** (SCO) plans are coordinated health plans that cover services paid by Medicare and Medicaid. This plan is for MassHealth enrollees 65 or older and it offers services to help seniors stay independently at home by combining healthcare services with social supports.<sup>9</sup>

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

## Quality Metrics

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

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<sup>7</sup> Massachusetts Behavioral Health Partnership. Available at: <https://www.masspartnership.com/index.aspx>

<sup>8</sup> One Care Facts and Features. Available at: <https://www.mass.gov/doc/one-care-facts-and-features-brochure/download>

<sup>9</sup> Senior Care Options (SCO) Overview. Available at: <https://www.mass.gov/service-details/senior-care-options-sco-overview>

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

Under each managed care program, health plans are either required to calculate quality measure rates or the state calculates measure rates for the plans. Specifically, MCOs, SCOs, One Care Plans and MBHP calculate HEDIS rates and are required to report on these metrics on a regular basis, whereas ACOs' and PCCP's quality rates are calculated by MassHealth's vendor Telligen<sup>®</sup>. 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 75<sup>th</sup> and 90<sup>th</sup> percentiles. The MBHP and PCCP targets are the national HEDIS Medicaid 75<sup>th</sup> and 90<sup>th</sup> percentiles, whereas the SCO and One Care Plan targets are the national HEDIS Medicare and Medicaid 75<sup>th</sup> and 90<sup>th</sup> percentiles. The 75<sup>th</sup> percentile is a minimum or threshold standard for performance, and the 90<sup>th</sup> performance reflects a goal target for performance. For non-HEDIS measures, fixed targets are determined based on prior performance.

### Performance Improvement Projects

MassHealth selects topics for its PIPs in alignment with the quality strategy goals and objectives, as well as in alignment with the CMS National Quality Strategy. Except for the two PCCM arrangements (i.e., PC ACOs and PCCP), all health plans are required to develop two PIPs. MassHealth requires that within each project there is at least one intervention focused on health equity, which supports MassHealth's strategic goal to promote equitable care.

### Member Experience of Care Surveys

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

For members enrolled in an ACPP, a PC ACO, and the PCCP, MassHealth conducts an annual survey adapted from CG-CAHPS that assesses members experiences with providers and staff in physician practices and groups. Survey scores are used in the evaluation of ACOs' overall quality performance.

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

### MassHealth Initiatives

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

#### *1115 Demonstration Waiver*

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

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

### *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 following: behavioral health integration in primary care, community-based alternatives to emergency department for crisis interventions, and the creation of the 24-7 Behavioral Health Help Line that will become available in 2023.

### *Findings from State's Evaluation of the Effectiveness of its Quality Strategy*

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

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

### *IPRO's Assessment of the Massachusetts Medicaid Quality Strategy*

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

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

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

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

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

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

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

The quality strategy was posted to the MassHealth quality webpage for public comment, feedback was reviewed, and then the strategy was shared with CMS for review before it was published as final. MassHealth evaluates the effectiveness of its quality strategy and conducts a review of measures and key performance indicators to assess progress toward strategic goals. The evaluation of the effectiveness of the quality strategy should describe whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5). IPRO recommends that the evaluation of the current quality strategy, published in June 2022, clearly assesses whether the state met or made progress on its five strategic goals and objectives. For example, to assess if MassHealth achieved measurable reduction in health care inequities (goal 2), the state could look at the core set measures stratified by race and ethnicity; to assess if MassHealth made care more value-based (goal 3), the state could look at the number of enrollees in value-based arrangements. The state may decide to continue with or revise its five strategic goals based on the evaluation.

### III. Validation of Performance Improvement Projects

#### Objectives

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

Section 2.13.3 of the MassHealth One Care Three-Way Contract requires One Care Plans to annually develop PIPs designed to achieve significant improvements in clinical care and non-clinical care processes, outcomes, and enrollee experience. MassHealth requires that within each PIP, there is at least one intervention focused on health equity. MassHealth can also modify the PIP cycle to address immediate priorities.

For the CY 2022, One Care Plans were required to develop two PIPs in the following priority areas selected by MassHealth in alignment with its quality strategy goals: care coordination/planning and prevention and wellness, primarily for flu vaccination improvement. The CCA and Tufts One Care Plans conducted one new (baseline) PIP and one remeasurement PIP that continued their work on flu vaccinations from the previous year. The UHC Connected One Care Plan planned one new PIP focused on improving flu vaccination rates. Specific One Care PIP topics are displayed in **Table 3**.

**Table 3: One Care PIP Topics – CY 2022**

One Care Plan	PIP Topics
CCA One Care	PIP 1: Care Planning – Baseline Report Improving rates of connecting with unreachable/disconnected One Care members
	PIP 2: Flu– Remeasurement Report Flu vaccine improvement – One Care
Tufts Health Unify	PIP 1: FUH – Baseline Report Care coordination and planning following a behavioral health hospital discharge within 7 days in Tufts Health Plan’s One Care population
	PIP 2: Flu – Remeasurement Report Improving flu immunization in Tufts Health Public Plan’s One Care population
UHC Connected	PIP 1: Flu – Planning Report Improving flu vaccination rates for UnitedHealthcare One Care Community Plan members

*Title 42 CFR § 438.356(a)(1)* and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an EQRO to perform the annual validation of PIPs. PIPs that were underway in 2022 were validated by MassHealth’s previous EQRO. This section of the report summarizes the previous EQRO’s 2022 PIP validation results.

#### Technical Methods of Data Collection and Analysis

One Care Plans submitted two PIP reports in 2022. For the baseline PIPs, the plans submitted a Baseline Project Plan Report in May 2022 in which they described project goals, planned stakeholder involvement, anticipated barriers, proposed interventions, a plan for intervention effectiveness analysis, and performance indicators. In September 2022, the plans reported project updates and baseline data in the Baseline Performance Final Report. For the flu PIPs, One Care Plans submitted Remeasurement Reports, instead of Baseline Reports, following the same timeline.

Validation was performed by the previous EQRO’s Technical Reviewers with support from the Clinical Director. PIPs were validated in accordance with *Title 42 CFR § 438.330(b)(i)*. The previous EQRO provided PIP report templates to each One Care Plan for the submission of the project plan, the final baseline report, and the remeasurement report where appropriate. Each review was a four-step process:



- 1) **PIP Project Report.** MCPs submit a project report for each PIP to the EQRO Microsoft® Teams® site. This report is specific to the stage of the project. The CCA and Tufts One Care Plans had one baseline project and one remeasurement project. The UHC Connected One Care Plan conducted planning for one PIP.
- 2) **Desktop Review.** A desktop review is performed for each PIP. The Technical Reviewer and Medical Director review the project report and any supporting documentation submitted by the plan. Working collaboratively, they identify project strengths, issues requiring clarification, and opportunities for improvement. The focus of the Technical Reviewer’s work is the structural quality of the project. The Medical Director’s focus is on clinical integrity and interventions.
- 3) **Conference with the Plan.** The Technical Reviewer and Medical Director meet virtually with plan representatives to obtain clarification on identified issues as well as to offer recommendations for improvement. When it is not possible to assign a validation rating to a project due to incomplete or missing information, the plan is required to remediate the report and resubmit it within 10 calendar days. In all cases, the plan is offered the opportunity to resubmit the report to address feedback received from the EQRO although it is not required to do so.
- 4) **Final Report.** A PIP Validation Worksheet based on CMS EQR Protocol Number 1 is completed by the Technical Reviewer. The inter-rater reliability was conducted to ensure consistency between reviewers. Reports submitted in Fall 2022 were scored by the reviewers. Individual standards are scored either: 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. The Medical Director documents his or her findings, and in collaboration with the Technical Reviewer, develops recommendations. The findings of the Technical Reviewer and Medical Director are synthesized into a final report. A determination is made by the Technical Reviewers as to the validity of the project.

## Description of Data Obtained

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

## Conclusions and Comparative Findings

“Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement. Validation rating was assessed on the following scale: high confidence, moderate confidence, low confidence, and no confidence. While the external reviewers were highly confident that the majority of PIPs adhered to methodology for all phases of the projects, confidence in the CCA’s Care Planning PIP was rated as moderate.

After the review to determine whether the PIP met the quality validation criteria established by CMS and MassHealth, the external reviewers rated each PIP and assigned an overall validation rating score based on rating averages across all requirements. No PIP was scored below 97%. PIP validation results are reported in **Tables 2–4** for each One Care Plan.

**Table 4: CCA One Care PIP Validation Results**

Summary Results of Validation Ratings	PIP 1: Care Planning – Rating Averages	PIP 2: Flu – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	92%	100%
Intervention Activities Updates	90%	92%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
<b>Overall Validation Rating Score</b>	<b>98%</b>	<b>99%</b>

**Table 5: Tufts Health Unify PIP Validation Results**

Summary Results of Validation Ratings	PIP 1: FUH –Rating Averages	PIP 2: Flu – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	100%	83%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
<b>Overall Validation Rating Score</b>	<b>100%</b>	<b>98%</b>

**Table 6: UHC Connected PIP Validation Results**

Summary Results of Validation Ratings	PIP 2: Flu – Rating Averages
Project Descriptions and Goals	100%
Population Analysis	89%
Stakeholder Involvement and Barrier Analysis	100%
Intervention Parameters for Two Interventions	94%
Performance Indicator Parameters	100%
<b>Overall Validation Rating Score</b>	<b>97%</b>

## CCA One Care PIPs

CCA One Care PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 7–9**.

**Table 7: CCA One Care PIP Summaries, 2022**

CCA One Care PIP Summaries
<b>PIP 1: Improving rates of connecting with unreachable/disconnected One Care members</b> Validation Summary: Moderate confidence.
<b>Aim</b> To connect with the female “unreachable”/disconnected (unengaged) members and integrate preventative wellness care gap closure for them when completing assessments and care plans resulting in improved One Care member clinical outcomes. Based upon population analysis for “unreachable”/disconnected (unengaged) One Care members, CCA has decided to focus efforts for female population specific to breast and cervical cancer screenings education documentation. CCA One Care strives to close gaps by collaborating with practitioners to help members close gaps in care. This project scope includes members from diverse cultures, with limited English proficiency and health disparities.
<b>Interventions in 2022</b> <ul style="list-style-type: none"><li>Engage One Care female members in discussions of care goals to address preventive care gap closure care (although not limited to) for breast and cervical cancer screening when completing a comprehensive assessment and individualized member care plan.</li><li>Implement CCA operational interventions to support the Member Engagement Assessment Unit (MEAU), Onboarding Specialist and Care Teams in connecting with the Male and Female “unreachable”/disconnected (unengaged) member. Interventions include operational process changes/workflows specific to provider stakeholders, and data analytic tools to clearly delineate member population by REL and member status (male and female “unreachable”/disconnected [unengaged]).</li></ul>
<b>Performance Improvement Summary</b> Not applicable until the remeasurement results are available in 2023 for the MY 2022.
<b>PIP 2: Flu vaccine improvement – One Care</b> Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
<b>Aim</b> To improve the CCA One Care influenza vaccination rates with particular focus on population subgroups identified by the CCA One Care population analysis as having historically lower vaccination rates compared to the overall One Care population vaccination rates and/or compared to the One Care population subgroups with the highest vaccination rates. Subgroup analyses included examination of vaccination rates by race/ethnicity, age, primary language, the presence of certain chronic conditions, prior vaccination history, primary care engagement, and primary care location.
<b>Interventions in 2022</b> <ul style="list-style-type: none"><li>The vaccine task force design and implementation of operational standards and practices for vaccine administration at CCA.</li><li>Increase provider knowledge and skills regarding understanding and overcoming CCA One Care member reasons for vaccine hesitancy, within the CCA primary care provider team.</li><li>Educate CCA One Care members, promote the importance of the Influenza vaccine, and increase their willingness to get the vaccine.</li></ul>
<b>Performance Improvement Summary</b> Based on the comparison of the indicator (CCA Primary Care Patient Flu Immunization) rate between baseline year and the first remeasurement year (no difference), it is apparent that the PIP has not made significant progress towards achieving its performance goal.

**Table 8: CCA One Care PIP Results – PIP 1**

Improving rates of connecting with unreachable/disconnected One Care members (2022–2023) – Indicators and Reporting Year	CCA One Care
Indicator 1: CCA Male and Female One Care ‘unreachable’ & disconnected (unengaged) members now connected with documented evidence of a completed initial comprehensive assessment or a reassessment. <sup>1</sup>	
2022 (baseline, MY 2021 data)	0%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: Female member Breast Cancer Screening education documentation	
2022 (baseline, MY 2021 data)	47.26%
2023 (remeasurement year 1)	Not Applicable
Indicator 3: Female member Cervical Cancer Screening education documentation	
2022 (baseline, MY 2021 data)	40.41%
2023 (remeasurement year 1)	Not Applicable

<sup>1</sup> The 2021 baseline data were established, and system changes put in place to track male and female ‘unreachable’ and disconnected (unengaged) members were connected; therefore, the numerator was unknown for this baseline submission.

**Table 9: CCA One Care PIP Results – PIP 2**

Flu vaccine improvement – One Care (2021–2023) – Indicators and Reporting Year	CCA One Care
Indicator 1: Annual influenza vaccination rate – CCA One Care Primary Care patients	
2021 (baseline, 2020–2021 flu season)	60.6%
2022 (remeasurement year 1)	61.3%
2023 (remeasurement year 2)	Not Applicable
Indicator 1: Annual influenza vaccination rate – All CCA One Care members	
2021 (baseline, 2020–2021 flu season)	52.6%
2022 (remeasurement year 1)	52.3%
2023 (remeasurement year 2)	Not Applicable

**Recommendations**

1. Recommendation for PIP 1: Other than staff training in cultural competency and staff diversity, CCA presented no strategies for assisting members who resist cancer screening due to cultural or linguistic barriers. The EQRO recommended that CCA develop coaching scripts for care managers (CMs) that specifically anticipate barriers that a member may experience due to cultural or linguistic biases.
2. Recommendation for PIP 2: The EQRO also noted that CCA’s population analysis, which was extensive and multidimensional, was presented in one PDF file that was difficult to read. In future reporting, the EQRO recommended that CCA reports its population analysis on a Microsoft Excel® spreadsheet.

