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External Quality Review Primary Care Clinician Plan 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 Clinician Plan

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

PCCP is a primary care case management (PCCM) plan from Massachusetts's Medicaid program (known as "MassHealth"), administered by the Massachusetts Executive Office of Health and Human Services (EOHHS). In a PCCM arrangement, Medicaid enrollees are assigned a primary care clinician (PCC). PCCP uses the MassHealth network of PCCs, specialists, and hospitals, as well as the Massachusetts Behavioral Health Partnership's (MBHP's) network of behavioral health providers. As of December 25th 2024, 49,116 MassHealth beneficiaries were enrolled in the PCCP.

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.*

Scope of EQR Activities

MassHealth contracted with IPRO, an external quality review organization (EQRO), to conduct EQR of its PCCP. As a type of a PCCM plan administered by MassHealth, the PCCP participates voluntarily in the following EQR activity:

- (i) **CMS Mandatory Protocol 2: Validation of Performance Measures** – This activity assesses the accuracy of performance measures reported by PCCP and determines the extent to which the rates calculated by PCCP follow state specifications and reporting requirements.

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 PCCP performance strengths and opportunities for improvement.

The validation of performance measures was 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 in CY 2024 demonstrated MassHealth's 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 PCCP in providing quality, timely, and accessible health care services to Medicaid enrollees. PCCP was 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.

The following provides a high-level summary of these findings for MassHealth. The plan-level findings are discussed in the EQR activity section, as well as in the **MCP Strengths, Opportunities for Improvement, and EQR Recommendations** section.

MassHealth Medicaid Comprehensive Quality Strategy

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

Strengths:

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

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

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

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

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 Measure Validation

IPRO validated the accuracy of performance measures and evaluated the state of health care quality in the PCCP program.

Strengths:

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

The PCCP is evaluated on a set of Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures calculated by MassHealth's vendor Telligen[®]. IPRO conducted performance measure validation to assess the accuracy of PCCP performance measures and to determine the extent to which HEDIS performance measures follow MassHealth's specifications and reporting requirements.

IPRO conducted a full Information Systems Capabilities Assessment 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, and provider data systems, as well as encounter data systems. IPRO found that the data and processes used to produce HEDIS rates for the PCCP were fully compliant with information system standards.

When compared to measurement year (MY) 2023 Quality Compass[®], PCCP scored above the 90th percentile on the following two measures:

- Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – Nutrition
- Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – Physical

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.

Additionally, since the prior year, MassHealth has identified issues in how pharmacy data are imported or mapped, leading to inflated rates. Since the issue was identified timely, no measures were impacted for MY 2023.

Currently, the membership file received by MassHealth has race and ethnicity data in one single field. Currently, data are not available to report measures that require race and ethnicity stratification.

General Recommendations for MassHealth:

- *Recommendation towards better specialty mapping processes* – MassHealth should improve the processes for provider specialty mapping.
- *Recommendation towards improving pharmacy data mapping* – MassHealth should improve processes for importing/maintaining pharmacy data and pharmacy data mapping.
- *Recommendation towards improved processes of obtaining race and ethnicity data processes* – MassHealth should implement processes to obtain race and ethnicity data so that measures that require race and ethnicity stratification can be reported.

Performance measure validation findings are provided in **Section III** 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 PCCP members about their experiences in primary care via the Primary Care Member Experience Survey (PC MES), based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Clinician & Group Survey (CG-CAHPS). The CG-CAHPS survey asks members to report on their experiences with providers and staff in physician practices and groups.

MassHealth uses the survey results to assess PCCP performance and compare it to MassHealth's ACO and MCO performance..

PCCP performed above the ACO-MCO statewide score on majority of PC MES adult and child measures.

Opportunities for Improvement:

PCCP performed below the ACO-MCO statewide score on the following two measures:

- Self-Management Support – adult and child measure
- Pediatric Prevention Child – child measure

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.¹ Child Core Set reporting is mandatory beginning with federal fiscal year (FFY) 2024 reporting.

