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External Quality Review Primary Care Accountable Care Organizations Annual Technical Report, Calendar Year 2024



Commonwealth of Massachusetts
Executive Office of Health and
Human Services

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I. Executive Summary

Primary Care Accountable Care Organizations

External quality review (EQR) is the evaluation and validation of information about quality of, timeliness of, and access to health care services furnished to Medicaid enrollees. The objective of the EQR is to improve states' ability to oversee managed care plans (MCPs) and to help MCPs improve their performance. This annual technical report describes the results of the EQR for primary care accountable care organizations (PC ACOs) that furnish health care services to Medicaid enrollees in Massachusetts.

During calendar year (CY) 2024, Massachusetts's Medicaid program (known as "MassHealth"), administered by the Massachusetts Executive Office of Health and Human Services (EOHHS), contracted with two PC ACO plans.

PC ACOs are health plans consisting of groups of primary care providers (PCPs) who contract directly with MassHealth to provide integrated and coordinated care. A PC ACO functions as an ACO and a primary care case management (PCCM) entity. In contrast to accountable care partnership plans (ACPPs), a PC ACO does not partner with just one health plan. Instead, PC ACOs use the MassHealth network of specialists and hospitals. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership (MBHP). MassHealth's PC ACOs are listed in **Table 1**.

Table 1: MassHealth's PC ACOs

PC ACO	Abbreviation Used in the Report	Members as of December 31, 2024	Percent of Total PC ACO Population
Community Care Cooperative	C3 ACO	191,266	69.29%
Revere Medical	Revere ACO	84,787	30.71%
All PC ACOs	Total	276,053	100.00%

PC ACO: primary care accountable care organization.

The **Community Care Cooperative (C3 ACO)** is an ACO that serves 191,266 MassHealth enrollees. C3 ACO was formed in 2016 by leaders from nine federally qualified health centers. Today, the PC ACO is comprised of 15 federally qualified health centers and is the only ACO in Massachusetts founded by and governed by federally qualified health centers. C3 ACO serves diverse and underserved populations across the entire state.¹

The **Revere Medical (Revere ACO)** is an ACO that serves 84,787 MassHealth enrollees. Revere Medical was previously known as Steward Health Choice but changed names following the sale of the Steward health Care physician network to Rural Healthcare Group in 2024.

Purpose of Report

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

¹ MassHealth Community Care Cooperative, Inc. Available at [Community Care Cooperative, Inc. | Mass.gov](https://www.mass.gov/info-details/masshealth-community-care-cooperative-inc).

Scope of EQR Activities

MassHealth contracted with IPRO, an external quality review organization (EQRO), to conduct mandatory EQR activities for its PC ACOs. As a type of a PCCM arrangement, PC ACOs are subject to two mandatory EQR activities. As set forth in *Title 42 CFR § 438.358 Activities related to external quality review(b)(1)*, these activities are:

- (i) **CMS Mandatory Protocol 2: Validation of Performance Measures** – This activity assesses the accuracy of performance measures reported for each PC ACO and determines the extent to which the rates calculated for the PC ACOs follow state specifications and reporting requirements.
- (ii) **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP² Managed Care Regulations** – This activity determines PC ACO’s compliance with its contract and with state and federal regulations.

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 PC ACOs’ performance strengths and opportunities for improvement.

Both mandatory EQR activities were conducted in accordance with Centers for Medicare and Medicaid Services (CMS) EQR protocols. CMS defined *validation* in *Title 42 CFR § 438.320 Definitions* as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”

High-Level Program Findings

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

IPRO used the analyses and evaluations of CY 2024 EQR activity findings to assess the performance of MassHealth’s PC ACOs in providing quality, timely, and accessible health care services to Medicaid members. The individual PC ACOs 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 PC ACO 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 PC ACO 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 PC ACO 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.

² Children’s Health Insurance Program.

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.

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

Opportunities for Improvement:

Not applicable.

General Recommendations for MassHealth:

None at this time.

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

Performance Improvement Projects

MassHealth selected topics for its performance improvement projects (PIPs) in alignment with the quality strategy goals and objectives. As a PCCM entity, PC ACOs were not subject to the validation of PIPs..

Performance Measure Validation

IPRO validated the accuracy of performance measures and evaluated the state of health care quality in the PC ACO program. PC ACOs are evaluated on a set of Healthcare Effectiveness Data and Information Set (HEDIS®) measures and state-specific measures. HEDIS rates are calculated by each PC ACO and reported to the state. During measurement year (MY) 2023, the slate of state-specific measures included measures of members' experiences with care, which were collected via the Primary Care Member Experience Survey (PC MES) conducted by MassHealth, and the Screening for Depression and Follow-up Plan measure calculated by MassHealth's vendor, Telligen®.

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.

IPRO conducted performance measure validation to assess the accuracy of PC ACO performance measures and to determine the extent to which all performance measures follow MassHealth's specifications and reporting requirements. IPRO found that the data and processes used to produce HEDIS and state-specific rates for the PC ACOs were fully compliant with all applicable NCQA information system standards.

When compared to the goal benchmark the statewide scores were above the goal for the following member experience of care measures:

- Communication Adult: 92.87% (> Goal)

- Communication Child: 95.65% (> Goal)
- Integration of Care Adult: 85.09% (> Goal)
- Knowledge of Patient Adult: 86.45% (>Goal)

Opportunities for Improvement:

IPRO found that the provider specialty mapping process was broad and included a wide range of specialists mapped to primary care. This process requires improvement, so that reported rates are not potentially inflated. The membership file received by MassHealth has the race and ethnicity data in one single field. Currently, data are not available to report measures that require race and ethnicity stratification.

It was identified that MassHealth's sampling methodology did not include a sufficient oversample of members to replace members that met exclusion criteria for the Screening for Depression and Follow-up Plan measure. Caution should be used when comparing the rates of the two PC ACOs for the Screening for Depression and Follow-up Plan measure since they both have different sample sizes.

When IPRO compared the HEDIS measure rates to the NCQA Quality Compass® New England Regional Percentiles, performance varied across measures with the opportunities for improvement in the following areas:

- Follow-up After Hospitalization for Mental Illness (7 days): Both PC ACOs and their statewide weighted mean were below the 25th percentile, signaling an area for improvement.
- Timeliness of Prenatal Care: C3 ACO and the PC ACO statewide weighted mean were below the 25th percentile, signaling an area for improvement.
- Postpartum Care: C3 ACO and the PC ACO statewide weighted mean were below the 25th percentile, also signaling an area for improvement.