## Tufts Health Unify PIPs

Tufts Health Unify PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 10–12**.

**Table 10: Tufts Health Unify PIP Summaries, 2022**

Tufts Health Unify PIP Summaries
<p><b>PIP 1: Care coordination and planning following a behavioral health hospital discharge within 7 days in Tufts Health Plan’s One Care population.</b></p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p>
<p><b>Aim</b></p> <p>To increase the number of follow-up appointments within 7-days of discharge following a behavioral health inpatient discharge. By ensuring members are seen within 7 days following a hospital discharge, members will be equipped with resources and tactics to avoid future unnecessary hospitalizations by utilizing Cityblock Health (CBH) services available to them. Tufts Health Unify One Care has implemented both member and provider focused activities to improve 7-day follow-up visit rates with a focus on the diversity of the Tufts One Care population.</p> <p><b>Interventions in 2022</b></p> <ul style="list-style-type: none"> <li>▪ Member focused interventions to avoid future unnecessary hospitalizations.</li> <li>▪ Member support post hospitalization.</li> <li>▪ Care navigator program at UMASS.</li> </ul> <p><b>Performance Improvement Summary</b></p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>
<p><b>PIP 2: Improving flu immunization in Tufts Health Public Plan’s One Care population</b></p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p>
<p><b>Aim</b></p> <p>To increase flu immunization rates and reduce racial, ethnic health disparities related to flu vaccination. Tufts continues to work with Cityblock Health (CBH), who provides care management services for the entire membership. CBH renders individualized and comprehensive care and assists members in receiving their flu vaccine. CBH has the capability to provide care in the home to the most at-risk members. Additionally, CBH has ongoing efforts to collaborate with providers and other community organizations to meet the varied needs of the One Care membership which include collaborative efforts to addressing and increasing the flu vaccination rates among the One Care population. This high touch approach brings members the resources they need to receive their flu vaccine such as connecting them with vaccine clinics or bringing the vaccine to their home in certain cases.</p> <p><b>Interventions in 2022</b></p> <ul style="list-style-type: none"> <li>▪ Member education.</li> <li>▪ Cityblock health member outreach.</li> <li>▪ Cityblock health community paramedicine program.</li> <li>▪ Provider education and outreach.</li> </ul> <p><b>Performance Improvement Summary</b></p> <p>The initial goal to reach 34% vaccination rate from 2020 to 2021 was surpassed. This may be the result of the interventions having a positive effect on member and provider behaviors. Tufts Health Unify will continue to use the current interventions and evaluate ways to improve upon them. Although improvements were made, Tufts Health Unify sees the opportunities to improve identification of members’ needs, data collection and evaluation of intervention effectiveness. Based on evaluation of last year’s process, CBH will create an updated process based on members who were interested in home vaccination and had unsuccessful outreach. This subset of members will get additional outreach this flu season to ensure their vaccination needs are met.</p>

**Table 11: Tufts Health Unify PIP Results – PIP 1**

Care coordination and planning following a behavioral health hospital discharge within 7 days in Tufts Health Plan’s One Care population. (2022–2023) – Indicators and Reporting Year	Tufts Health Unify
Indicator 1: Medication Reconciliation within 30 days post-discharge	
2022 (baseline, MY 2021 data)	48.50%
2023 (remeasurement year 1)	Not Applicable

**Table 12: Tufts Health Unify PIP Results – PIP 2**

Improving flu immunization in Tufts Health Public Plan’s One Care population (2021–2023) – Indicators and Reporting Year	Tufts Health Unify
Indicator 1: Flu vaccination rate among members	
2021 (baseline, 2020–2021 flu season)	29.57%
2022 (remeasurement year 1)	37.8%
2023 (remeasurement year 2)	Not Applicable

**Recommendations**

1. Recommendation for PIP 1: The EQRO recommended that Tufts Health Unify explain in greater detail the strategies it will use with its community-based provider network to improve providers’ responsiveness to members who may not traditionally access professional behavioral health services due to members’ negative biases based upon cultural beliefs.
2. Recommendation for PIP 1: Tufts Health Unify listed several strengths and challenges for this PIP, all of which are reasonable given the project goals. The EQRO recommended that Tufts Health Unify and Cityblock Health (CBH) address the challenges cited in its intervention strategies.

**UHC Connected PIPs**

UHC Connected PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 13–14**.

**Table 13: UHC Connected PIP Summaries, 2022**

UHC Connected PIP Summaries
<b>PIP 1: Improving flu vaccination rates for UnitedHealthcare One Care Community Plan members</b>
Validation Summary: Not applicable. Proposal/baseline submission.
<p><b>Aim</b></p> <p>This performance improvement project (PIP) is focused on improving Flu vaccination rates for One Care members enrolled in the UnitedHealthcare (UHC) One Care Plan. The baseline for this PIP is based on the 79 members who met the criterion to be continuously enrolled in the One Care Plan for six months. Instead of using the baseline vaccination rate of 28% for the flu 2021/2022 season for the 79 members in its baseline population, UHC will base the PIP goal on the national adult flu vaccination rate. The health plan will achieve an increase in the One Care members’ vaccination rate by using two interventions.</p> <p><b>Interventions in 2022</b></p> <ul style="list-style-type: none"> <li>▪ Member education.</li> <li>▪ Primary care providers incentives.</li> </ul> <p><b>Performance Improvement Summary</b></p> <p>Not applicable.</p>

**Table 14: UHC Connected PIP Results – PIP 1**

Improving flu vaccination rates for UnitedHealthcare One Care Community Plan members (2022–2023) – Indicators and Reporting Year	UHC Connected
Indicator 1: Flu vaccination rate for One Care members	
2022 (baseline, MY 2022 data)	28%
2023 (remeasurement year 1)	Not Applicable

*Recommendations*

None.

## IV. Validation of Performance Measures

### Objectives

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

### Technical Methods of Data Collection and Analysis

MassHealth contracted with IPRO to conduct PMV to assess the data collection and reporting processes used to calculate the PM rates by the One Care Plans.

MassHealth evaluates One Care Plans' performance on HEDIS measures. One Care Plans are required to calculate and report HEDIS measures rates to MassHealth, as stated in Sections 2.13.3 and 2.16.2 of the Amended and Restated Three-Way One Care Contract between MassHealth, CMS, and each One Care Plan. MassHealth also evaluates One Care Plans' performance on Medicare-Medicaid plan-specific measures, some of which are calculated by CMS. Data for the plan-specific measures were not available at the time of writing this report.

For HEDIS measures, IPRO performed an independent evaluation of the MY 2021 HEDIS Compliance Audit FARs, which contained findings related to the information systems standards. An EQRO may review an assessment of the MCP's information systems conducted by another party in lieu of conducting a full Information Systems assessment (ISCA).<sup>10</sup> Since the One Care Plans' HEDIS rates were audited by an independent NCQA-licensed HEDIS compliance audit organization, all plans received a full ISCA as part of the audit. Onsite (virtual) audits were therefore not necessary to validate reported measures.

### Description of Data Obtained

The following information was obtained from each One Care Plan: Completed NCQA Record of Administration, Data Management, and Processes (Roadmap) from the current year MY 21 HEDIS Compliance Audit, as well as associated supplemental documentation, IDSS files, and the Final Audit Report.

### Validation Findings

- **Information Systems Capabilities Assessment (ISCA):** The ISCA is conducted to confirm that the One Care Plan's information systems (IS) were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This includes a review of the claims processing systems, enrollment systems, provider data systems. IPRO reviewed the One Care Plans' HEDIS FARs issued by their independent NCQA-certified HEDIS compliance auditors. No issues were identified.
- **Source Code Validation:** Source code review is conducted to ensure compliance with the measure specifications when calculating measure rates. NCQA measure certification for HEDIS measures was accepted in lieu of source code review. The review of each One Care Plan's FAR confirmed that the One Care Plans used NCQA-certified measure vendors to produce the HEDIS rates. No issues were identified.
- **Medical Record Validation:** Medical record review validation is conducted to confirm that the One Care Plans followed appropriate processes to report rates using the hybrid methodology. The review of each One Care Plan's FAR confirmed that the One Care Plans passed medical record review validation. No issues were identified.

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<sup>10</sup> The *CMS External Quality Review (EQR) Protocols*, published in October 2019, states that the ISCA is a required component of the mandatory EQR activities as part of Protocols 1, 2, 3, and 4. CMS clarified that the systems reviews that are conducted as part of the NCQA HEDIS Compliance Audit may be substituted for an ISCA. The results of HEDIS compliance audits are presented in the HEDIS FARs issued by each One Care Plan's independent auditor.



- **Primary Source Validation (PSV):** PSV is conducted to confirm that the information from the primary source matches the output information used for measure reporting. The review of each One Care Plan’s FAR confirmed that the One Care Plans passed the PSV. No issues were identified.
- **Data Collection and Integration Validation:** This includes a review of the processes used to collect, calculate, and report the 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 Once Care Plan’s FAR confirmed that the One Care Plans met all requirements related to data collection and integration. No issues were identified.
- **Rate Validation:** Rate validation is conducted to evaluate measure results and compare rates to industry standard benchmarks. No issues were identified. All required measures were reportable.

Based on a review of the One Care Plans’ HEDIS FARs issued by their independent NCQA-certified HEDIS compliance auditors, IPRO found that all One Care Plans were fully compliant with all seven of the applicable NCQA information system standards. Findings from IPRO’s review of the One Care Plans’ HEDIS FARs are displayed in **Table 15**.

**Table 15: One Care Plan Compliance with Information System Standards – MY 2021**

IS Standard	CCA One Care	Tufts Health Unify	UHC Connected
1.0 Medical Services Data	Compliant	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant	Compliant
5.0 Supplemental Data	Compliant	Compliant	Compliant
6.0 Data Preproduction Processing	Compliant	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant	Compliant

IS: information system; MY: measurement year.

## Conclusions and Comparative Findings

IPRO aggregated the One Care Plan rates to provide methodologically appropriate, comparative information for all One Care Plans consistent with guidance included in the EQR protocols issued in accordance with *Title 42 CFR § 438.352(e)*.

IPRO compared the One Care Plan rates to the NCQA HEDIS MY 2021 Quality Compass national Medicaid percentiles where available. MassHealth’s benchmarks for One Care Plan rates are the 75<sup>th</sup> and the 90<sup>th</sup> Quality Compass national percentile. The Medicaid Quality Compass percentiles are color-coded to compare to the One Care Plan rates, as explained in **Table 16**.

**Table 16: Color Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2021 Quality Compass Medicaid National Percentiles.**

Color Key	How Rate Compares to the NCQA HEDIS MY 2021 Quality Compass National Medicaid Percentiles
Orange	Below the national Medicaid 25 <sup>th</sup> percentile.
Light Orange	At or above the national Medicaid 25 <sup>th</sup> percentile but below the 50 <sup>th</sup> percentile.
Gray	At or above the national Medicaid 50 <sup>th</sup> percentile but below the 75 <sup>th</sup> percentile.
Light Blue	At or above the national Medicaid 75 <sup>th</sup> percentile but below the 90 <sup>th</sup> percentile.
Blue	At or above the national Medicaid 90 <sup>th</sup> percentile.
White	No national benchmarks available for this measure or measure not applicable (N/A).

When compared to the Quality Compass Medicaid national percentiles, both CCA One Care and Tufts Health Unify had two HEDIS rates below the 25<sup>th</sup> percentile. Tufts Health Unify had three rates below the 50<sup>th</sup> percentile, and CCA One Care had four rates below the 50<sup>th</sup> national Medicaid percentile. All three One Care Plans had scored above the 75<sup>th</sup> percentile on the Follow-Up After Hospitalization for Mental Illness measures. MassHealth uses the 75<sup>th</sup> percentile to reflect a minimum standard of performance. UHC Connected, which joined the One Care Plan program in 2022, did not report HEDIS rates for most measures, except for one: the Controlling High Blood Pressure measure, which was above the national Medicaid 90<sup>th</sup> percentile. **Table 17** displays the HEDIS PMs for MY 2021 for all One Care Plans and the weighted statewide average as compared to the Quality Compass Medicaid national percentiles. The Influenza Vaccination measure was not included in the performance measure validation.

**Table 17: OneCare HEDIS Performance Measures – MY 2021 as compared to Medicaid Quality Compass**

HEDIS Measure	CCA One Care	Tufts Health Unify	UHC Connected	Weighted Statewide Average
Influenza Vaccination	74.00%	69.00%	NR	73.00%
Controlling High Blood Pressure	58.39%	57.18%	74.70%	57.79%
Comprehensive Diabetes Care: A1c Poor Control <sup>1</sup> LOWER IS BETTER	53.53%	43.07%	NR	48.30%
Follow-Up After Hospitalization for Mental Illness (30 days)	71.20%	70.66%	N/A	71.11%
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	40.59%	38.03%	NR	40.20%
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	11.51%	13.30%	NR	11.78%
Plan All-Cause Readmission (Observed/Expected Ratio) (18–64 years)	1.0029	0.9694	N/A	0.9862

<sup>1</sup> A lower rate indicates better performance.

HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; N/A: if eligible population/denominator less than 30, marked as N/A; NR: plan chose to not report.

IPRO also compared the One Care Plan rates to the NCQA HEDIS MY 2021 Quality Compass national Medicare percentiles. MassHealth’s benchmarks for One Care rates are the 75<sup>th</sup> and the 90<sup>th</sup> Quality Compass national percentiles. **Table 18** provides the color key for the comparison to the Quality Compass Medicare benchmarks.

**Table 18: Color Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2021 Quality Compass Medicare National Percentiles.**

Color Key	How Rate Compares to the NCQA HEDIS MY 2021 Quality Compass Medicare National Percentiles
Red	Below the national Medicare 25th percentile.
Light Red	At or above the national Medicare 25th percentile, but below the 50th percentile.
Gray	At or above the national Medicare 50th percentile, but below the 75th percentile.
Light Blue	At or above the national Medicare 75th percentile, but below the 90th percentile.
Blue	At or above the national Medicare 90th percentile.
White	No national Medicare benchmarks available for this measure or measure not applicable (N/A).