General Recommendations for MassHealth:

- *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.

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

Recommendations

Per *Title 42 CFR § 438.364 External quality review results(a)(4)*, this report is required to include recommendations for improving the quality of health care services furnished by PCCP providers 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 specialty mapping processes* – MassHealth should improve the processes for provider specialty mapping.
- *Recommendation towards improving pharmacy data mapping* – MassHealth should improve processes for importing/maintaining pharmacy data and pharmacy data mapping.

¹ 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](#).

- *Recommendation towards improved processes of obtaining race and ethnicity data processes* – MassHealth should implement processes to obtain race and ethnicity data so that measures that require race and ethnicity stratification can be reported.
- *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 the PCCPs

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

II. Massachusetts Medicaid Managed Care Program

Managed Care in Massachusetts

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

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

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

MassHealth Medicaid Quality Strategy

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

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

Table 1: MassHealth's Strategic Goals

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

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

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

MassHealth Managed Care Programs

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

1. The **Accountable Care Partnership Plans** (ACPPs) are ACOs consisting of groups of primary care providers (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 PCPs, specialists, and hospitals, as well as the MBHP's network of behavioral health providers.
5. **Massachusetts Behavioral Health Partnership** (MBHP) is a health plan that manages behavioral health care for MassHealth's PC ACOs and the PCCP. MBHP also serves children in state custody not otherwise enrolled in managed care and certain children enrolled in MassHealth who have commercial insurance as their primary insurance.³
6. **One Care** Plans are integrated health plans for people with disabilities that cover the full set of services provided by both Medicare and Medicaid. Through integrated care, members receive all medical and behavioral health services as well as LTSS. This plan is for enrollees between 21 and 64 years of age who are dually enrolled in Medicaid and Medicare.⁴
7. **Senior Care Options** (SCO) Plans are coordinated health plans that cover services paid by Medicare and Medicaid. This Plan is for MassHealth enrollees 65 years of age or older and it offers services to help seniors stay independently at home by combining health care services with social supports.⁵

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

Quality Metrics

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

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

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

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

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

Under each managed care program, health plans are either required to calculate quality measure rates or the state calculates measure rates for the plans. Specifically, 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 performance improvement projects (PIPs) in alignment with the quality strategy goals and objectives, as well as in alignment with the CMS National Quality Strategy. Except for the PCCP, all health plans and ACOs are required to develop at least two PIPs..

Member Experience of Care Surveys

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

For members enrolled in an ACPP, an MCO, a PCACO, 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 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.⁶

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

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

Evaluation Process

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

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

Findings

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

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

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

Methodology

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

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

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

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

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

EQR Recommendations

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

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

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

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

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

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

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

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

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

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

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

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

III. Validation of Performance Measures

Objectives

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

Technical Methods of Data Collection and Analysis

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

MassHealth evaluates PCCP quality performance on a slate of measures that included only HEDIS measures for MY 2023. All PCCP performance measures were calculated by MassHealth's vendor, Telligen. Telligen subcontracted with SS&C Health, an NCQA-certified vendor, to produce the HEDIS measures rates for the PCCP.

MassHealth processes claims data for the PCCP on the Massachusetts Medicaid Management Information System. MassHealth provided Telligen with PCCP data on a regular basis through a comprehensive data file extract. Telligen extracted and transformed the data elements necessary for measure rate calculation.

Telligen used SS&C Health's clinical data collection tool, Clinical Repository, to collect PCCP 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 PCCP 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 visit.

For 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 administrative HEDIS rates. There were no non-HEDIS measures in scope for the performance measure validation activity for MY 2023.

For measures that use the hybrid method of data collection (i.e., administrative, and medical record data), IPRO conducted medical record review validation. MassHealth/PCCP provided charts for sample records to confirm that the PCCP 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, as well.