When compared to the goal benchmark, the statewide scores were below the goal for the following measures:

- Willingness to Recommend Adult: 87.45% (< Goal)
- Willingness to Recommend Child: 91.26% (< Goal)
- Integration of Care Child: 85.24% (< Goal)
- Knowledge of Patient Child: 89.40% (< Goal)
- Screening for Depression and Follow-up Plan: 50.54% (< Goal)

General Recommendations for MassHealth:

- *Recommendation towards better provider specialty mapping process* – MassHealth should improve the processes for provider specialty mapping.
- *Recommendation towards a process for obtaining separate race and ethnicity data* – MassHealth should implement processes to obtain race and ethnicity data so that measures that require race and ethnicity stratification can be reported
- *Recommendation towards better hybrid measure sampling methodology* – MassHealth should update the hybrid measure sampling methodology to include a larger oversample of members to account for members that are removed from the hybrid sample for exclusions.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the quality measures data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions.

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

Compliance Review

IPRO evaluated the compliance of PC ACOs with Medicaid and CHIP managed care regulations, as well as with the MassHealth contract.

Strengths:

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

MassHealth established contractual requirements that encompass nine compliance review domains consistent with CMS regulations. This includes regulations that ensure enrollee rights and protections and coordination and continuity of care, as well as address grievances and monitor the quality of healthcare services provided by MCPs. MassHealth collaborates with MCPs to identify areas for improvement, and MCPs actively engage in performance improvement initiatives.

MassHealth monitors MCP's compliance with contractual obligations via regular audits, reviews, and reporting requirements. PC ACOs undergo compliance reviews every three years. The next compliance review will be conducted in contract year 2027.

The validation of PC ACO conducted in CY 2024 demonstrated PC ACOs commitment to their members, as well as strong operations. Of the nine areas of review, both C3 and Revere ACOs achieved 100% compliance in the following areas: Disenrollment Requirements and Limitations, Enrollee Rights and Protections, Confidentiality, and Subcontractual Relationships and Delegation.

Weaknesses:

Gaps were identified in the areas of Quality Assurance and Performance Improvement (QAPI) program (Revere ACO: 84% compliance, C3 ACO: 96% compliance), Health Information Systems (C3 ACO: 96% compliance) and Grievance and Appeal Systems (Seward ACO: 92% compliance).

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

Additionally, the PC ACO requirements have recently been updated, and it appears that the plans may not fully understand all of their obligations under these new guidelines. Establishing ongoing technical assistance could help ensure that all plans are well-informed and compliant.

General Recommendations for MassHealth:

- *Recommendation towards better policy documentation* – To encourage consistent practices and compliance with MassHealth standards, MassHealth should require MCPs to establish and maintain well-defined policies and procedures. Additionally, establishing ongoing technical assistance could help ensure that all plans are well-informed and compliant.

PC ACO-specific results for compliance with Medicaid and CHIP managed care regulations are provided in **Section IV** 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 surveys ACO and MCO members about their experiences with PCPs using the PC MES, developed based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey (CG-CAHPS). Similar to CG-CAHPS, the PC MES survey asks members to report on their experiences with providers and staff in physician practices and groups.

MassHealth is contractually allowed to administer patient experience survey to evaluate PC ACOs enrollees' experience with PCP providers participating in the MassHealth's ACO program.

MassHealth uses the survey results to assess ACO and MCOs performance. Four adult and four child member experience measures (Communication, Willingness to Recommend, Integration of Care, and Knowledge of Patient) are included in the calculation of the ACOs' quality score impacting a portion of the savings that ACOs and MCOs earn.

Opportunities for Improvement:

Goal benchmarks have been established for only the four member experience measures that are tied to value-based payment. Without benchmarks, it becomes challenging to assess an ACO or MCO's performance and identify areas that need improvement. IPRO compared PC ACO adult and child PC MES results to statewide scores calculated for all ACOs and MCOs.. However, while comparing individual ACO or MCO performance to the statewide performance offers some insights, it is not enough for a comprehensive evaluation.

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

The PC MES survey does not adhere to CMS technical specifications for the mandatory reporting of the CAHPS Health Plan Survey 5.1H Child Version (CPC-CH) measure. To adhere to Medicaid Child Core Set reporting guidance issued by CMS, MassHealth would need to follow the HEDIS protocol and ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in the state reporting of the child CAHPS Health Plan survey measure. This includes children enrolled in multiple delivery systems, like managed care, PCCM, and fee-for-service.³ Child Core Set reporting is mandatory beginning with FFY 2024 reporting.

General Recommendations for MassHealth:

- *Recommendation towards an effective evaluation of performance on member experience measures* – IPRO recommends establishing benchmarks for all member experience measures to enhance the effectiveness of performance evaluation and support continuous quality improvement.
- *Recommendation towards sharing information about member experiences* – IPRO recommends that MassHealth publish summary results from member experience surveys on the MassHealth Quality Reports and Resources website and make the results available to MassHealth enrollees.
- *Recommendation towards adhering to CMS Child Core Set reporting guidance* – To adhere to Medicaid Child Core Set reporting guidance issued by CMS, MassHealth would need to follow the HEDIS protocol and ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in the state reporting of the child CAHPS Health Plan survey measure. This includes children enrolled in multiple delivery systems, like managed care, primary care case management, and fee for service.

PC-ACO-specific results for member experience of care surveys are provided in **Section V** of this report.

³ Child Core Set. Technical Specifications and Resource Manual for FFY 2024 Reporting. January 2024. Appendix E: Guidance for Conducting the Child CAHPS Health Plan Survey 5.1H (page E-4). Available at: [Core Set of Children's Health Care Quality Measures for Medicaid and CHIP \(Child Core Set\) Technical Specifications and Resource Manual for Federal Fiscal Year 2024 Reporting](#).