When compared to the MY 2021 Quality Compass Medicare national percentiles, the CCA One Care and Tuft Health Unify rates for the Influenza Vaccination, Controlling High Blood Pressure, and the Comprehensive Diabetes Care A1C Poor control measures were below the 25<sup>th</sup> percentile. The CCA One Care and Tuft Health Unify Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependency Treatment rate was above the 50<sup>th</sup> percentile but below the 75<sup>th</sup> percentile. MassHealth uses the 75<sup>th</sup> percentile to reflect a minimum standard of performance. Both CCA One Care and Tufts Health Unify achieved rates above the Medicare 90<sup>th</sup> percentile for the Follow-Up After Hospitalization for Mental Illness and the Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependency Treatment measures. UHC Connected did not report HEDIS rates for most measures except for Controlling High Blood Pressure which was below the 75<sup>th</sup> national Medicare percentile. **Table 19** displays the HEDIS performance measures for MY

2021 for all One Care Plans and the statewide average as compared to the Quality Compass national Medicare percentiles. The Influenza Vaccination measure was not included in the performance measure validation.

**Table 19: One Care HEDIS Performance Measures – MY 2021 as compared to Medicare Quality Compass**

HEDIS Measure ID	CCA One Care	Tufts Health Unify	UHC Connected	Weighted Statewide Average
Influenza Vaccination	74.00%	69.00%	NR	73.00%
Controlling High Blood Pressure	58.39%	57.18%	74.70%	57.79%
Comprehensive Diabetes Care: A1c Poor Control <sup>1</sup> LOWER IS BETTER	53.53%	43.07%	NR	48.30%
Follow-Up After Hospitalization for Mental Illness (30 days)	71.20%	70.66%	NA	71.11%
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	40.59%	38.03%	NR	40.20%
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	11.51%	13.30%	NR	11.78%
Plan All-Cause Readmission (observed/expected ratio) (18–64 years)	1.0029	0.9694	NA	98.62%

HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NA: If Eligible Population/Denominator less than 30, marked as NA; NR: plan chose to not report.

## V. Review of Compliance with Medicaid and CHIP Managed Care Regulations

### Objectives

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

The compliance of One Care Plans with Medicaid and CHIP managed care regulations was evaluated by MassHealth's previous EQRO. The most current review was conducted in 2020 for the contract year 2019. This section of the report summarizes the 2020 compliance results. The next comprehensive review will be conducted in 2023, as the compliance validation process is conducted triennially.

### Technical Methods of Data Collection and Analysis

Compliance reviews were divided into 11 standards consistent with the CMS October 2019 EQR protocols:

- Availability of Services
  - Enrollee Rights and Protections
  - Enrollment and Disenrollment
  - Enrollee Information
- Assurances and Adequate Capacity of Services
- Coordination and Continuity of Care
- Coverage and Authorization of Services
- Provider Selection
- Confidentiality
- Grievance and Appeal Systems
- Subcontractual Relations and Delegation
- Practice Guidelines
- Health Information Systems
- Quality Assessment and Performance Improvement

### Scoring Methodology

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by 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 One Care Plan was required to submit a corrective action plan (CAP) in a format agreeable to MassHealth. The scoring definitions are outlined in **Table 20**.

**Table 20: Scoring Definitions**

Scoring	Definition
Met = 1 point	Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided and One Care Plan 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"> <li>• Documentation to substantiate compliance with the entirety of the regulatory or contractual provision was provided. One Care Plan staff interviews, however, provided information that was not consistent with documentation provided.</li> <li>• Documentation to substantiate compliance with some but not all of the regulatory or contractual provision was provided, although One Care Plan staff interviews provided information consistent with compliance with all requirements.</li> <li>• Documentation to substantiate compliance with some but not all the regulatory or contractual provision was provided, and One Care Plan staff interviews provided information inconsistent with compliance with all requirements.</li> </ul>
Not Met = 0 points	There was an absence of documentation to substantiate compliance with any of the regulatory or contractual requirements and One Care Plan staff interviews did not provide information to support compliance with requirements.

### Description of Data Obtained

Compliance review tools included detailed regulatory and contractual requirements in each standard area. The One Care Plans 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 One Care Plans 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.

### Nonduplication of Mandatory Activities

Per *Title 42 CFR 438.360*, Nonduplication of Mandatory Activities, the EQRO accepted NCQA accreditation findings to avoid duplicative work. To implement the deeming option, the EQRO obtained the most current NCQA accreditation standards and reviewed them against the federal regulations. Where the accreditation standard was at least as stringent as the federal regulation, the EQRO flagged the review element as eligible for deeming. For a review standard to be deemed, the EQRO evaluated each One Care Plan’s most current accreditation review and scored the review element as “Met” if the One Care Plan scored 100% on the accreditation review element.

### Conclusions and Comparative Findings

The 2020 compliance review was the second formal comprehensive review period since the inception of the One Care program. The One Care Plans performed remarkably well with demonstrating compliance with many of the federal and state contractual requirements for the One Care program.

Due to the unique needs of the One Care population, which includes non-elderly adults (21–64 years of age at the time of enrollment) who are eligible for both Medicaid and Medicare and who have physical disabilities, developmental disabilities, behavioral health disorders (including mental illness and SUDs), or co-occurring disorders, a heavy emphasis of review was placed on the Coordination and Continuity of Care standard. In general, the One Care Plans demonstrated strong models of care supporting the overarching goals of coordinated care for One Care enrollees.

Overall, the models of care were found to be a strength of both CCA One Care and Tufts Health Unify. The service delivery model to meet the unique needs of the One Care population was remarkable. Both plans demonstrated excellence in services provided to their One Care enrollees. Many of these enrollees rely on services covered by their One Care Plan, and, without them, would likely not be able to live independently in the community. The review found that the One Care Plans were highly successful with innovative strategies to deliver high quality care and services to enrollees.

In general, the One Care Plans’ greatest opportunity for improvement is related to the Availability of Service standards. The review found that, while One Care Plans were conducting analysis to evaluate network adequacy, not all requirements were being met across all service categories, including some within LTSS. In addition, the EQRO did not find strong evidence of One Care Plans’ process for evaluating appointment access against the MassHealth standards.

Overall, the 2020 compliance review found that One Care Plans performed best in the areas related to care delivery and quality of care. The review showed focused activities and resources to meet the needs of the One Care population. In addition, One Care Plans did well meeting compliance standards related to timeliness of care (i.e., timelines for making coverage and appeal decisions and resolving grievances, thereby reducing unnecessary delays in care and service). One Care Plans have opportunities to improve mechanisms to access network adequacy across all service categories, as well as appointment access to determine if there are deficiencies.

Each One Care Plan’s scores are displayed in **Table 21**.

**Table 21: CFR Standards to State Contract Crosswalk – 2020 Compliance Validation Results**

CFR Standard Name <sup>1</sup>	CFR Citation	CCA One Care	Tufts Health Unify	UHC Connected
Availability of Services	438.206	91.1%	88.4%	N/A
Enrollee Rights and Protections	438.10	100%	100%	N/A
Enrollment and Disenrollment	438.56	100%	78.6%	N/A
Enrollee Information	438.10	100%	90.9%	N/A
Assurances of Adequate Capacity and Services	438.207	100%	100%	N/A
Coordination and Continuity of Care	438.208	100%	94.2%	N/A
Coverage and Authorization of Services	438.210	93.4%	90.6%	N/A
Provider Selection	438.214	94.7%	94.7%	N/A
Confidentiality	438.224	100%	100%	N/A
Grievance and Appeal Systems	438.228	93.1%	96.2%	N/A
Subcontractual Relationships and Delegation	438.230	92.9%	96.4%	N/A
Practice Guidelines	438.236	50.0%	100%	N/A
Health Information Systems	438.242	100%	100%	N/A
QAPI	438.330	99.0%	98.0%	N/A

<sup>1</sup> The following compliance validation results were conducted by MassHealth’s previous external quality review organization.

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

## VI. Validation of Network Adequacy

### Objectives

*Title 42 CFR § 438.68(a)* requires states to develop and enforce network adequacy standards. At a minimum, states must develop time and distance standards for the following provider types: adult and pediatric primary care, ob/gyn, adult and pediatric behavioral health (for mental health and SUD), adult and pediatric specialists, hospitals, pediatric dentists, and LTSS, per *Title 42 CFR § 438.68(b)*.

The state of Massachusetts has developed access and availability standards based on the requirements outlined in *Title 42 CFR § 438.68(c)*. One of the goals of MassHealth’s quality strategy is to promote timely preventative primary care services with access to integrated care and community-based services and supports. MassHealth’s strategic goals also include improving access for enrollees 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 Sections 2.8 and 2.9 of the Amended and Restated Three-Way One Care Contract between MassHealth, CMS, and each One Care Plan. One Care Plans are contractually required to meet proximity access requirements (i.e., the travel time and distance standards) and provider availability 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. However, the most current CMS protocols published in October 2019 did not include network adequacy protocols for the EQRO to follow. To meet federal regulations, MassHealth contracted with IPRO, an EQRO, to perform the validation of network adequacy for MassHealth One Care Plans.

### Technical Methods of Data Collection and Analysis

IPRO evaluated One Care Plans’ provider networks to determine compliance with the time and distance requirements. One Care provider networks must follow both the state and the CMS’s Medicare-Medicaid network adequacy requirements and meet the stricter of the two. Some provider types must meet both the time and the distance standard, whereas other provider types must meet either the time or the distance standard but not both, as explained in **Table 22**.

**Table 22: Provider Type Standards – Travel Time AND Distance vs. Travel Time OR Distance**

Travel time AND distance	Travel time OR distance
<ul style="list-style-type: none"> <li>Primary Care</li> <li>Specialists</li> <li>LTSS Providers: Nursing Facility</li> <li>Acute Inpatient Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Services Program (ESP) Providers</li> <li>Behavioral Health (BH) Diversionary Providers</li> <li>LTSS Providers: Adult Day Health, Adult Foster Care, Day Rehabilitation, Day Services, Group Adult Foster Care, Hospice, Occupational Therapy, Oxygen and Respiratory Equipment, Personal Care Assistant, Physical Therapy, and Speech Therapy</li> <li>Hospital Rehabilitation</li> </ul>

LTSS: long-term services and supports.

For certain One Care provider types, MassHealth has a special rule that applies when only one provider is located within a county. According to this rule, One Care enrollees must have a choice of two providers within the applicable time and distance standards; however, if only one provider is located within a county, then the second provider may be within a 50-mile radius of the enrollee’s Zone Improvement Plan (ZIP) code. The 50-mile radius rule applies to the provider types listed in **Table 23**.



**Table 23: Provider Types – 50-Mile Radius Rule**

Provider Types – 50-Mile Radius Rule	
Primary Care	Adult Primary Care Providers
LTSS Provider	Nursing Facility
Medical Facility	Acute Inpatient Hospital
BH Diversionary	Clinical Support Services for Substance Use Disorder (Level 3.5) Community Crisis Stabilization Community Support Intensive Outpatient Program Monitored Inpatient (Level 3.7) Partial Hospitalization Program Program Assertive Community Treatment Psychiatric Day Treatment Recovery Coaching Recovery Support Navigators Residential Rehabilitation Services for SUD (Level 3.1) Structured Outpatient Addiction Program

LTSS: long-term services and supports; BH: behavioral health; SUD: substance use disorder.

The One Care travel time and distance standards vary by provider type, as well as by CMS’s county designation. Different time and distance standards apply when specialists render services to enrollees who reside in metro vs. large metro counties. Massachusetts’ county designation is listed in **Table 24**.

**Table 24: County Designation in Massachusetts – Metro vs. Large Metro**

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

IPRO entered into an agreement with Quest Analytics™ to validate One Care provider networks. Quest Enterprise System (QES) reports were generated by combining the following files together: data on all providers and service locations contracted to participate in plans’ networks, census data, service area information provided by MassHealth, and network adequacy template standards.

The network adequacy template standards were created in 2021 through a series of meetings with Quest Analytics, the previous EQRO, and MassHealth. The standards were supplied by MassHealth. Once the standards were entered into a template format, the templates were approved by MassHealth. All template information was then programmatically loaded and tested in the QES environment before processing the MassHealth network adequacy data. These same template standards were used to conduct the analysis for the CY 2022 because the One Care network adequacy standards did not change.

The analysis shows whether each One Care Plan has a sufficient network of providers for at least 90% of its enrollees residing in the same county. IPRO aggregated the results to identify counties with deficient networks. When a One Care Plan appeared to have network deficiencies in a particular county, IPRO reported the percent

of its enrollees in that county who did not have adequate access. When possible, IPRO also reported when there were available providers with whom a One Care Plan could potentially contract to bring enrollee access to or above the access requirement. The list of potential providers is based on publicly available data sources such as the National Plan & Provider Enumeration System (NPPES) Registry and CMS's Physician Compare.

### Description of Data Obtained

Validation of network adequacy for CY 2022 was performed using network data submitted by One Care Plans to IPRO. IPRO requested a complete provider list which included facility/provider name, address, phone number, and the national provider identifier (NPI) for the following provider types: primary care, ob/gyn, hospitals, rehabilitation, urgent care, specialists, behavioral health, and LTSS. Pharmacy information was not required.

### Conclusions and Comparative Findings

IPRO reviewed the aggregated results to assess the adequacy of the One Care networks by provider type. The CCA One Care Plan was present in 12 counties, four of which were large metro counties and eight of which were metro counties. The Tufts Unify One Care Plan was present in eight counties, four of which were large metro counties and four of which were metro counties. The UHC Connected One Care Plan was present in 10 counties, four of which were large metro counties and six of which were metro counties. **Tables 25 and 26** show the number of counties with an adequate network of providers by provider type. 'Met' means that a One Care Plan had an adequate network of that provider type in all counties in which it operates. For a detailed analysis of network deficiencies in specific counties and provider types, see plan-level results in **Tables 27–29**.