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

EQR Recommendations for MassHealth

Here is a summary of all recommendations for MassHealth:

- *Recommendation towards better provider specialty mapping process* – MassHealth should improve the processes for provider specialty mapping.
- *Recommendation towards a process for obtaining separate race and ethnicity data* – MassHealth should implement processes to obtain race and ethnicity data so that measures that require race and ethnicity stratification can be reported.
- *Recommendation towards better hybrid measure sampling methodology* – MassHealth should update the hybrid measure sampling methodology to include a larger oversample of members to account for members that are removed from the hybrid sample for exclusions.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the quality measures data and report findings to support the development of relevant major initiatives, quality improvement strategies, and interventions.
- *Recommendation towards better policy documentation* – To encourage consistent practices and compliance with MassHealth standards, MassHealth should require MCPs to establish and maintain well-defined policies and procedures. Additionally, establishing ongoing technical assistance could help ensure that all plans are well-informed and compliant.
- *Recommendation towards an effective evaluation of performance on member experience measures* – IPRO recommends establishing benchmarks for all member experience measures to enhance the effectiveness of performance evaluation and support continuous quality improvement.
- *Recommendation towards sharing information about member experiences* – IPRO recommends that MassHealth publish summary results from member experience surveys on the MassHealth Quality Reports and Resources website and make the results available to MassHealth enrollees.
- *Recommendation towards adhering to CMS Child Core Set reporting guidance* – To adhere to Medicaid Child Core Set reporting guidance issued by CMS, MassHealth would need to follow the HEDIS protocol and ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in the state reporting of the child CAHPS Health Plan survey measure. This includes children enrolled in multiple delivery systems, like managed care, PCCM, and fee-for-service.

EQR Recommendations for PC ACOs

PC-ACO-specific recommendations related to **quality** of, **timeliness** of, and **access** to care are provided in **Section VII** of this report.

II. Massachusetts Medicaid Managed Care Program

Managed Care in Massachusetts

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

MassHealth's mission is to improve the health outcomes of its members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. MassHealth covers over 2 million residents in Massachusetts, approximately 30% of the state's population.⁴

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 long-term services and support (LTSS). In addition, MassHealth offers specialized programs for certain populations, such as seniors, people with disabilities, and pregnant women.

MassHealth Medicaid Quality Strategy

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

MassHealth has implemented a comprehensive Medicaid quality strategy to improve the quality of health care for its members. The quality strategy is comprehensive, as it guides quality improvement of services delivered to all MassHealth members, including managed care and fee-for-service populations. MassHealth's strategic goals are listed in **Table 2**.

Table 2: MassHealth's Strategic Goals

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

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

⁴ [MassHealth 2022 Comprehensive Quality Strategy \(mass.gov\)](https://www.mass.gov/info-details/masshealth-2022-comprehensive-quality-strategy)

MassHealth Managed Care Programs

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

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

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

Quality Metrics

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

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

⁵ Massachusetts Behavioral Health Partnership. Available at: <https://www.masspartnership.com/index.aspx>.

⁶ One Care Facts and Features. Available at: <https://www.mass.gov/doc/one-care-facts-and-features-brochure/download>.

⁷ Senior Care Options (SCO) Overview. Available at: <https://www.mass.gov/service-details/senior-care-options-sco-overview>.

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

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

Performance Improvement Projects

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

Member Experience of Care Surveys

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

For members enrolled in an ACPP, an MCO, a PC ACO, and the PCCP, MassHealth conducts an annual survey adapted from 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 at least biennially.

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 substance use disorder (SUD) services.

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

Roadmap for Behavioral Health

Another MassHealth initiative that supports the goals of the quality strategy is the five-year roadmap for behavioral health reform that was released in 2021. Key components of implementing this initiative include the integration of behavioral health in primary care, community-based alternatives to emergency department for crisis interventions, and the creation of the 24-7 Behavioral Health Help Line that became available in 2023. The Behavioral Health Help Line is free and available to all Massachusetts residents.⁸

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

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

Evaluation Process

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

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

Findings

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

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

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

Methodology

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

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

⁸ Behavioral Health Help Line FAQ. Available at: [Behavioral Health Help Line \(BHHL\) FAQ | Mass.gov](#).

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

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

EQR Recommendations

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

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

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

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

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

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

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

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

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

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

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

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

III. Validation of Performance Measures

Objectives

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

Technical Methods of Data Collection and Analysis

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

MassHealth evaluates PC ACO quality performance on a slate of measures that includes HEDIS and non-HEDIS measures. All PC ACO performance measures were calculated by MassHealth's vendor, Telligen. Telligen subcontracted with SS&C Health, an NCQA-certified vendor, to produce both HEDIS and non-HEDIS measures rates for all PC ACOs.

MassHealth adjudicates claims for the PC ACOs and receives encounter data from a behavioral health vendor (MBHP) for members enrolled in the PC ACOs. MassHealth provided Telligen with PC ACO's claims and encounter data files on a quarterly basis through a comprehensive data file extract referred to as the mega-data extract. Telligen extracted and transformed the data elements necessary for measure rate calculation.

Additionally, Telligen collected and transformed supplemental data received from individual PC ACOs to support rate calculation. Telligen also used SS&C Health's clinical data collection tool, Clinical Repository, to collect PC-ACO–abstracted medical record data for hybrid measures. SS&C Health integrated the administrative data with the abstracted medical record data to generate the final rates for the PC ACO hybrid measures.

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

For the non-HEDIS measure rates, source code review was conducted with SS&C Health to ensure compliance with the measure specifications when calculating measures rates. For the HEDIS measures, the NCQA measure certification was accepted in lieu of source code review because SS&C Health used its HEDIS-certified measures software (CareAnalyzer®) to calculate final HEDIS rates.

For measures that use the hybrid method of data collection (i.e., administrative, and medical record data), IPRO conducted medical record review validation. Each PC ACO provided charts for sample records to confirm that the PC ACOs followed appropriate processes to abstract medical record data. SS&C Health used its HEDIS-certified measures software (CareAnalyzer) to calculate final hybrid measure HEDIS rates.

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

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

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

Description of Data Obtained

The following information was obtained from MassHealth:

- A completed Information Systems Capabilities Assessment tool.
- Denominator and numerator compliant lists for the following two measures:
 - Follow-up After Hospitalization for Mental Illness (7 days), and
 - Screening for Depression and Follow-up Plan.
- Rates for HEDIS and non-HEDIS measures.
- Screenshots from the data warehouse for primary source validation.
- Lists of numerator records that were compliant by medical record abstraction were obtained for the Screening for Depression and Follow-up Plan.

The following information was obtained from the PC ACOs:

- Each PC ACO provided the completed medical record validation tool and associated medical records for the selected sample of members for medical record review validation.

Conclusions and Comparative Findings

IPRO found that the data and processes used to produce HEDIS and non-HEDIS rates for the PC ACOs were fully compliant with all applicable information system standards. Findings from IPRO’s review are displayed in **Table 3**.

Table 3: PC ACO Compliance with Information System Standards – MY 2023

Information System Standard	C3 ACO	Revere ACO
1.0 Medical Services Data	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant
5.0 Supplemental Data	Compliant	Compliant
6.0 Data Preproduction Processing	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant

MY: measurement year; PC ACO: primary care accountable care organization.

Validation Findings

- **Information Systems Capabilities Assessment:** The Information Systems Capabilities Assessment is conducted to confirm that MassHealth’s information systems were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This includes a review of the claims processing systems, enrollment systems, provider data systems, and encounter data systems. There were no concerns with any other data received for members enrolled in the PC ACOs. 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. MassHealth’s vendor Telligen subcontracted with SS&C Health, an NCQA-certified vendor, to produce the HEDIS measures rates for the PC ACOs. Source code review was conducted with SS&C Health for the PC ACO’s non-HEDIS measure rates. No issues were identified.

- **Medical Record Validation:** Medical record review validation is conducted to confirm that MassHealth followed appropriate processes to report rates using the hybrid methodology. The PC ACOs provided charts for sample records for medical record review validation. All records passed review. It was identified that MassHealth’s sampling methodology did not include an oversample of members to replace members that met exclusion criteria for the Screening for Depression and Follow-up Plan measure. Caution should be used when comparing the rates of the two PC ACOs for the Screening for Depression and Follow-up Plan measure since they both have different sample sizes. No other issues were identified.
- **Primary Source Validation:** Primary source validation is conducted to confirm that the information from the primary source matches the output information used for measure reporting. MassHealth provided screenshots from the data warehouse of the selected records for primary source validation. All records passed validation. No issues were identified.
- **Data Collection and Integration Validation:** This includes a review of the processes used to collect, calculate, and report the performance measures, including accurate numerator and denominator identification and algorithmic compliance to evaluate whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately. IPRO found that the provider specialty mapping process was broad and included a wide range of specialists mapped to primary care. This process requires improvement, so that reported rates are not potentially inflated. The membership file received by MassHealth has the race and ethnicity data in one single field. Currently, data are not available to report measures that require race and ethnicity stratification. No other issues were identified.
- **Rate Validation:** Rate validation is conducted to evaluate measure results and compare rates to industry standard benchmarks. All required measures were reportable.

Recommendations

- MassHealth should improve the processes for provider specialty mapping.
- MassHealth should implement processes to obtain race and ethnicity data so that measures that require race and ethnicity stratification can be reported.
- MassHealth should update the hybrid measure sampling methodology to include an oversample of members to account for members that are removed from the hybrid sample for exclusions.

Comparative Findings

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

IPRO compared the PC ACOs measures rates and the weighted statewide means to the NCQA HEDIS MY 2023 Quality Compass New England regional percentiles for Medicaid health maintenance organizations for all measures where available. The weighted statewide means were calculated across all MassHealth’s ACOs, including ACPPs and PC ACOs.

The performance varied across measures, with opportunities for improvement in several areas. According to the MassHealth Quality Strategy, MassHealth’s benchmarks for ACPP measure rates are the 75th and the 90th Quality Compass New England regional percentiles. Improvement strategies may need to focus on areas where rates were below the 25th percentile.

Best Performance

- **Follow-up After Emergency Department Visit for Mental Illness (7 days):** Revere ACO was above the 90th percentile, while C3 ACO and the ACO statewide mean were above the 75th percentile.
- **Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment:** C3 ACO was above the 90th percentile, while the ACO statewide mean was above the 75th percentile.

Needs Improvement

- **Follow-up After Hospitalization for Mental Illness (7 days):** All entities were below the 25th percentile.

As explained in **Table 4**, the regional percentiles are color coded to compare to the PC ACO rates.

Table 5 displays the HEDIS performance measures for MY 2023 for the PC ACOs.

Table 4: Color Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2023 Quality Compass New England Regional Percentiles

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

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

Table 5: PC ACO HEDIS Performance Measures – MY 2023

HEDIS Measure	C3 ACO	Revere ACO	ACO Statewide Mean
Timeliness of Prenatal Care	82.73% (< 25th)	89.78% (≥ 25th but < 50th)	84.14% (< 25th)
Postpartum Care	79.56% (< 25th)	81.02% (≥ 25th but < 50th)	79.85% (< 25th)
Follow-up After Hospitalization for Mental Illness (7 days)	35.60% (< 25th)	42.58% (< 25th)	37.88% (< 25th)
Follow-up After Emergency Department Visit for Mental Illness (7 days)	70.71% (≥ 75th but < 90th)	75.53% (≥ 90th)	72.31% (≥ 75th but < 90th)
Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment	55.03% (≥ 75th but < 90th)	44.64% (≥ 25th but < 50th)	51.38% (≥ 75th but < 90th)
Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment	28.87% (≥ 90th)	18.33% (≥ 25th but < 50th)	25.17% (≥ 75th but < 90th)
Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	38.79% (≥ 50th but < 75th)	36.96% (≥ 25th but < 50th)	38.3% (≥ 25th but < 50th)

PC ACO: primary care accountable care organization; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

For the state-specific measures, IPRO compared the rates to the goal benchmarks determined by MassHealth. Goal benchmarks for PC ACOs were fixed targets.

Best Performance:

- **Communication Adult:** Both PC ACOs and the weighted ACO statewide mean scored about the goal benchmark.
- **Communication Child:** Both PC ACOs and the weighted ACO statewide mean scored about the goal benchmark.

Needs Improvement:

- **PC MES Willingness to Recommend+ Adult:** Both PC ACOs and the weighted ACO statewide mean were below the goal.
- **PC MES Willingness to Recommend+ Child:** Both PC ACOs and the weighted ACO statewide mean were below the goal.
- **PC MES Integration of Care+ Child:** Both PC ACOs and the weighted ACO statewide mean were below the goal.
- **PC MES Knowledge of Patient+ Child:** Both PC ACOs and the weighted ACO statewide mean were below the goal.
- **Screening for Depression and Follow-up Plan:** Both PC ACOs and the weighted ACO statewide mean were below the goal.

Table 6 shows the color key for state-specific performance measure comparison to the state benchmark.

Table 7 shows state-specific performance measures for MY 2023 for all PC ACOs and ACO weighted statewide mean. PC MES measures were not included in the performance measure validation. The PC MES survey results were fielded in 2024, for the 2023 program year.

Table 6: Color Key for State-Specific Performance Measure Comparison to the State Benchmark

Color Key	How Rate Compares to the State Benchmark
< Goal	Below the state benchmark
= Goal	At the state benchmark.
> Goal	Above the state benchmark.
N/A	Not applicable (N/A).