**Table 25: One Care Plan Adherence to Provider Time AND Distance Standards**

The number of counties where each plan had an adequate network, per provider type. “Met” means that a One Care Plan had an adequate network of that provider type in all counties it was in.

Provider Type	County Class	Standard – 90% of Enrollees Have Access	CCA One Care	Tufts Unify	UHC Connected
<b>Total Number of Counties</b>			<b>12</b>	<b>8</b>	<b>10</b>
Number of Large Metros			4	4	4
Number of Metros			8	4	6
Primary Care Provider (PCP)					
Adult PCP	Large Metro	2 providers within 15 miles and 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles and 30 minutes	Met	Met	Met
Adult PCP 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met
Specialists					
Allergy and Immunology	Large Metro	1 provider within 15 miles and 30 minutes	Met	3	Met
	Metro	1 provider within 35 miles and 53 minutes	Met	Met	Met
Cardiology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 25 miles and 38 minutes	Met	Met	Met
Cardiothoracic Surgery	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 40 miles and 60 minutes	Met	Met	Met
Chiropractor	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
Dermatology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
ENT/Otolaryngology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
Endocrinology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 50 miles and 75 minutes	Met	Met	Met
Gastroenterology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
General Surgery	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 20 miles and 30 minutes	Met	Met	Met
Infectious Diseases	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 50 miles and 75 minutes	Met	Met	Met
Nephrology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 35 miles and 53 minutes	Met	Met	Met
Neurology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met

Provider Type	County Class	Standard – 90% of Enrollees Have Access	CCA One Care	Tufts Unify	UHC Connected
Neurosurgery	Large Metro	1 provider within 15 miles and 30 minutes	Met	3	Met
	Metro	1 provider within 40 miles and 60 minutes	Met	Met	Met
Ob/Gyn	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
Oncology – Medical, Surgical	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
Oncology Radiation/ Radiation Oncology	Large Metro	1 provider within 15 miles and 30 minutes	Met	3	Met
	Metro	1 provider within 40 miles and 60 minutes	Met	Met	Met
Ophthalmology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 25 miles and 38 minutes	Met	Met	Met
Orthopedic Surgery	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 25 miles and 38 minutes	Met	Met	Met
Physiatry, Rehabilitative Medicine	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 35 miles and 53 minutes	Met	Met	Met
Plastic Surgery	Large Metro	1 provider within 15 miles and 30 minutes	Met	2	Met
	Metro	1 provider within 50 miles and 75 minutes	Met	Met	Met
Podiatry	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
Psychiatry	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	5
Pulmonology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
Rheumatology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 40 miles and 60 minutes	Met	Met	Met
Urology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met
Vascular Surgery	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met
	Metro	1 provider within 50 miles and 75 minutes	Met	Met	Met
LTSS Provider					
Nursing Facility	Large Metro	2 providers within 15 miles and 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles and 30 minutes	Met	2	5
Nursing Facility 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met

Provider Type	County Class	Standard – 90% of Enrollees Have Access	CCA One Care	Tufts Unify	UHC Connected
Medical Facility					
Acute Inpatient Hospital	Large Metro	2 providers within 10 miles and 25 minutes	Met	Met	2
	Metro	2 providers within 30 miles and 45 minutes	Met	Met	5
Acute Inpatient Hospital 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met

ENT: ear, nose, and throat; ob/gyn: obstetrics and gynecology; LTSS: long-term services and supports.

**Table 26: One Care Plan Adherence to Provider Time OR Distance Standards**

The number of counties where each plan had an adequate network, per provider type. “Met” means that a One Care Plan had an adequate network of that provider type in all counties it was in.

Provider Type	County Class	Standard – 90% of Enrollees Have Access	CCA One Care	Tufts Unify	UHC Connected
<b>Total Number of Counties</b>			<b>12</b>	<b>8</b>	<b>10</b>
Numbers of Large Metros			4	4	4
Number of Metros			8	4	6
Emergency Services Program					
Emergency Services Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	2	4
BH Diversionary					
Clinical Support Services for SUD (Level 3.5)	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
Clinical Support Services for SUD (Level 3.5) 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met
Community Crisis Stabilization	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	3
	Metro	2 providers within 15 miles or 30 minutes	Met	2	2
Community Crisis Stabilization 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met
Community Support Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	3	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	3	Met
Community Support Program 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met
Intensive Outpatient Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	0
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	0

Provider Type	County Class	Standard – 90% of Enrollees Have Access	CCA One Care	Tufts Unify	UHC Connected
Intensive Outpatient Program 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	2
Monitored Inpatient (Level 3.7)	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	3	4
Monitored Inpatient (Level 3.7) 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met
Partial Hospitalization Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	0
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	0
Partial Hospitalization Program 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	0
Program of Assertive Community Treatment	Large Metro	2 providers within 15 miles or 30 minutes	Met	3	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	3	0
Program of Assertive Community Treatment 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	5
Psychiatric Day Treatment	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	3	1
Psychiatric Day Treatment 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met
Recovery Coaching	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	2	Met
Recovery Coaching 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	3	Met
Recovery Support Navigators	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	2	Met
Recovery Support Navigators 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	3	Met
Residential Rehabilitation Services for SUD (Level 3.1)	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	3
	Metro	2 providers within 15 miles or 30 minutes	Met	2	Met
Residential Rehabilitation Services for SUD (Level 3.1) 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met

Provider Type	County Class	Standard – 90% of Enrollees Have Access	CCA One Care	Tufts Unify	UHC Connected
Structured Outpatient Addiction Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	5
Structured Outpatient Addiction Program 50	Large Metro	2 providers within 50 miles	Met	Met	Met
	Metro	2 providers within 50 miles	Met	Met	Met
BH Outpatient					
BH Outpatient	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
LTSS Provider					
Adult Day Health	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	3	5
Adult Foster Care	Large Metro	2 providers within 15 miles or 30 minutes	Met	2	Met
	Metro	2 providers within 15 miles or 30 minutes	7	1	3
Day Habilitation	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	1
	Metro	2 providers within 15 miles or 30 minutes	Met	0	2
Day Services	Large Metro	2 providers within 15 miles or 30 minutes	Met	3	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	2	4
Group Adult Foster Care	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	7	0	3
Hospice	Large Metro	2 providers within 15 miles or 30 minutes	Met	2	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	1	Met
Occupational Therapy	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	3	5
Orthotics and Prosthetics	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	5	2	Met
Oxygen and Respiratory Equipment	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	4	0	2
Personal Care Assistant	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	7	3	3
Physical Therapy	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
Speech Therapy	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	0	5

Provider Type	County Class	Standard – 90% of Enrollees Have Access	CCA One Care	Tufts Unify	UHC Connected
Medical Facility					
Rehabilitation Hospital	Large Metro	1 provider within 15 miles or 30 minutes	Met	Met	1
	Metro	1 provider within 15 miles or 30 minutes	6	1	0

BH: behavioral health; SUD: substance use disorder; LTSS: long-term services and supports.



## CCA One Care

The CCA One Care enrollees reside in 12 counties. If at least 90% of CCA One Care enrollees in one county had adequate access, then the network availability standard was met. But if less than 90% of its enrollees in one county had adequate access, then the network was deficient. **Table 27** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the plan to pass an access requirement. “Increase” represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

**Table 27: CCA One Care Counties with Network Deficiencies by Provider Type**

Provider Type	Counties with Network Deficiencies	Percent of Enrollees with Access in That County	Standard – 90% of Enrollees Have Access	Deficiency Fillable by an Available Provider?
<b>LTSS Provider</b>				
Adult Foster Care	Berkshire	8.7%	2 providers within 15 miles or 30 minutes	No
Group Adult Foster Care	Berkshire	13.5%	2 providers within 15 miles or 30 minutes	No
Orthotics and Prosthetics	Barnstable	29.4%	2 providers within 15 miles or 30 minutes	Yes
	Berkshire	1.9%	2 providers within 15 miles or 30 minutes	Yes
	Franklin	20.3%	2 providers within 15 miles or 30 minutes	Increase
Oxygen and Respiratory Equipment	Berkshire	0%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
Personal Care Assistant	Berkshire	84%	2 providers within 15 miles or 30 minutes	No
<b>Medical Facility</b>				
Rehabilitation Hospital	Franklin	18.8%	1 provider within 15 miles or 30 minutes	Increase
	Worcester	85.9%	1 provider within 15 miles or 30 minutes	Increase

LTSS: long-term services and supports.

## Recommendations

- IPRO recommends that CCA One Care expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 27**.
- IPRO recommends that CCA One Care expands its network when enrollee’s access can be increased by available providers for the provider types and counties identified in **Table 27**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

## Tufts Health Unify

The Tufts One Care enrollees reside in eight counties. If at least 90% of Tufts One Care enrollees in one county had adequate access, then the network availability standard was met. But if less than 90% of its enrollees in one county had adequate access, then the network was deficient. **Table 28** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the plan to pass an access requirement. “Increase” represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

**Table 28: Tufts Unify Counties with Network Deficiencies by Provider Type**

Provider Type	Counties with Network Deficiencies	Percent of Enrollees with Access in That County	Standard – 90% of Enrollees Have Access	Deficiency Fillable by a Single Provider?
<b>Specialists</b>				
Allergy and Immunology	Essex	89.9%	1 provider within 15 miles and 30 minutes	Yes
Neurosurgery	Essex	86.0%	1 provider within 15 miles and 30 minutes	Yes
Oncology Radiation/ Radiation Oncology	Essex	80.8%	1 provider within 15 miles and 30 minutes	Yes
Plastic Surgery	Essex	49.2%	1 provider within 15 miles and 30 minutes	Yes
	Middlesex	73.4%	1 provider within 15 miles and 30 minutes	Yes
<b>LTSS Provider</b>				
Nursing Facility	Barnstable	79.6%	2 providers within 15 miles and 30 minutes	No
	Bristol	79.4%	2 providers within 15 miles and 30 minutes	No
<b>Emergency Services Program</b>				
Emergency Services Program	Barnstable	16.0%	2 providers within 15 miles or 30 minutes	No
	Bristol	35.6%	2 providers within 15 miles or 30 minutes	No
<b>BH Diversionary</b>				
Community Crisis Stabilization	Barnstable	57.0%	2 providers within 15 miles or 30 minutes	No
	Worcester	77.6%	2 providers within 15 miles or 30 minutes	No
Community Support Program	Barnstable	63.5%	2 providers within 15 miles or 30 minutes	No
	Essex	80.4%	2 providers within 15 miles or 30 minutes	No
Monitored Inpatient (Level 3.7)	Barnstable	51.8%	2 providers within 15 miles or 30 minutes	Increase
Program of Assertive Community Treatment	Barnstable	77.8%	2 providers within 15 miles or 30 minutes	No
	Essex	86.5%	2 providers within 15 miles or 30 minutes	No
Psychiatric Day Treatment	Barnstable	55.75%	2 providers within 15 miles or 30 minutes	No
Recovery Coaching	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	84.0%	2 providers within 15 miles or 30 minutes	No
Recovery Coaching 50	Barnstable	69.3%	2 providers within 50 miles	No
Recovery Support Navigators	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	84.0%	2 providers within 15 miles or 30 minutes	No
Recovery Support Navigators 50	Barnstable	69.3%	2 providers within 50 miles	No
Residential Rehabilitation Services for SUD (Level 3.1)	Barnstable	57.0%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	89.0%	2 providers within 15 miles or 30 minutes	Yes
<b>LTSS Provider</b>				
Adult Day Health	Barnstable	32.4%	2 providers within 15 miles or 30 minutes	Increase
Adult Foster Care	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Bristol	26.6%	2 providers within 15 miles or 30 minutes	No
	Essex	69.2%	2 providers within 15 miles or 30 minutes	No
	Middlesex	89.0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	34.5%	2 providers within 15 miles or 30 minutes	No

Provider Type	Counties with Network Deficiencies	Percent of Enrollees with Access in That County	Standard – 90% of Enrollees Have Access	Deficiency Fillable by a Single Provider?
Day Habilitation	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Bristol	29.6%	2 providers within 15 miles or 30 minutes	Increase
	Plymouth	65.0%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	81.2%	2 providers within 15 miles or 30 minutes	Increase
Day Services	Barnstable	17.0%	2 providers within 15 miles or 30 minutes	No
	Bristol	65.0%	2 providers within 15 miles or 30 minutes	No
	Essex	55.4%	2 providers within 15 miles or 30 minutes	No
Group Adult Foster Care	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Bristol	48.7%	2 providers within 15 miles or 30 minutes	No
	Plymouth	68.6%	2 providers within 15 miles or 30 minutes	No
	Worcester	89.2%	2 providers within 15 miles or 30 minutes	No
Hospice	Bristol	67.4%	2 providers within 15 miles or 30 minutes	Increase
	Essex	66.1%	2 providers within 15 miles or 30 minutes	Increase
	Middlesex	81.3%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	72.9%	2 providers within 15 miles or 30 minutes	Yes
	Worcester	83.8%	2 providers within 15 miles or 30 minutes	Increase
Occupational Therapy	Worcester	77.6%	2 providers within 15 miles or 30 minutes	Increase
Orthotics and Prosthetics	Bristol	53.2%	2 providers within 15 miles or 30 minutes	Yes
	Worcester	86.1%	2 providers within 15 miles or 30 minutes	Yes
Oxygen and Respiratory Equipment	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Bristol	15.2%	2 providers within 15 miles or 30 minutes	No
	Plymouth	8.1%	2 providers within 15 miles or 30 minutes	No
	Worcester	55.6%	2 providers within 15 miles or 30 minutes	No
Personal Care Assistant	Barnstable	55.2%	2 providers within 15 miles or 30 minutes	No
Speech Therapy	Barnstable	0%	2 providers within 15 miles or 30 minutes	Increase
	Bristol	64.9%	2 providers within 15 miles or 30 minutes	Increase
	Plymouth	86.1%	2 providers within 15 miles or 30 minutes	Yes
	Worcester	84.2%	2 providers within 15 miles or 30 minutes	Yes
<b>Medical Facility</b>				
Rehabilitation Hospital	Barnstable	14.6%	1 provider within 15 miles or 30 minutes	Yes
	Plymouth	88.3%	1 provider within 15 miles or 30 minutes	Yes
	Worcester	85.5%	1 provider within 15 miles or 30 minutes	Yes

BH: behavioral health; SUD: substance use disorder; LTSS: long-term services and supports.