Table 7: PC ACO State-Specific Performance Measures – MY 2023

Measure	C3 ACO	Revere ACO	ACO Statewide Mean	State Benchmark
PC MES Willingness to Recommend+ Adult	86.86% (< Goal)	88.85% (< Goal)	87.45% (< Goal)	92% (N/A)
PC MES Willingness to Recommend+ Child	88.87% (< Goal)	91.59% (< Goal)	91.26% (< Goal)	92% (N/A)
PC MES Communication+ Adult	92.44% (> Goal)	93.58% (> Goal)	92.87% (> Goal)	92% (N/A)
PC MES Communication+ Child	94.61% (> Goal)	96.29% (> Goal)	95.65% (> Goal)	92% (N/A)
PC MES Integration of Care+ Adult	85.66% (> Goal)	84.26% (< Goal)	85.09% (> Goal)	85% (N/A)
PC MES Integration of Care+ Child	77.86% (< Goal)	84.46% (< Goal)	85.24% (< Goal)	90% (N/A)
PC MES Knowledge of Patient+ Adult	84.59% (< Goal)	87.68% (> Goal)	86.45% (> Goal)	85% (N/A)
PC MES Knowledge of Patient+ Child	86.81% (< Goal)	89.51% (< Goal)	89.4% (< Goal)	90% (N/A)
Screening for Depression and Follow-up Plan	51.45% (< Goal)	50.00% (< Goal)	50.95% (< Goal)	58% (N/A)

PC ACO: primary care accountable care organization PC MES: Primary Care Member Experience Survey; MY: measurement year; N/A: not applicable.

IV. Review of Compliance with Medicaid Managed Care Regulations

Objectives

The objective of the compliance review process is to determine the extent to which Medicaid managed care entities comply with federal quality standards mandated by the Balanced Budget Act of 1997. The purpose of this compliance review was to assess PC ACOs compliance with federal and state regulations regarding structure and operations; grievance policies; availability of services; quality measurement; and coordination and continuity of care. This section of the report summarizes the 2024 compliance results. The next comprehensive review will be conducted in 2027, as the compliance validation process is conducted triennially.

Technical Methods of Data Collection and Analysis

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

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

- Disenrollment requirements and limitations (*Title 42 CFR § 438.56*)
- Enrollee rights requirements (*Title 42 CFR § 438.100*)
- Availability of services (*Title 42 CFR § 438.206*)
- Coordination and continuity of care (*Title 42 CFR § 438.208*)
- Confidentiality (*Title 42 CFR § 438.224*)
- Grievance and appeal systems (*Title 42 CFR § 438.228*)
- Subcontractual relationships and delegation (*Title 42 CFR § 438.230*)
- Health information systems (*Title 42 CFR § 438.242*)
- QAPI (*Title 42 CFR § 438.330*)

The 2024 annual compliance review consisted of three phases: 1) pre-interview desk review of PC ACOs documentation and case file review, 2) remote interviews, and 3) post-interview report preparation.

Pre-interview Documentation Review

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

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

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

Prior to the desk review, PC ACOs submitted written policies, procedures and other relevant documentation to support their adherence to state and federal requirements. PC ACOs were given a period of approximately six

weeks to submit documentation to IPRO. To further assist plans' staff in understanding the requirements of the review process, IPRO convened a conference call for all MCPs undergoing the review, with MassHealth staff in attendance. During the conference call, IPRO detailed the steps in the review process, the audit timeline, and answered any questions posed by MCPs staff.

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

Remote Interviews

The remote interview with PC ACOs were conducted between September 30 and October 18, 2024. Interviews with relevant plan staff allow the EQR to assess whether the plan indeed understands the requirements, the internal processes, and procedures to deliver the required services to members and providers; can articulate in their own words; and draws the relationship between the policies and the implementation of those policies. Interviews discussed elements in each of the review tools that were considered less than fully compliant based upon initial review. Interviews were used to further explore the written documentation and to allow PC ACOs to provide additional documentation, if available. PC ACO' staff was given two days from the close of the onsite review to provide any further documentation.

Post-interview Report Preparation

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

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

For each standard identified as Partially Met or Not Met, the PC ACO was required to provide a timeline and high-level plan to implement the correction. PC ACOs are expected to provide an update on the status of the implementation of the corrections when IPRO requests an update on the status of the annual technical report recommendations, which is part of the annual EQR process.

Scoring Methodology

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by the total possible points. A three-point scoring system was used: Met = 1 point, Partially Met = 0.5 points, and Not Met = 0 points. For each standard identified as Partially Met or Not Met, the PC ACO was required to clarify how and when the issue will be resolved. The scoring definitions are outlined in **Table 8**.

Table 8: Scoring Definitions

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

MCP: managed care plan.

Description of Data Obtained

Compliance review tools included detailed regulatory and contractual requirements in each standard area. The PC ACOs 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 PC ACOs included: policies and procedures, standard operating procedures, workflows, reports, member materials, care management files, and utilization management denial files, as well as appeals, grievance, and credentialing files.

Conclusions and Comparative Findings

PC ACOs were compliant with many of the Medicaid and CHIP managed care regulations and standards. Both C3 and Revere ACOs performed exceptionally well in several compliance domains, achieving 100% in Disenrollment Requirements and Limitations, Enrollee Rights and Protections, Confidentiality, and Subcontractual Relationships and Delegation.

However, there are areas needing improvement:

- **C3 ACO:** Needs to improve in Health Information Systems (96%) and QAPI (96%).
- **Revere ACO:** Should focus on improving Grievance and Appeal Systems (92%) and QAPI (84%).

At the time of writing this report, IPRO has yet to determine PC ACOs performance in **Coordination and Continuity of Care**

Table 9 presents compliance scores for each of the nine domains for both PC ACOs.

Table 9: PC ACO Performance by Review Domain – 2024 Compliance Validation Results

CFR Standard Name	CFR Citation	C3 ACO	Revere ACO
Overall Compliance Score	N/A	95%	90%
Disenrollment Requirements and Limitations	438.56	100%	100%
Enrollee Rights and Protections	438.100	100%	100%
Availability of Services	438.206	100%	99%
Coordination and Continuity of Care	438.208	67% ¹	41% ¹
Confidentiality	438.224	100%	100%
Grievance and Appeal Systems	438.228	100%	92%
Subcontractual Relationships and Delegation	438.230	100%	100%
Health Information Systems	438.242	96%	100%
QAPI	438.330	96%	84% ¹

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

PC ACO: primary care accountable care organization; CFR: Code of Federal Regulations; QAPI: Quality Assurance and Performance Improvement.

V. Quality-of-Care Surveys – Primary Care Member Experience Survey

Objectives

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

Section 3.2.A. and Appendix B of the PC ACO Contract with MassHealth states that MassHealth will administer patient experience survey to evaluate the enrollee experience with PCP providers participating in the MassHealth’s ACO program.

MassHealth worked with Massachusetts Health Quality Partners (MHQP), an independent non-profit measurement and reporting organization, to survey adult and pediatric ACO and MCO members about their experiences with PCPs using the PC MES.

MassHealth’s PC MES is based on the CG-CAHPS survey, which asks members to report on their experiences with providers and staff in physician practices and groups. CG-CAHPS survey results can be used to monitor the performance of physician practices and groups and to reward for high-quality care.⁹ The level of analysis for the PC MES surveys was statewide and individual ACO-MCO,

Technical Methods of Data Collection and Analysis

The program year 2023 PC MES was administered between April and July 2024..

The adult and child PC MES survey instruments were adapted from the CG-CAHPS 4.0 (beta) surveys developed by the Agency for Health Care Research and Quality and the NCQA. The program year 2023 PC MES adult and child surveys included Patient-Centered Medical Home survey items and the Coordination of Care supplemental items.

Nineteen MCPs participated in the program year 2023 survey, including 15 ACPPs, two PCACOs, and two MCOs. For the PC MES adult and child surveys, respondents could complete surveys in English or Spanish (in paper or on the web), or in Portuguese, Chinese, Vietnamese, Haitian Creole, Arabic, Russian, or Khmer (on the web only). All members received an English paper survey in mailings, and members on file as Spanish-speaking also received a Spanish paper survey in mailings. The mail only protocol involved receiving up to three mailings. The email protocol involved receiving up to five emails and up to three mailings.

The sample frame included members who had at least one primary care visit during the MY (April 1–December 31, 2023) and who were enrolled in one of the ACOs or MCOs on the anchor date (December 31, 2023). **Tables 10–11** provide a summary of the technical methods of data collection.

Table 10: Adult PC MES – Technical Methods of Data Collection, MY 2023

Technical Methods of Data Collection	ACO
Survey vendor	Massachusetts Health Quality Partners
Survey tool	MassHealth PC MES, adapted from the CG-CAHPS 4.0 (beta) survey instrument
Survey timeframe	April–July 2024
Method of collection	Mailings and emails
Sample size – all ACOs	114,276
Response rate	10.5%

⁹ AHRQ. CAHPS Clinician & Group Survey. Available at: [CAHPS Clinician & Group Survey | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://cahps.ahrq.gov/).

PC MES: Primary Care Member Experience Survey; MCO: managed care organization; MY: measurement year; CG-CAHPS: Consumer Assessment of Healthcare Providers and Systems Clinician and Group Survey.

Table 11: Child PC MES – Technical Methods of Data Collection, MY 2023

Technical Methods of Data Collection	ACO
Survey vendor	Massachusetts Health Quality Partners
Survey tool	MassHealth PC MES, adapted from the CG-CAHPS 4.0 (beta) survey instrument
Survey timeframe	April–July 2024
Method of collection	Mailings and emails
Sample size – all ACOs	144,920
Response rate	4.8%

PC MES: Primary Care Member Experience Survey; MCO: managed care organization; MY: measurement year; CG-CAHPS: Consumer Assessment of Healthcare Providers and Systems Clinician and Group Survey.

To assess PC ACO performance, IPRO reported PC ACOs’ and statewide composite scores.

Description of Data Obtained

IPRO received copies of the final program year 2023 technical and analysis reports produced by MHQP. These reports included descriptions of the project technical methods and survey results. IPRO also received separate files with the PC-ACO–level results and statewide averages.

Conclusions and Comparative Findings

To determine common strengths and opportunities for improvement across all PC ACOs, IPRO compared each PC ACO’s results to the ACO-MCO statewide scores for the adult and child PC MES surveys. Measures performing above the statewide score were considered strengths; measures performing at the statewide score were considered average; and measures performing below the statewide score were identified as opportunities for improvement, as explained in **Table 12**.

Table 13 shows the results of the PC MES adult Medicaid survey for program year 2023 (fielded in 2024). Revere ACO exceeded the statewide score on six adult PC MES measures. C3 ACO exceeded the statewide score only on three measures.

Table 14 shows the results of the PC MES child Medicaid survey for program year 2023 (fielded in 2024). Revere ACO exceeded the statewide score on eight measures, while C3 ACO scored below the statewide score on all child PC MES measures.

Table 12: Color Key for PC MES Performance Measure Comparison Score

Color Key	How Rate Compares to the ACO Statewide Average
< Goal	Below the statewide score.
= Goal	At the statewide score.
> Goal	Above the statewide score.
N/A	Statewide score.

PC MES: Primary Care Member Experience Survey; ACO: accountable care organization.

Table 13: PC MES Performance – Adult Member, Program Year 2023

PC MES Measure	C3 ACO	Revere ACO	Statewide Score (ACOs and MCOs)
Adult Behavioral Health	65.60% (< Goal)	63.31% (< Goal)	65.94
Communication	92.44% (< Goal)	93.58% (> Goal)	92.87
Integration of Care	85.66% (> Goal)	84.26% (< Goal)	85.09
Knowledge of Patient	84.59% (< Goal)	87.68% (> Goal)	86.45
Office Staff	94.00% (> Goal)	91.99% (< Goal)	93.11
Organizational Access	72.83% (< Goal)	78.66% (> Goal)	77.49
Overall Provider Rating	86.85% (< Goal)	89.24% (> Goal)	87.38
Self-Management Support	64.83% (> Goal)	64.77% (> Goal)	63.60
Willingness to Recommend	86.86% (< Goal)	88.85% (> Goal)	87.45

PC MES: Primary Care Member Experience Survey

Table 14: PC MES Performance – Child Member, Program Year 2023

PC MES Measure	C3 ACO	Revere ACO	Statewide Score (ACOs and MCOs)
Communication	94.61% (< Goal)	96.29% (> Goal)	95.65
Integration of Care	77.86% (< Goal)	84.46% (< Goal)	85.24
Knowledge of Patient	86.81% (< Goal)	89.51% (> Goal)	89.4
Office Staff	92.39% (< Goal)	94.64% (> Goal)	93.89
Organizational Access	72.55% (< Goal)	83.4% (> Goal)	82.14
Overall Provider Rating	88.35% (< Goal)	90.43% (> Goal)	90.37
Self-Management Support	51.76% (< Goal)	49.94% (< Goal)	52.44
Willingness to Recommend	88.87% (< Goal)	91.59% (> Goal)	91.26
Child Development	61.84% (< Goal)	65.8% (> Goal)	65.66
Child Provider Communication	94.03% (< Goal)	95.85% (> Goal)	95.31
Pediatric Prevention	58.85% (< Goal)	60.27% (< Goal)	61.72

PC MES: Primary Care Member Experience Survey; ACO: accountable care organization.