### Recommendations

- IPRO recommends that Tufts One Care expands its network when a network deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 28**.
- IPRO recommends that Tufts One Care expands its network when enrollee’s access can be increased by available providers for the provider types and counties identified in **Table 28**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

### UHC Connected

The UHC One Care enrollees reside in 10 counties. If at least 90% of UHC One Care enrollees in one county had adequate access, then the network availability standard was met. But if less than 90% of its enrollees in one

county had adequate access, then the network was deficient. **Table 29** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the plan to pass an access requirement. “Increase” represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

**Table 29: UHC Connected Counties with Network Deficiencies by Provider Type**

Provider Type	Counties with Network Deficiencies	Percent of Enrollees with Access in That County	Standard – 90% of Enrollees Have Access	Deficiency Fillable by a Single Provider?
<b>Specialists</b>				
Psychiatry	Franklin	80.9%	1 provider within 30 miles and 45 minutes	Yes
<b>LTSS Provider</b>				
Nursing Facility	Hampshire	89.0%	2 providers within 15 miles and 30 minutes	No
<b>Medical Facility</b>				
Acute Inpatient Hospital	Franklin	22.6%	2 providers within 30 miles and 45 minutes	Increase
	Middlesex	88.3%	2 providers within 10 miles and 25 minutes	Increase
	Norfolk	86.4%	2 providers within 10 miles and 25 minutes	Increase
<b>Emergency Services Program</b>				
Emergency Services Program	Bristol	76.7%	2 providers within 15 miles or 30 minutes	No
	Worcester	76.2%	2 providers within 15 miles or 30 minutes	No
<b>BH Diversionary</b>				
Community Crisis Stabilization	Bristol	70.7%	2 providers within 15 miles or 30 minutes	No
	Essex	88.7%	2 providers within 15 miles or 30 minutes	No
	Franklin	74.3%	2 providers within 15 miles or 30 minutes	No
	Plymouth	61.1%	2 providers within 15 miles or 30 minutes	No
	Worcester	61.8%	2 providers within 15 miles or 30 minutes	No
Intensive Outpatient Program	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	4.8%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	22.1%	2 providers within 15 miles or 30 minutes	No
	Norfolk	39.3%	2 providers within 15 miles or 30 minutes	No
	Plymouth	1.7%	2 providers within 15 miles or 30 minutes	No
	Suffolk	42.6%	2 providers within 15 miles or 30 minutes	No
Worcester	0%	2 providers within 15 miles or 30 minutes	No	
Intensive Outpatient Program 50	Franklin	0%	2 providers within 50 miles	No
	Hampden	0%	2 providers within 50 miles	No
	Hampshire	0%	2 providers within 50 miles	No
	Worcester	79.7%	2 providers within 50 miles	No
Monitored Inpatient (Level 3.7)	Bristol	88.1%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	82.3%	2 providers within 15 miles or 30 minutes	Yes

Provider Type	Counties with Network Deficiencies	Percent of Enrollees with Access in That County	Standard – 90% of Enrollees Have Access	Deficiency Fillable by a Single Provider?
Partial Hospitalization Program	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes.	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
Worcester	0%	2 providers within 15 miles or 30 minutes	No	
Partial Hospitalization Program 50	Bristol	7.1%	2 providers within 50 miles	No
	Franklin	0%	2 providers within 50 miles	No
	Hampden	0%	2 providers within 50 miles	No
	Hampshire	0%	2 providers within 50 miles	No
	Plymouth	44.0%	2 providers within 50 miles	No
	Worcester	11.1%	2 providers within 50 miles	No
Program of Assertive Community Treatment	Bristol	34.7%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	62.0%	2 providers within 15 miles or 30 minutes	No
	Worcester	49.8%	2 providers within 15 miles or 30 minutes	No
Program of Assertive Community Treatment 50	Hampden	88.7%	2 providers within 50 miles	No
Psychiatric Day Treatment	Bristol	82.9%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	78.1%	2 providers within 15 miles or 30 minutes	No
	Plymouth	85.5%	2 providers within 15 miles or 30 minutes	No
	Worcester	15.1%	2 providers within 15 miles or 30 minutes	No
Residential Rehabilitation Services for SUD (Level 3.1)	Essex	82.8%	2 providers within 15 miles or 30 minutes	Yes
Structured Outpatient Addiction Program	Worcester	83.8%	2 providers within 15 miles or 30 minutes	No
LTSS Provider				
Adult Day Health	Franklin	18.1%	2 providers within 15 miles or 30 minutes	Increase
Adult Foster Care	Franklin	17.6%	2 providers within 15 miles or 30 minutes	No
	Plymouth	82.1%	2 providers within 15 miles or 30 minutes	No
	Worcester	82.6%	2 providers within 15 miles or 30 minutes	No

Provider Type	Counties with Network Deficiencies	Percent of Enrollees with Access in That County	Standard – 90% of Enrollees Have Access	Deficiency Fillable by a Single Provider?
Day Habilitation	Bristol	26.2%	2 providers within 15 miles or 30 minutes	Increase
	Essex	69.0%	2 providers within 15 miles or 30 minutes	Increase
	Franklin	76.0%	2 providers within 15 miles or 30 minutes	Increase
	Middlesex	88.9%	2 providers within 15 miles or 30 minutes	Yes
	Norfolk	89.9%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	8.2%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	78.9%	2 providers within 15 miles or 30 minutes	Yes
Day Services	Franklin	76.0%	2 providers within 15 miles or 30 minutes	No
	Worcester	83.3%	2 providers within 15 miles or 30 minutes	No
Group Adult Foster Care	Franklin	17.6%	2 providers within 15 miles or 30 minutes	No
	Plymouth	82.1%	2 providers within 15 miles or 30 minutes	No
	Worcester	82.6%	2 providers within 15 miles or 30 minutes	No
Occupational Therapy	Plymouth	89.8%	2 providers within 15 miles or 30 minutes	Yes
Oxygen and Respiratory Equipment	Bristol	85.8%	2 providers within 15 miles or 30 minutes	No
	Franklin	1.6%	2 providers within 15 miles or 30 minutes	No
	Hampshire	87.2%	2 providers within 15 miles or 30 minutes	No
	Worcester	73.7%	2 providers within 15 miles or 30 minutes	No
Personal Care Assistant	Bristol	50.6%	2 providers within 15 miles or 30 minutes	Increase
	Franklin	18.3%	2 providers within 15 miles or 30 minutes	Yes
	Worcester	8.0%	2 providers within 15 miles or 30 minutes	Increase
Speech Therapy	Plymouth	87.6%	2 providers within 15 miles or 30 minutes	Yes
<b>Medical Facility</b>				
Rehabilitation Hospital	Bristol	2.7%	1 provider within 15 miles or 30 minutes	Yes
	Essex	46.3%	1 provider within 15 miles or 30 minutes	Yes
	Franklin	0%	1 provider within 15 miles or 30 minutes	Increase
	Hampden	0%	1 provider within 15 miles or 30 minutes	Yes
	Hampshire	0%	1 provider within 15 miles or 30 minutes	Yes
	Middlesex	58.5%	1 provider within 15 miles or 30 minutes	Increase
	Norfolk	62.4%	1 provider within 15 miles or 30 minutes	Yes
	Plymouth	32.1%	1 provider within 15 miles or 30 minutes	Yes
	Worcester	0%	1 provider within 15 miles or 30 minutes	Increase

BH: behavioral health; SUD: substance use disorder; LTSS: long-term services and supports.

### Recommendations

- IPRO recommends that UHC One Care expands its network when a network deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 29**.
- IPRO recommends that UHC One Care expands its network when enrollee’s access can be increased by available providers for the provider types and counties identified in **Table 29**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

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

### Objectives

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

Section 2.13.3.2.2 of the One Care Three-way Contract requires One Care Plans to conduct an annual 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 plans, the providers, and their staff.

Because One Care Plans serve dually eligible members with MassHealth and Medicare coverage, the plans are required to participate in the annual Medicare Advantage Prescription Drugs (MA-PD) CAHPS survey mandated by the CMS. MassHealth monitors plans' submissions of CAHPS surveys and uses the results to identify opportunities for improvement and inform MassHealth's quality management work.

The Tufts Health Unify and CCA One Care Plans independently contracted with a certified CAHPS vendor to administer the MA-PD CAHPS survey for MY 2021. The UHC Connected joined the One Care program in 2022, so the plan did not conduct the survey for the MY 2021.

### Technical Methods of Data Collection and Analysis

The MA-PD CAHPS survey is administered to members dually eligible for Medicaid and Medicare using a random sample of members selected by CMS. CMS requires all Medicare Advantage (MA) and Prescription Drug Plan (PDP) contracts with at least 600 enrollees to contract with approved survey vendors to collect and report CAHPS survey data following a specific timeline and protocols established by CMS. The MassHealth One Care Plans used the 2022 MA-PD CAHPS standardized survey instrument. The MA-PD survey tool contains 68 questions, organized into the seven sections, as explained in **Table 30**.

**Table 30: MA-PD CAHPS Survey Sections**

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

The CMS data collection protocol included mailing of prenotification letters, up to two mailings of paper surveys, and telephone surveys with non-responders. The survey was conducted using a random sample of members selected by CMS. The sample frame included One Care members who were continuously enrolled in the contract for six months or longer, who were living in the United States, and who were not institutionalized. **Table 31** provides a summary of the technical methods of data collection by One Care Plans.

**Table 31: MA-PD CAHPS – Technical Methods of Data Collection by One Care Plan, MY 2021**

MA-PD CAHPS – Technical Methods of Data Collection	CCA One Care	Tufts Health Unify	UHC Connected
Adult CAHPS survey			
Survey vendor	SPH Analytics	SPH Analytics	N/A
Survey tool	2022 MA-PD CAHPS	2022 MA-PD CAHPS	N/A
Survey timeframe	March–June, 2022	March–June, 2022	N/A
Method of collection	Mail and telephone	Mail and telephone	N/A
Sample size	1,200	800	N/A
Response rate	20.6%	15.80%	N/A

For the global ratings, composite measures, composite items, and individual item measures, the scores were calculated using a 100-point scale. Responses were classified into response categories. **Table 32** displays these categories and the measures for which these response categories are used.

**Table 32: MA-PD CAHPS Response Categories, MY 2021**

Measures	Response Categories
<ul style="list-style-type: none"> <li>• Rating of Health Plan</li> <li>• Rating of All Health Care Quality</li> <li>• Rating of Personal Doctor</li> <li>• Rating of Specialist</li> <li>• Rating of Prescription Drug Plan</li> </ul>	<ul style="list-style-type: none"> <li>• 0 to 4 (Dissatisfied)</li> <li>• 5 to 7 (Neutral)</li> <li>• 9 or 10 (Satisfied)</li> </ul>
<ul style="list-style-type: none"> <li>• Getting Needed Care</li> <li>• Getting Appointments and Care Quickly</li> <li>• Doctors Who Communicate Well</li> <li>• Customer Service</li> <li>• Care Coordination</li> <li>• Getting Needed Prescription Drugs composite measures</li> <li>• Annual Flu Vaccine individual item measures</li> </ul>	<ul style="list-style-type: none"> <li>• Never (Dissatisfied)</li> <li>• Sometimes (Neutral)</li> <li>• Usually or Always (Satisfied)</li> </ul>

To assess One Care Plans performance, IPRO compared plans’ top-box scores to the Medicare Advantage 2022 FFS mean score. The top-box scores are the survey results for the highest possible response category.

### Description of Data Obtained

For each One Care Plan, IPRO received a copy of the final MY 2021 study reports produced by the certified CAHPS vendor. These reports included comprehensive 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 One Care Plans, IPRO compared the plan-level results and MA-PD CAHPS statewide scores to the Medicare Advantage 2022 FFS 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 33**.



**Table 33: Key for Medicare Advantage CAHPS Performance Measure Comparison to the Medicare Advantage 2022 FFS Mean Score.**

Color Key	How Rate Compares to the Medicare Advantage 2022 FFS Mean Score
Orange	Below the Medicare Advantage 2022 FFS mean score.
Gray	The same as the Medicare Advantage 2022 FFS mean score.
Blue	Above the Medicare Advantage 2022 FFS mean score.
White	Measure not applicable (N/A).

When compared to the Medicare Advantage 2022 FFS mean score, the CCA plan’s scores exceeded the national benchmark on three CAHPS measures, whereas the Tufts Unify scores exceeded the national benchmark on two CAHPS measures. Both plans scored below the benchmark on three CAHPS measures. **Table 34** displays the top-box scores of the 2022 MA-PD CAHPS survey for MY 2021.

**Table 34: MA-PD CAHPS Performance – MassHealth One Care Plans, MY 2021**

CAHPS Measure	CCA One Care	Tufts Health Unify	UHC Connected	MassHealth Weighted Mean	Medicare Advantage 2022 FFS Mean Score
Getting Needed Care	79.00	77.0	N/A	79.00	81.00
Getting Appointments and Care Quickly	78.00	74.00	N/A	78.00	75.00
Rating of Health Care Quality	85.00	N/A	N/A	85.00	85.00
Rating of Health Plan	87.00	87.00	N/A	87.00	83.00
Customer Service	90.00	90.00	N/A	90.00	86.00
Care Coordination	83.00	N/A	N/A	83.00	85.00
Annual Flu Vaccine	74.00	69.00	N/A	73.00	77.00

MA-PD CAHPS: Medicare Advantage Prescription Drug Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; FFS: fee-for-service; 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,<sup>11</sup> PAHP,<sup>12</sup> or PCCM entity has effectively addressed the recommendations for QI<sup>13</sup> made by the EQRO during the previous year’s EQR.” Tables 35–36 display the One Care Plans’ responses to the recommendations for QI made during the previous EQR, as well as IPRO’s assessment of these responses.

### CCA One Care Response to Previous EQR Recommendations

Table 35 displays the One Care Plan’s progress related to the *One Care Plans External Quality Review CY 2021*, as well as IPRO’s assessment of plan’s response.

Table 35: CCA One Care Response to Previous EQR Recommendations

Recommendation for CCA One Care	CCA One Care Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p><b>PIP 1 Flu Vaccination</b></p> <p><b>Quality-Related:</b> Kepro understands that, programmatically, CCA considers its One Care and SCO members as one population of medically high-risk individuals. At the same time, the two populations present different clinical and demographic profiles that should be taken into consideration when analyzing stakeholder input.</p> <p><b>Quality-Related:</b> Kepro strongly advises CCA to develop a standing consumer advisory committee that convenes (perhaps remotely) quarterly or semi-annually. The voice of the customer provides valuable information.</p> <p><b>Quality-Related:</b> Kepro recommends pilot testing different workflow strategies to determine which processes work best in which settings and for which populations.</p> <p><b>Access-Related:</b> Kepro advises that, in future PIP reporting on this intervention, CCA develop explicit strategies for identifying and educating members with low rates of flu vaccination that may be associated with race, ethnicity, and language factors.</p>	<p>CCA One Care revised its provider goal:</p> <p><b>Original Goal 1</b> – Increase provider identification of CCA SCO members, who have not received an influenza vaccination.</p> <p><b>Modified Goal 1</b> - Increase provider identification of CCA SCO members who have not received an influenza vaccination as evidenced by increased rates of influenza vaccination: (1) at CCA Primary Care Practices, and (2) at other primary care practices targeted for interventions due to low vaccination rates and/or low vaccination rates of 85+ age group member.</p> <p><b>Original Goal 2</b> – Increase provider knowledge and skills to understand and overcome CCA One Care, age 21-64 member reasons for vaccine hesitancy.</p> <p><b>Modified Goal 2</b> - Increase provider knowledge and skills to understand and overcome CCA One Care member reasons for vaccine hesitancy as evidenced by the rate of flu vaccination of members receiving care at targeted primary care sites with previously low vaccination rates.</p> <p>The above observation was incorrect. CCA has a long-standing and very robust program for engaging consumers in our work, including PIP design and implementation. CCA has a number of standing consumer advisory committees as well as our Member Voices Program in which about 400 members participate. These members receive training from CCA and then are available to be called upon to provide the consumer voice and share the perspective of individuals with most relevant lived experience for a very wide vary of</p>	<p>Partially addressed</p>

<sup>11</sup> Prepaid inpatient health plan.

<sup>12</sup> Prepaid ambulatory health plan.

<sup>13</sup> Quality improvement.

Recommendation for CCA One Care	CCA One Care Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	projects. Two Member Voices Program engagements have thus far been completed to support the Flu PIP design and implementation.	
<p><b>PIP 2 Telehealth Access</b>  <b>Quality-Related:</b> Kepro is aware that CCA considers its MassHealth members, both One Care and SCO, to be one member population. In this regard, especially with respect to telehealth access readiness, Kepro recommends that CCA consider the generational difference in its younger One Care members versus its elderly SCO members.</p>	<p>Telehealth PIPs were discontinued. CCA continues to work towards the goals laid out in the PIP and incorporated the lessons learned during the quality improvement activity.</p>	Not applicable
<p><b>PMV 1: Quality-Related:</b> CCA's performance on the <i>Care for Older Adults (COA): Functional Status Assessment</i> measure was below the 50<sup>th</sup> percentile compared to the CMS SNP PUF MY 2020 data. Kepro recommends that CCA consider the development of related quality improvement initiatives.</p>	<p>CCA implemented the following initiatives throughout the year:</p> <ul style="list-style-type: none"> <li>○ Enhanced Analytics &amp; Reporting Systems: Leverage enhanced HEDIS data engine and CCA systems to improve performance target setting, tracking and intervention planning</li> <li>○ Deliver improved analytic &amp; reporting support</li> <li>○ Care Partnership Quality strategy: Identify data functional status and pain capture within the MDS</li> <li>○ Care Partnership Quality Strategy: Track monthly targets and gaps, as well as data from PQC team</li> <li>○ Member Communications: Communications to members via member newsletter and social media.</li> </ul>	Addressed
<p><b>PMV 2:</b>  <b>Quality-Related:</b> CCA's performance on the <i>Transitions of Care (TRC): Medication Reconciliation Post-Discharge</i> measure was below the 25<sup>th</sup> percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that CCA consider the development of related quality improvement initiatives.</p>	<p>CCA began a Performance Improvement Plan (PIP) for Medication Reconciliation Post-Discharge for its SCO Population in the second quarter of 2022. While CCA does not have a formal PIP for its One Care population, all the interventions for the PIP are being utilized to improve rates of post-discharge medication reconciliation for One Care Members as well. CCA has created 4 main interventions to increase the rate of post-discharge medication reconciliation for its members. Please see the 4 interventions with descriptions and requested information below:</p> <ul style="list-style-type: none"> <li>● Intervention 1: Collaborate with Network Inpatient Facilities to Support Best Practice for Dissemination of Discharge Information to CCA.</li> <li>● Intervention 2: Analyze and optimize CCA's documentation workflows as they relate to completion of medication reconciliation post-discharge for RN Care Partners and Community RNs.</li> <li>● Intervention 3: Provide RN Care Partner and Community RN education regarding best</li> </ul>	Addressed

Recommendation for CCA One Care	CCA One Care Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	<p>practices and documentation requirements for medication reconciliation post-discharge.</p> <ul style="list-style-type: none"> <li>Intervention 4: Engage with members upon discharge to identify and collaboratively address their SDoH needs.</li> </ul>	
<p><b>Compliance 1:</b> CCA needs to revise many of its outdated policies and procedures to ensure compliance with all federal and MassHealth standards. In addition, the policies and procedures need to be streamlined to align with existing operational practices. CCA may benefit from technology solutions to aid in the tracking of policies and procedures across the organization.</p>	<p><b>Response:</b> CCA’s Compliance department went live with a streamlined, annual Policy workflow within Cumulus (CCA’s platform that uses the Compliance 360 software system) in Summer 2022. As of Fall 2022, all policies (except for a sample of legacy Privacy &amp; Security and IT Security policies, currently under review with their team’s respective outside consultants) have been published, and are accessible via both Cumulus and CommonGround, CCA’s intranet site. All Policies will be solicited for an annual review on the same summer cycle going forward, comprised of a Compliance-led Policy owner training, Policy Owner updates and Policy Approver review within Cumulus, and final review by Compliance before publication.</p>	Addressed
<p><b>Compliance 2:</b> CCA needs to continue to work towards meeting MassHealth network adequacy and accessibility standards.</p>	<p><b>Response:</b> CCA implemented corrective action plans (CAPs) for all One Care network adequacy and accessibility related items related that were deemed as partially or not meeting standards during the 2020 EQR Compliance Validation. These topics included the subject matter below. CAPs have been successfully implemented, validated, and closed as of December 2022 to support CCA in meeting MassHealth network adequacy and accessibility standards.</p> <ul style="list-style-type: none"> <li>Primary care visits to be available within 10 calendar days</li> <li>Time and distance standards for behavioral health providers and LTSS providers</li> <li>Identifying and measuring access for non-speaking English Enrollees</li> <li>Monitoring provider compliance with the appointment/access standards</li> <li>Policy and procedure for addressing multiple and frequent Enrollee voluntary changes in PCPs</li> <li>State-Operated Community Mental Health Centers (SOCMCHs) referrals</li> <li>Time and distance standards for nursing facilities and community LTSS providers</li> </ul>	Addressed
<p><b>Compliance 3:</b> CCA needs to adopt practice guidelines in consultation with contracting health care professionals and ensure that they are reviewed and updated periodically, as appropriate.</p>	<p>CCA has a Clinical Practice Guidelines and Standards Committee and its charter states that the committee will "Engage network providers to participate in the selection, review and approval of publicly shared clinical and practice guidelines." This committee meets quarterly, and meeting</p>	Addressed

Recommendation for CCA One Care	CCA One Care Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	minutes demonstrate ongoing review and update of guidelines. Corrective action for this finding was successfully validated and closed at the end of 2021.	
<b>Compliance 4:</b> CCA needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.	CCA implemented CAPs for all Partially Met and Not Met findings identified during the 2020 EQR Compliance Validation. 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 CAPs from the 2020 EQR Compliance Validation have been successfully implemented, validated, and closed as of December 2022.	Addressed
<b>Network 1:</b> Kepro recommends contracting with additional Personal Care Assistant providers in counties not meeting MassHealth requirements.	There are no additional Personal Care Assistant (PCA) providers identified in the Quest tool. CCA has contracted with the 18 approved MassHealth PCA providers.	Partially addressed
<b>Network 2:</b> Kepro recommends contracting with additional Rehabilitation Hospitals as available in Franklin and Worcester Counties.	CCA is contracted with all the free standing and acute care hospitals with Inpatient Rehabs as identified by the state in Franklin and Worcester Counties. Bristol is not an issue at this point with the addition of Southcoast Health. There are no additional providers identified by the Quest tool for those counties.	Partially addressed
<b>Network 3:</b> Kepro recommends contracting with additional Monitored Inpatient Level 3.7 providers as available in all counties that CCA services.	For Monitored Inpatient Level 3.7 providers there were no additional providers identified by the Quest tool for the counties not meeting adequacy. CCA is contracted with all the known Monitored Inpatient Level Providers as identified on the Mass Behavioral Health Partnership list.	Addressed

<sup>1</sup> 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. MCP: managed care plan; EQR: external quality review; SCO: senior care option; PIP: performance improvement project; CMS: Centers for Medicare and Medicaid Services; SNP: Special Needs Plan; HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance; MY: measurement year; RN: registered nurse; SDoH: social determinants of health; IT: information technology; CAP: corrective action plan; LTSS: long-term services and support.

## Tufts One Care Response to Previous EQR Recommendations

Table 36 displays the One Care Plan’s progress related to the *One Care Plans External Quality Review CY 2021*, as well as IPRO’s assessment of plan’s response.

Table 36: Tufts One Care Response to Previous EQR Recommendations

Recommendation for Tufts One Care	Tufts One Care Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
<p><b>PIP 1 Flu Vaccination</b>  <b>Access-Related:</b> Tufts Health Unify states that Cityblock Health model offers services that are tailored to diverse populations in their preferred language. Tufts Health Unify describes the cultural competency training offered to Cityblock Health staff. What is lacking are details about subpopulations and how their unique needs are being addressed. Kepro recommends providing more information about how members with low vaccination rates will be identified and how care managers will assist these underserved members.</p>	<p>Tufts Health Unify added additional information to the May 2022 and September 2022 PIP submissions explaining how subpopulations of members with low vaccination rates are identified through the population analysis. The submission also explains that the care manager assessment done with each member identifies members barriers to receiving a flu vaccine. When a member identifies themselves to the care manager as not being able to receive their flu vaccine outside the home the care manager will enroll the member in the paramedicine program which allows members to receive the flu vaccine in their home. The population analysis review is being done yearly and care manager assessments are done all year with emphasis on the flu vaccine during the flu season September through March. These activities are anticipated to increase the number of Unify members who receive their flu vaccine. This will be evaluated by reviewing the claims for flu vaccines to see if flu vaccine rates have improved based on sed intervention activities.</p>	<p>Addressed</p>
<p><b>PIP 2 Telehealth Access</b>  <b>Access-Related:</b> Kepro recommends that Tufts Health Unify consider developing a provider report showing practice specific rates of BH telehealth utilization. Stratifying the practice-specific rate by race, ethnicity, language could bring to providers’ attention the sub-populations of members who are under-utilizing BH telehealth.</p>	<p>Tufts Health Unify considered completing this activity but before the data could be requested the topics of the PIP were changed and the activity was not completed.</p>	<p>Not applicable</p>
<p><b>PMV 1: Quality-Related:</b> Tufts Health Unify’s performance on the Care for Older Adults (COA): Functional Status Assessment measure was below the 50<sup>th</sup> percentile compared to the CMS SNP PUF MY 2020 data. Tufts Health Unify chose not to improve their performance by reporting this measure utilizing the hybrid reporting option; instead, Tufts Health Unify reported an administrative rate for this measure. Kepro recommends that Tufts Health Unify consider the development of related quality</p>	<p>Pursuant to the Medicare-Medicaid Capitated Financial Alignment Model Requirements: Massachusetts -Specific Reporting Requirements, the MCP is obligated to collect a modified version of the COA measure, entitled Care for Adults. The measure contains the same indicators as COA except for Advanced Directive, and the age bands are modified to align with the MMP population (21-64 Years). This measure is collected using the hybrid methodology and is submitted directly to NORC and not NCQA. While Unify does occasionally have some very limited membership that meets the age requirement for COA, that is not the majority</p>	<p>Addressed</p>