VI. 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,¹⁰ PAHP,¹¹ or PCCM entity has effectively addressed the recommendations for QI¹² made by the EQRO during the previous year’s EQR.” **Tables 15–16** display the PC ACOs’ responses to the recommendations for QI made during the previous EQR, as well as IPRO’s assessment of these responses. Effective April 1, 2023, MGB PC ACO was discontinued due to reprocurement.

C3 ACO Response to Previous EQR Recommendations

Table 15 displays the PC ACO’s progress related to the *PC ACO External Quality Review CY 2023*, as well as IPRO’s assessment of the PC ACO’s response.

Table 15: C3 ACO Response to Previous EQR Recommendations

Recommendation for C3 ACO	C3 ACO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PMV 1: NCQA Measures: Two HEDIS rates were below the 25th percentile when compared to the New England regional NCQA Quality Compass benchmark. Those measures were: HBD, and PCR.</p> <p>C3 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>PCR: C3 completed a root cause analysis which revealed the top 5 conditions impacting this measure. This was conducted in early 2023 and was done by conducting a chart audit of a mix of non-compliant and compliant members for the measure to understand the reasons for which they did not meet the numerator. Our goals were to increase knowledge of major measure drivers; identify the specific conditions impacting this measure; and to reduce avoidable hospitalizations by improving chronic condition/complex care management. Note: not all these interventions were implemented because MH did not include this measure in the Quality Measure Slate for the new waiver (starting 4/1/23)</p> <p>HBD: C3 completed a root cause analysis to identify top drivers impacting this measure and determine if there are any workflow documentation concerns. This was conducted in early 2023 and was done by conducting a chart audit of a mix of non-compliant and compliant members for the measure to understand why they may have or not have met the numerator. Actionable lists were provided to all our FQHC/APPs to include the list of members who are overdue or out of range in this measure for outreach and improved management of diabetes. Our goals for the RCA were to increase knowledge about what is impacting this measure by understanding the amount of patients who did not receive an A1c within the PY; and to understand where our FQHC/APPs have proper resources and efficient access. Our goals of the actionable lists were to ensure that members needing appointments were outreached and scheduled; and to ensure that providers are aware of their patients who have an A1c over 9% and to address it at an upcoming visit.</p> <p>C3 monitors progress by reviewing monthly performance data to see changes in measure rates and is continuing monthly check-ins with all the FQHC/APP quality leads</p>	Addressed

¹⁰ Prepaid inpatient health plan.

¹¹ Prepaid ambulatory health plan.

¹² Quality improvement.

Recommendation for C3 ACO	C3 ACO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PMV 2: State-Specific Measures: 10 out of 17 measures rates were below the statewide benchmark.</p> <p>C3 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>See above for first set of measures (PCR and HBD). See below for second set of measures (MES). BH CP – MH was managing the CP program before 4/1/23 .</p>	<p>Partially Addressed</p>
<p>Quality-of-Care Surveys: C3 scored below the statewide benchmark on the majority of adult and child PC MES measures.</p> <p>C3 should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience. C3 should also utilize complaints and grievances to identify and address trends.</p>	<ul style="list-style-type: none"> • We continue to circulate and share MES performance with our health centers as well as meet regularly with our compliance team to discuss how grievances might affect our score. • We have distributed the analysis summary and are preparing to do the same for PY23. We have included MES measures on our health center workplans under the monitoring section to continue to keep it on their radar and work towards improvement. • We continue to leverage our health center data and any other programmatic survey data as much as possible. In addition to this, we watch grievances and concerns from members closely to understand the potential impact grievances may have on these measures. • Given our performance across the MES measures, we have partnered with the Primary Care Development Corporation (PCDC) to provide training for both our staff and health center staff on both Quality Improvement (QI) and Trauma-informed Care (TIC). We believe that training both our internal staff and FQHC staff on both topics will improve both patient care and experience. These sessions will run through the end of 2024 and all through 2025 as well. Additionally, we continue to engage with our PFAC for their feedback or ideas on continuing to improve our patient experience scores across our health centers. 	<p>Addressed</p>

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

Revere ACO Response to Previous EQR Recommendations

Table 16 displays the PC ACO's progress related to the *PC ACO External Quality Review CY 2023*, as well as IPRO's assessment of the PC ACO's response.

Table 16: Revere ACO Response to Previous EQR Recommendations

Recommendation for Revere ACO	Revere ACO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PMV 1: NCQA Measures: HBD rate was below the 25th percentile when compared to the New England regional NCQA Quality Compass benchmark.</p> <p>Revere 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>	No response	Remains an opportunity for improvement.
<p>PMV 2: State-Specific Measures: The majority of measures were below the statewide benchmark.</p> <p>Revere 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>	No response	Remains an opportunity for improvement.
<p>Quality-of-Care Surveys: Revere scored below the statewide benchmark on 3 adult and 4 child PC MES measures.</p> <p>Revere should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.</p>	No response	Remains an opportunity for improvement.

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

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

Table 17–18 highlight each PC ACO’s performance strengths, opportunities for improvement, and this year’s recommendations based on the aggregated results of CY 2024 EQR activities as they relate to **quality, timeliness, and access**.