Recommendation for Tufts One Care	Tufts One Care Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
improvement initiatives and always report the Care for Older Adults measure utilizing the hybrid reporting method.	of the population. Therefore, the MCP focuses its efforts on the Care for Adults Measure.	
<b>PMV 2: Quality-Related:</b> Tufts Health Unify's performance on the Transitions of Care (TRC): Notification of Inpatient Admission measure was below the 25 <sup>th</sup> percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that Tufts Health Unify consider the development of related quality improvement initiatives.	MCP implemented a new quality workplan initiative to address Transitions of Care, which includes notification of inpatient admission. The workplan initiative was added in January 2022 and has been tracked and reported on throughout the 2022 year. The project will continue in 2023. The goal of the project is to improve continuity and care coordination, inclusive of all components of transitions of care. Cityblock, the organization that provides care management services and supports to all Unify members, collaborates with inpatient facilities to provide education about their care management services. HEDIS rates are used for monitoring actions to determine effectiveness. Project evaluations are completed annually.	Addressed
<b>PMV 3: Quality-Related:</b> Tufts Health Unify's performance on the Transitions of Care (TRC): Medication Reconciliation Post Discharge measure was below the 50 <sup>th</sup> percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that Tufts Health Unify consider the development of related quality improvement initiatives.	MCP implemented a new quality workplan initiative to address Transitions of Care, which includes medication reconciliation. The workplan initiative was added in January 2022 and has been tracked and reported on throughout the 2022 year. Cityblock will complete an assessment following a member's discharge from an inpatient facility or an ED to further develop the member's care plan and to ensure the following areas are addressed: Medication reconciliation; Assistance with scheduling follow-up appointments with PCP and/or other providers; follow up on member SDoH needs; if appropriate, Cityblock will offer the member paramedicine at the member's home and reinforce the "call Cityblock first" strategy; for BH needs, Cityblock will offer the member the option to receive services at home and/or offer help to refer the member to divisionary services such as a HEDIS rates are used for monitoring actions to determine effectiveness. Project evaluations are completed annually.	Addressed
<b>Compliance 1:</b> Tufts needs to continue its efforts related to policy and procedure and documentation revisions to ensure compliance with all federal and MassHealth standards.	<b>Response:</b> The Compliance team has a P&P Review tracker for all business areas that tracks policy and procedure review dates on a defined schedule as well as the status of the reviews and the signatories for approval.	Addressed
<b>Compliance 2:</b> Tufts' One Care population reflects a very small percentage of its total membership. One Care members, however, present with higher complexity and need more resources. Tufts needs to continue to ensure that staff members work on cross-team communication and	Tufts Health Unify (THU) maintains several meetings with Cityblock, its delegated Care Management vendor, to ensure its One Care members' needs are met. These meetings include the following listed below. <ul style="list-style-type: none"> <li>Joint Operating Committee; Quarterly; Cityblock and Product (THU)</li> </ul>	Addressed

Recommendation for Tufts One Care	Tufts One Care Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
collaboration to ensure One Care members' needs are met.	<ul style="list-style-type: none"> <li>• Cityblock Steering Committee; Monthly; Cityblock and Health Care Services (THU)</li> <li>• Leadership Meetings; Bi-Monthly; Cityblock, Product (THU), Health Care Services (THU)</li> <li>• Weekly check-ins; Weekly; Cityblock, Product (THU), Health Care Services (THU)</li> <li>• Clinical Operations; Biweekly; Cityblock, Health Care Services (THU)</li> <li>• Marketing/Community Engagement; Monthly; Cityblock, Marketing (THU)</li> <li>• UM &amp; LTSS; Biweekly; Cityblock, Health Care Services (THU)</li> <li>• Network Strategy; Monthly; Cityblock, Product (THU)</li> <li>• Medical Director; Monthly; Cityblock and THU Medical Directors, Health Care Services (THU)</li> <li>• Consumer Advisory Council (CAC) Prep Meetings; Quarterly; Cityblock, Community Engagement (THU)</li> <li>• BH UM Rounding; Weekly; Cityblock, BH UM (THU)</li> </ul> <p>Internal meetings within THU to ensure members' needs are met include:</p> <ul style="list-style-type: none"> <li>• Compliance/Product; Monthly</li> <li>• Health Care Services/Product; Monthly</li> <li>• Product, Marketing, Community Engagement; Biweekly</li> </ul>	
<b>Compliance 3:</b> Tufts needs to continue efforts to meet all State requirements for time and proximity and for availability of service standards.	Tufts Health Unify conducts regular monitoring consisting of in-depth reviews of the Unify network to assess alignment with contractual requirements.	Addressed
<b>Compliance 4:</b> Tufts needs to implement a mechanism to assess appointment access to ensure that State access standards are met.	Tufts Health Unify has incorporated Tufts Health Unify providers into its bi-annual access and scheduling of appointments survey for PCPs, Specialists, and BH providers, conducted by SPH Analytics.	Addressed
<b>Compliance 5:</b> Tufts needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.	Tufts Health Unify has assigned corrective action plans for all Tufts Health Unify Partially Met and Not Met findings and monitors them in a tracker through completion.	Addressed
<b>Network 1:</b> Kepro recommends contracting with additional Clinical Support Services for substance use disorders in the counties not meeting MassHealth requirements.	Most of the network gaps have been closed. Gaps were closed via system data clean-up efforts over the last year and by bringing additional providers into the network in scope. The MCP has a quarterly monitoring process where the Unify Network is reviewed to measure progress on closing previous deficiencies and to see if any new gaps show up. If new gaps show up the specific service data is reviewed to see if there is truly a gap or if there is	Partially addressed



Recommendation for Tufts One Care	Tufts One Care Response/Actions Taken	IPRO Assessment of MCP Response <sup>1</sup>
	something incorrect in the reporting leading to this gap.	
<p><b>Network 2:</b> Kepro recommends contracting with additional Personal Care Assistants and Occupational Therapy providers in all counties that Tufts Health Unify services except for Suffolk County.</p>	<p>MCP Response: Most of the network gaps have been closed. Gaps were closed via system data clean-up efforts over the last year and by bringing additional providers into the network in scope. The MCP has a quarterly monitoring process where the Unify Network is reviewed to measure progress on closing previous deficiencies and to see if any new gaps show up. If new gaps show up the specific service data is reviewed to see if there is truly a gap or if there is something incorrect in the reporting leading to this gap. New occupational therapy providers have been tough to bring in network as many are at capacity for new members and some do not accept any Medicaid plans.</p>	Partially addressed

<sup>1</sup> 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. MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; BH: behavioral health; CMS: Centers for Medicare and Medicaid Services; SNP: Special Needs Plan; MY: measurement year; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; ED: emergency department; PCP: primary care provider; SDoH: social determinants of health; UM: utilization management; LTSS: long-term services and support.

## UHC One Care Response to Previous EQR Recommendations

UHC One Care joined MassHealth’s One Care program in 2022 and was not included in the prior EQR technical report.

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

**Table 38** highlight each One Care Plan’s performance strengths, opportunities for improvement, follow-up on prior EQRO recommendations, and this year’s recommendations based on the aggregated results of CY 2022 EQR activities as they relate to **quality, timeliness, and access**.

**Table 37: Strengths, Opportunities for Improvement, and EQR Recommendations for All One Care Plans**

One Care Plan	Strengths	Weaknesses	Recommendations	Standards
Performance improvement projects				
CCA One Care				
PIP 1: Care Planning – Baseline Report	<p>Several interdisciplinary teams working collaboratively and proactively toward a common goal.</p> <p>CCA’s Uncommon Care<sup>®</sup>, its providers and care team’s commitment to the health and well-being of members and the communities it serves.</p> <p>CCA’s focused and individualized relationships with its members, which allows for impactful feedback as well as overall increased opportunity for engagement.</p> <p>CCA’s robust clinical training programs, and the investment in them.</p> <p>Evolution and potential of Robotic Process Automation when identified as meaningful and appropriate.</p>	No strategies for assisting members who resist cancer screening due to cultural or linguistic barriers.	Recommendation for PIP 1: Other than staff training in cultural competency and staff diversity, CCA presented no strategies for assisting members who resist cancer screening due to cultural or linguistic barriers. The EQRO recommended that CCA develop coaching scripts for care managers (CMs) that specifically anticipate barriers that a member may experience due to cultural or linguistic biases.	Quality, Timeliness, Access

One Care Plan	Strengths	Weaknesses	Recommendations	Standards
PIP 2: Flu – Remeasurement Report	There were no strengths identified.	The population analysis was presented in one PDF file that was difficult to read.	Recommendation for PIP 2: The EQRO also noted that CCA’s population analysis, which was extensive and multidimensional, was presented in one PDF file that was difficult to read. In future reporting, the EQRO recommended that CCA reports its population analysis on a Microsoft Excel spreadsheet.	Quality, Timeliness
Tufts Health Unify				
PIP 1: FUH – Baseline Report	<p>Individualized care for members.</p> <p>Collaboration with facilities to improve discharge planning.</p> <p>Specific supports to address members with SDoH needs.</p> <p>Providing continued supports after initial discharge to potentially avoid unnecessary future hospitalizations.</p>	Provided only an overview of the strategies it will use with its community-based provider network.	<p>Recommendation for PIP 1: The EQRO recommended that Tufts Health Unify explain in greater detail the strategies it will use with its community-based provider network to improve providers’ responsiveness to members who may not traditionally access professional behavioral health services due to members’ negative biases based upon cultural beliefs.</p> <p>Recommendation for PIP 1: Tufts Health Unify listed several strengths and challenges for this PIP, all of which are reasonable given the project goals. The EQRO recommended that Tufts Health Unify and Cityblock Health (CBH) address the challenges cited in its intervention strategies.</p>	
PIP 2: Flu – Remeasurement Report	There were no strengths identified.	Did not address the challenges cited in its intervention strategies.	None.	Quality, Timeliness
UHC Connected				
PIP 1: Flu – Planning Report	There were no strengths identified.	There were no weaknesses identified.	None.	Quality, Timeliness
Performance measures				
CCA One Care				
HEDIS measures	<p>CCA One Care demonstrated compliance with IS standards. No issues were identified.</p> <p>The HEDIS rates for the following two measures were above the 90<sup>th</sup> national</p>	<p>CCA One Care HEDIS rates were below the 25<sup>th</sup> national Medicaid Quality Compass percentile for the following measures:</p> <ul style="list-style-type: none"> <li>Influenza Vaccination</li> <li>Comprehensive Diabetes Care: A1c Poor Control</li> </ul>	CCA One Care 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

One Care Plan	Strengths	Weaknesses	Recommendations	Standards
	<p>Medicare Quality Compass percentile:</p> <ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness (30 days)</li> <li>Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment</li> </ul>	<p>CCA One Care HEDIS rates were below the 25<sup>th</sup> national Medicare Quality Compass percentile for the following measures:</p> <ul style="list-style-type: none"> <li>Influenza Vaccination</li> <li>Controlling High Blood Pressure</li> <li>Comprehensive Diabetes Care: A1c Poor Control (lower is better)</li> </ul>		
Tufts Health Unify				
HEDIS measures	<p>Tufts Health Unify demonstrated compliance with IS standards. No issues were identified.</p> <p>The HEDIS rates for the following two measures were above the 90<sup>th</sup> national Medicare Quality Compass percentile:</p> <ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness (30 days)</li> <li>Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment</li> </ul>	<p>Tufts Health Unify HEDIS rates were below the 25<sup>th</sup> national Medicaid Quality Compass percentile for the following measures:</p> <ul style="list-style-type: none"> <li>Influenza Vaccination</li> <li>Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment</li> </ul> <p>Tufts Health Unify HEDIS rates were below the 25<sup>th</sup> national Medicare Quality Compass percentile for the following measures:</p> <ul style="list-style-type: none"> <li>Influenza Vaccination</li> <li>Controlling High Blood Pressure</li> <li>Comprehensive Diabetes Care: A1c Poor Control (lower is better)</li> </ul>	<p>Tufts Health Unify 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>

One Care Plan	Strengths	Weaknesses	Recommendations	Standards
UHC Connected				
HEDIS measures	<p>UHC Connected demonstrated compliance with IS standards. No issues were identified.</p> <p>The Controlling High Blood Pressure HEDIS rate was above the 90<sup>th</sup> national Medicaid Quality Compass percentile.</p>	UHC Connected did not report HEDIS rates, except for one.	UHC Connected should report rates for all HEDIS measures.	Quality, Timeliness, Access
Compliance review				
CCA One Care	<p>CCA performed best overall and the highest in most compliance review standards when compared to its competitor One Care Plan.</p> <p>CCA was found to be the highest performing One Care Plan in terms of fidelity to its model of care, innovation of care, and service delivery to meet the needs of its membership.</p> <p>CCA demonstrated a highly data-driven quality program. The review found CCA to have a comprehensive understanding of its One Care Enrollees' needs, with most Enrollees having either a physical or behavioral health disability, or both, who touch the health care system every day.</p>	Prior recommendations were addressed.	None.	Quality, Timeliness, Access

One Care Plan	Strengths	Weaknesses	Recommendations	Standards
	<p>CCA excelled in its service delivery of care, services, and overall quality program. The review noted CCA's Complex Transitional Care Program aimed at hospital care transitions for enrollees with complex care needs and the instED program, which provides a mobile integrated health solution for Enrollees with urgent care needs, as examples of innovation as well as success.</p>			
<p>Tufts Health Unify</p>	<p>The review found that, in 2019, Tufts worked to consolidate some of its utilization management functions that had been previously managed by care management into its utilization management team. In addition, efforts were made to better align behavioral health activities with behavioral health clinical expertise. The consolidations may better position Tufts to manage coverage determinations more efficiently and consistently and may improve the management of One Care members with behavioral health needs.</p> <p>The review revealed that one of Tufts' greatest strengths is</p>	<p>Prior recommendations were addressed.</p>	<p>None.</p>	<p>Quality, Timeliness, Access</p>

One Care Plan	Strengths	Weaknesses	Recommendations	Standards
	<p>its focus on person-centered care. This focus spanned functional areas across the organization. Tufts demonstrated a good effort to ensure that Enrollees had access to long-term services and supports. Tufts incorporated the use of a survey to better assess services provided by the Aging Services Access Points (ASAPs), identified deficiencies, and collaboratively worked with vendors to address areas of concern.</p> <p>The EQRO noted that Tufts credentialing manual is a best practice which aligns with Tufts high performance in the area of Provider Selection.</p> <p>Tufts identified and incorporated the use of some creative resources to engage and outreach Enrollees. In addition, Tufts developed its own member satisfaction survey to obtain member experience information since it identified limitations with using national CAHPS surveys. These activities demonstrate Tufts' focus on enhancing service delivery specific to the needs of the One Care population.</p>			

One Care Plan	Strengths	Weaknesses	Recommendations	Standards
UHC Connected	Not applicable.	Not applicable.	Not applicable.	Quality, Timeliness, Access
Network adequacy				
CCA One Care	CCA One Care enrollees reside in 12 counties. CCA One Care demonstrated adequate networks for 65 out of 71 provider types in all its counties.	<p>Access was assessed for a total of 71 provider types. CCA One Care had deficient networks for six provider types:</p> <ul style="list-style-type: none"> <li>• Adult Foster Care</li> <li>• Group Adult Foster Care</li> <li>• Orthotics and Prosthetics</li> <li>• Oxygen and Respiratory Equipment</li> <li>• Personal Care Assistant</li> <li>• Rehabilitation Hospital</li> </ul>	<p>CCA One Care should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness
Tufts Health Unify	Tufts Health Unify enrollees reside in eight counties. Tufts Health Unify demonstrated adequate networks for 45 out of 71 provider types in all its counties.	<p>Access was assessed for a total of 71 provider types. Tufts Health Unify had deficient networks for 26 provider types:</p> <ul style="list-style-type: none"> <li>• Allergy and Immunology</li> <li>• Neurosurgery</li> <li>• Oncology Radiation/Radiation Oncology</li> <li>• Plastic Surgery</li> <li>• Nursing Facility</li> <li>• Emergency Services Program</li> <li>• Community Crisis Stabilization</li> <li>• Community Support Program</li> <li>• Monitored Inpatient (Level 3.7)</li> <li>• Program of Assertive Community Treatment</li> <li>• Psychiatric Day Treatment</li> <li>• Recovery Coaching</li> <li>• Recovery Support Navigators</li> <li>• RRS for SUD (Level 3.1)</li> <li>• Adult Day Health</li> </ul>	<p>Tufts Health Unify should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness



One Care Plan	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> <li>• Adult Foster Care</li> <li>• Day Habilitation</li> <li>• Day Services</li> <li>• Group Adult Foster Care</li> <li>• Hospice</li> <li>• Occupational Therapy</li> <li>• Orthotics and Prosthetics</li> <li>• Oxygen and Respiratory Equipment</li> <li>• Personal Care Assistant</li> <li>• Speech Therapy</li> <li>• Rehabilitation Hospital</li> </ul>		
UHC Connected	UHC Connected enrollees reside in 10 counties. UHC Connected demonstrated adequate networks for 49 out of 71 provider types in all its counties.	<p>Access was assessed for a total of 71 provider types. UHC Connected had deficient networks for 22 provider types:</p> <ul style="list-style-type: none"> <li>• Psychiatry</li> <li>• Nursing Facility</li> <li>• Acute Inpatient Hospital</li> <li>• Emergency Services Program</li> <li>• Community Crisis Stabilization</li> <li>• Intensive Outpatient Program</li> <li>• Monitored Inpatient (Level 3.7)</li> <li>• Partial Hospitalization Program</li> <li>• Program of Assertive Community Treatment</li> <li>• Psychiatric Day Treatment</li> <li>• RRS for SUD (Level 3.1)</li> <li>• Structured Outpatient Addiction Program</li> <li>• Adult Day Health</li> <li>• Adult Foster Care</li> <li>• Day Habilitation</li> <li>• Day Services</li> <li>• Group Adult Foster Care</li> </ul>	<p>UHC Connected should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness

One Care Plan	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> <li>• Occupational Therapy</li> <li>• Oxygen and Respiratory Equipment</li> <li>• Personal Care Assistant</li> <li>• Speech Therapy</li> <li>• Rehabilitation Hospital</li> </ul>		
Quality-of-care surveys				
CCA One Care	CCA One Care scores above the Medicare Advantage 2022 FFS mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> <li>• Getting Appointments and Care Quickly</li> <li>• Rating of Health Plan</li> <li>• Customer Service</li> </ul>	CCA One Care scored below the Medicare Advantage 2022 FFS mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> <li>• Getting Needed Care</li> <li>• Care Coordination</li> <li>• Annual Flu Vaccine</li> </ul>	CCA One Care should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
Tufts Health Unify	CCA One Care scores above the Medicare Advantage 2022 FFS mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> <li>• Rating of Health Plan</li> <li>• Customer Service</li> </ul>	Tufts Health Unify scored below the Medicare Advantage 2022 FFS mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> <li>• Getting Needed Care</li> <li>• Getting Appointments and Care Quickly</li> <li>• Annual Flu Vaccine</li> </ul>	Tufts Health Unify should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
UHC Connected	Not applicable.	Not applicable.	Not applicable.	Quality, Timeliness, Access

EQR: external quality review; PIP: performance improvement project; EQRO: external quality review organization; SDoH: social determinants of health; IS: information systems; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; RRS for SUD: Residential Rehabilitation Services for Substance Use Disorder; MA-PD: Medicare Advantage Prescription Drug; FFS: fee-for-service; FUH: Follow-Up After Hospitalization for Mental Illness.

## X. Required Elements in EQR Technical Report

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

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

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

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

Elements required in EQR technical report, including the requirements for the PIP validation, PMV, and review of compliance activities, are listed in the **Table 38**.

**Table 38: 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 <b>Appendix B, Table B1</b> .
<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 One Care Plan are summarized in <b>Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations</b> .
<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 <b>Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations</b> for a chart outlining each One Care Plan’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 One Care Plan are included in each EQR activity section ( <b>Sections III–VII</b> ) and in <b>Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations</b> .

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 <b>Section I, High-Level Program Findings and Recommendations</b> , as well as when discussing strengths and weaknesses of a One Care Plan 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 One Care Plans is included across the report in each EQR activity section ( <b>Sections III–VII</b> ) and in <b>Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations</b>
<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 <b>Section VIII. MCP Responses to the Previous EQR Recommendations</b> for the prior year findings and the assessment of each One Care Plan’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 <b>Section III</b> .
<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 <b>Section III</b> .
<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 One Care Plan’s performance measures; see <b>Section IV</b> .
<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>	This report includes information on a review, conducted in 2020, to determine each MCPs compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i> ; see <b>Section V</b> .

## XI. Appendix A – MassHealth Quality Goals and Objectives

**Table A1: MassHealth Quality Strategy Goals and Objectives**

MassHealth Quality Strategy Goals and Objectives	
<b>Goal 1</b>	<b>Promote better care:</b> 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
<b>Goal 2</b>	<b>Promote equitable care:</b> 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
<b>Goal 3</b>	<b>Make care more value-based:</b> 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
<b>Goal 4</b>	<b>Promote person and family-centered care:</b> 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
<b>Goal 5</b>	<b>Improve care through better integration,</b> 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"> <li>• Population: Managed care eligible Medicaid members under 65 years of age.</li> <li>• Managed Care Authority: 1115 Demonstration Waiver.</li> </ul>	<ol style="list-style-type: none"> <li>1. AllWays Health Partners, Inc &amp; Merrimack Valley ACO</li> <li>2. Boston Medical Center Health Plan &amp; Boston Accountable Care Organization, WellSense Community Alliance ACO</li> <li>3. Boston Medical Center Health Plan &amp; Mercy Health Accountable Care Organization, WellSense Mercy Alliance ACO</li> <li>4. Boston Medical Center Health Plan &amp; Signature Healthcare Corporation, WellSense Signature Alliance ACO</li> <li>5. Boston Medical Center Health Plan &amp; Southcoast Health Network, WellSense Southcoast Alliance ACO</li> <li>6. Fallon Community Health Plan &amp; Health Collaborative of the Berkshires</li> <li>7. Fallon Community Health Plan &amp; Reliant Medical Group (Fallon 365 Care)</li> <li>8. Fallon Community Health Plan &amp; Wellforce</li> <li>9. Health New England &amp; Baystate Health Care Alliance, Be Healthy Partnership</li> <li>10. Tufts Health Public Plan &amp; Atrius Health</li> <li>11. Tufts Health Public Plan &amp; Boston Children's Health Accountable Care Organization</li> <li>12. Tufts Health Public Plan &amp; Beth Israel Deaconess Care Organization</li> <li>13. Tufts Health Public Plan &amp; Cambridge Health Alliance</li> </ol>
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"> <li>• Population: Managed care eligible Medicaid members under 65 years of age.</li> <li>• Managed Care Authority: 1115 Demonstration Waiver.</li> </ul>	<ol style="list-style-type: none"> <li>1. Community Care Cooperative</li> <li>2. Mass General Brigham</li> <li>3. Steward Health Choice</li> </ol>

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"> <li>Population: Managed care eligible Medicaid members under 65 years of age.</li> <li>Managed Care Authority: 1115 Demonstration Waiver.</li> </ul>	<ol style="list-style-type: none"> <li>Boston Medical Center HealthNet Plan (WellSense)</li> <li>Tufts Health Together</li> </ol>
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"> <li>Population: Managed care eligible Medicaid members under 65 years of age.</li> <li>Managed Care Authority: 1115 Demonstration Waiver.</li> </ul>	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"> <li>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.</li> <li>Managed Care Authority: 1115 Demonstration Waiver.</li> </ul>	MBHP (or managed behavioral health vendor: Beacon Health Options)
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"> <li>Population: Dual-eligible Medicaid members aged 21–64 years at the time of enrollment with MassHealth and Medicare coverage.</li> </ul>	<ol style="list-style-type: none"> <li>Commonwealth Care Alliance</li> <li>Tufts Health Plan Unify</li> <li>UnitedHealthcare Connected for One Care</li> </ol>

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	<ul style="list-style-type: none"> <li>Managed Care Authority: Financial Alignment Initiative Demonstration.</li> </ul>	
Senior care option (SCO)	<p>Medicare Fully Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs) with companion Medicaid managed care plans providing medical, behavioral health, and long-term, social, and geriatric support services, as well as respite care.</p> <ul style="list-style-type: none"> <li>Population: Medicaid members over 65 years of age and dual-eligible members over 65 years of age.</li> <li>Managed Care Authority: 1915(a) Waiver/1915(c) Waiver.</li> </ul>	<ol style="list-style-type: none"> <li>Boston Medical Center HealthNet Plan Senior Care Option</li> <li>Commonwealth Care Alliance</li> <li>NaviCare (HMO) Fallon Health</li> <li>Senior Whole Health by Molina</li> <li>Tufts Health Plan Senior Care Option</li> <li>UnitedHealthcare Senior Care Options</li> </ol>



### XIII. Appendix C – MassHealth Quality Measures

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

Measure Steward	Acronym	Measure Name	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
EOHHS	N/A	Acute Unplanned Admissions for Individuals with Diabetes	X	X				1.2, 3.1, 5.2
NCQA	AMM	Antidepressant Medication Management – Acute and Continuation			X		X	1.2, 3.4, 5.1, 5.2
NCQA	AMR	Asthma Medication Ratio	X	X				1.1, 1.2, 3.1
EOHHS	BH CP Engagement	Behavioral Health Community Partner Engagement	X	X				1.1, 1.3, 2.3, 3.1, 5.2, 5.3
NCQA	COA	Care for Older Adult – All Submeasures			X			1.1, 3.4, 4.1
NCQA	CIS	Childhood Immunization Status	X	X				1.1, 3.1
NCQA	COL	Colorectal Cancer Screening			X			1.1., 2.2, 3.4
EOHHS	CT	Community Tenure	X	X				1.3, 2.3, 3.1, 5.1, 5.2
NCQA	CDC	Comprehensive Diabetes Care: A1c Poor Control	X	X		X	X	1.1, 1.2, 3.4
NCQA	CBP	Controlling High Blood Pressure	X	X	X	X		1.1, 1.2, 2.2
NCQA	DRR	Depression Remission or Response	X					1.1, 3.1, 5.1
NCQA	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications					X	1.2, 3.4, 5.1, 5.2
EOHHS	ED SMI	Emergency Department Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions	X	X				1.2, 3.1, 5.1–5.3
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (30 days)			X		X	3.4, 5.1–5.3
NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	X	X			X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (30 days)			X	X	X	3.4, 5.1–5.3
NCQA	FUH	Follow-Up After Hospitalization for Mental Illness (7 days)	X	X	X		X	3.4, 5.1–5.3
NCQA	ADD	Follow-up for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (HEDIS)					X	1.2, 3.4, 5.1, 5.2

Measure Steward	Acronym	Measure Name	ACPP/ PC ACO	MCO	SCO	One Care	MBHP	MassHealth Goals/Objectives
EOHHS	HRSN	Health-Related Social Needs Screening	X					1.3, 2.1, 2.3, 3.1, 4.1
NCQA	IMA	Immunizations for Adolescents	X	X				1.1, 3.1
NCQA	FVA	Influenza Immunization				X		1.1, 3.4
MA-PD CAHPs	FVO	Influenza Immunization			X			1.1, 3.4, 4.2
NCQA	IET – Initiation/Engagement	Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment – Initiation and Engagement Total	X	X	X	X	X	1.2, 3.4, 5.1–5.3
EOHHS	LTSS CP Engagement	Long-Term Services and Supports Community Partner Engagement	X	X				1.1, 1.3, 2.3, 3.1, 5.2
NCQA	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	X	X			X	1.2, 3.4, 5.1, 5.2
ADA DQA	OHE	Oral Health Evaluation	X	X				1.1, 3.1
NCQA	OMW	Osteoporosis Management in Women Who Had a Fracture			X			1.2, 3.4, 5.1
NCQA	PBH	Persistence of Beta-Blocker Treatment after Heart Attack			X			1.1, 1.2, 3.4
NCQA	PCE	Pharmacotherapy Management of COPD Exacerbation			X			1.1, 1.2, 3.4
NCQA	PCR	Plan All Cause Readmission	X	X	X	X		1.2, 3.4, 5.1, 5.2
NCQA	DDE	Potentially Harmful Drug – Disease Interactions in Older Adults			X			1.2, 3.4, 5.1
CMS	CDF	Screening for Depression and Follow-Up Plan	X					1.1, 3.1, 5.1, 5.2
NCQA	PPC – Timeliness	Timeliness of Prenatal Care	X	X				1.1, 2.1, 3.1
NCQA	TRC	Transitions of Care – All Submeasures			X			1.2, 3.4, 5.1
NCQA	DAE	Use of High-Risk Medications in the Older Adults			X			1.2, 3.4, 5.1
NCQA	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD			X			1.2, 3.4