Table 17: Strengths, Opportunities for Improvement, and EQR Recommendations for C3 ACO

Activity	Strengths	Weaknesses	Recommendations	Standards
Performance Measure Validation: NCQA measures	C3 ACO demonstrated compliance with information system standards. No issues were identified. The following rate was above the 90th percentile: <ul style="list-style-type: none"> Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment: 28.87% 	The following HEDIS rates were below the 25th percentile when compared to the New England regional NCQA Quality Compass benchmark: <ul style="list-style-type: none"> Timeliness of Prenatal Care: 82.73% Postpartum Care: 79.56% Follow-up After Hospitalization for Mental Illness (7 days): 35.6% 	C3 ACO 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
Performance Measure Validation: State-specific measures	Three out of nine measures rates were above the state benchmark.	Six out of nine measures rates were below the statewide benchmark.	Same as above.	Quality, Timeliness, Access
Compliance Review	C3 ACO demonstrated compliance with most of the federal and state contractual standards. MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with one requirement in the following domains: <ul style="list-style-type: none"> QAPI (1) Partial compliance with six requirements in the following domains: <ul style="list-style-type: none"> Health information systems (3) QAPI (3) 	MCP is required to address all deficient and partially met requirements based on IPRO’s recommendations outlined in the final validation tools sent by IPRO to the MCP on 2/4/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Quality-of-care Surveys	C3 ACO scored above the statewide benchmark on three adult PC MES measures.	C3 ACO scored below the statewide benchmark on six adult and all child PC MES measures.	C3 ACO should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience. C3 ACO should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access

ACO: accountable care organization; EQR: external quality review; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; CY: calendar year; MCP: managed care plan; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement.

Table 18: Strengths, Opportunities for Improvement, and EQR Recommendations for Revere ACO

Activity	Strengths	Weaknesses	Recommendations	Standards
Performance Measure Validation: NCQA measures	Revere demonstrated compliance with information system standards. No issues were identified. The following rate was above the 90th percentile: <ul style="list-style-type: none"> Follow-up After Emergency Department Visit for Mental Illness (7 days): 75.53% 	The following rate was below the 25th percentile when compared to the New England regional NCQA Quality Compass benchmark: <ul style="list-style-type: none"> Follow-up After Hospitalization for Mental Illness (7 days): 42.58% 	Revere 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
Performance Measure Validation: State-specific measures	Three rates were above the state benchmark.	Six measures were below the statewide benchmark.	Same as above.	Quality, Timeliness, Access
Compliance Review	Revere ACO demonstrated compliance with most of the federal and state contractual standards. MCP addressed opportunities for improvement from the prior compliance review.	Lack of compliance with two requirements in the following domains: <ul style="list-style-type: none"> QAPI (2) Partial compliance with 21 requirements in the following domains: <ul style="list-style-type: none"> Availability of services (1) Grievances and appeals (3) QAPI (17) 	MCP is required to address all deficient and partially met requirements based on IPRO's recommendations outlined in the final validation tools sent by IPRO to the MCP on 2/4/2025. IPRO will monitor the status of all recommendations as part of the EQR processes and follow up with the MCP before the end of CY 2025.	Quality, Timeliness, Access

Activity	Strengths	Weaknesses	Recommendations	Standards
Quality-of-care Surveys	Revere scored above the statewide benchmark on six adult and seven child PC MES measures.	Revere scored below the statewide benchmark on three adult and two child PC MES measures.	Revere should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

ACO: accountable care organization; EQR: external quality review; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; CY: calendar year; MCP: managed care plan; PC MES: Primary Care Member Experience Survey; QAPI: quality assurance and performance improvement.

VIII. Required Elements in EQR Technical Report

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

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

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

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

Elements required in EQR technical report, including the requirements for the PIP validation, performance measure validation, and review of compliance activities, are listed in **Table 19**.

Table 19: Required Elements in EQR Technical Report

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

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under <i>Title 42 CFR § 438.340</i> , to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.	Recommendations for how the state can target goals and objectives in the quality strategy are included in Section I, High-Level Program Findings and Recommendations , as well as when discussing strengths and weaknesses of a PC ACO or activity and when discussing the basis of performance measures.
<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 PC ACOs is included across the report in each EQR activity section (Sections III–V) and in Section VII. MCP Strengths, Opportunities for Improvement, and EQR Recommendations .
<i>Title 42 CFR § 438.364(a)(6)</i>	The technical report must include an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.	See Section VI. MCP Responses to the Previous EQR Recommendations for the prior year findings and the assessment of each PC ACO'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 does not include information on the validation of PIPs that were underway during the preceding 12 months because, as a PCCM, PC ACOs did not conduct PIPs.
<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 does not include a description of PIP interventions associated with each state-required PIP topic because, as a PCCM, PC ACOs did not conduct PIPs.
<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 PC ACO's performance measures; see Section III .

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.358(b)(1)(iii)</i>	<p>Technical report must include information on a review, conducted within the previous three-year period, to determine each MCO's, PIHP's, PAHP's or PCCM's compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i>.</p> <p>The technical report must provide MCP results for the 11 Subpart D and QAPI standards.</p>	<p>This report includes information on a review, conducted in 2024, to determine each PC ACO's compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i>; see Section IV.</p>

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

IX. Appendix A – MassHealth Quality Goals and Objectives

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

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

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

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

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

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

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

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

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

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

X. Appendix B – MassHealth Managed Care Programs and Plans

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

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Accountable Care Partnership Plan (ACPP)	<p>Groups of primary care providers working with one managed care organization to create a full network of providers.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> 1. BeHealthy Partnership Plan 2. Berkshire Fallon Health Collaborative 3. East Boston Neighborhood Health WellSense Alliance 4. Fallon 365 Care 5. Fallon Health – Atrius Health Care Collaborative 6. Mass General Brigham Health Plan with Mass General Brigham ACO 7. Tufts Health Together with Cambridge Health Alliance (CHA) 8. Tufts Health Together with UMass Memorial Health 9. WellSense Beth Israel Lahey Health (BILH) Performance Network ACO 10. WellSense Boston Children’s ACO 11. WellSense Care Alliance 12. WellSense Community Alliance 13. WellSense Mercy Alliance 14. WellSense Signature Alliance 15. WellSense Southcoast Alliance
Primary Care Accountable Care Organization (PC ACO)	<p>Groups of primary care providers forming an ACO that works directly with MassHealth's network of specialists and hospitals for care and coordination of care.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> 1. Community Care Cooperative 2. Revere Medical
Managed Care Organization (MCO)	<p>Capitated model for services delivery in which care is offered through a closed network of PCPs, specialists, behavioral health providers, and hospitals.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> 1. Boston Medical Center HealthNet Plan WellSense 2. Tufts Health Together
Primary Care Clinician Plan (PCCP)	<p>Members select or are assigned a primary care clinician (PCC) from a network of MassHealth hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP).</p>	Not applicable – MassHealth

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

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

XI. Appendix C – MassHealth Quality Measures

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

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

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

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

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