Primary source validation was conducted on MassHealth systems to confirm that the information from the primary source matched the output information used for measure reporting. To this end, MassHealth provided screenshots from the Medicaid Management Information System 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 for primary source validation:
 - Asthma Medication Ratio Total, and
 - Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days) Total.
- Rates for HEDIS measures.
- Lists of numerator records that were compliant by medical record abstraction for the Childhood Immunization Status (CIS) measure for medical record review validation.
- Screenshots from the Medicaid Management Information System for primary source validation.
- MassHealth 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 rates for the PCCP were fully compliant with information system standards. Findings from IPRO's review are displayed in **Table 2**.

Table 2: PCCP Compliance with Information System Standards – MY 2023

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

PCCP: Primary Care Clinician Plan; MY: measurement year.

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. 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 PCCP. 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 PCCP provided charts for sample records for medical record review validation. All records passed review. No issues were identified.
- **Primary Source Validation:** Primary source validation is conducted to confirm that the information from the primary source matches the output information used for measure reporting. MassHealth provided screenshots from the Medicaid Management Information System 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. Additionally, since the prior year, MassHealth has identified issues in how pharmacy data are imported or mapped, leading to inflated rates. Since the issue was identified timely, no measures were impacted for MY 2023. Currently 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 improve processes for importing/maintaining pharmacy data and pharmacy data mapping.
- MassHealth should implement processes to obtain race and ethnicity data so that measures that require race and ethnicity stratification can be reported.

Comparative Findings

IPRO compared the PCCP rates to the NCQA HEDIS MY 2023 Quality Compass New England regional percentiles for Medicaid health maintenance organizations for all measures where available. MassHealth's benchmarks for PCCP measures are the 75th and the 90th Quality Compass New England regional percentiles.

When compared to MY 2023 Quality Compass, PCCP scored above the 90th percentile on the following two measures:

- Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – Nutrition
- Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – Physical

PCCP scored above 25th but below 50th percentile on the Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents Body Mass Index measure.

As explained in **Table 3**, the regional percentiles are color coded to compare to the PCCP rates.

Table 4 displays the HEDIS performance measures for MY 2023 for PCCP.

Table 3: 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 MY 2021 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 NE 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 4: PCCP HEDIS Performance Measures – MY 2023

HEDIS Measure	PCCP
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	74.10% (≥ 50th but < 75th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Initiation)	49.83% (≥ 75th but < 90th)
Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment (Engagement)	24.11% (≥ 75th but < 90th)
Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – Body Mass Index	85.14% (≥ 25th but < 50th)
Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – Nutrition	87.16% (≥ 90th)
Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – Physical	82.09% (≥ 90th)

PCCP: Primary Care Clinician Plan; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

IV. 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.

MassHealth worked with Massachusetts Health Quality Partners (MHQP), an independent non-profit measurement and reporting organization, to survey adult and pediatric ACO, MCOand PCCP members about their experiences with PCPs using 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. The CG-CAHPS survey results can be used to monitor the performance of physician practices and groups and to reward them for high-quality care.

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 PC ACOs, 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 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 5 and 6 provide a summary of the technical methods of data collection.

Table 5: Adult PC MES – Technical Methods of Data Collection, MY 2023

Technical Methods of Data Collection	PCCP
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%

PC MES: Primary Care Member Experience Survey; MCO: managed care organization; MY: measurement year.

Table 6: Child PC MES – Technical Methods of Data Collection, MY 2023

Technical Methods of Data Collection	PCCP
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 PCCP performance, IPRO compared PCCP scores to ACO-MCO statewide composite scores.

Description of Data Obtained

IPRO received copies of the final program year 2023 technical and analysis reports produced by Massachusetts Health Quality Partners. These reports included descriptions of the project technical methods and survey results. IPRO also received separate files with the PCCP scores and ACO-MCO statewide averages.

Conclusions and Comparative Findings

IPRO compared the PCCP results to the ACO-MCO statewide scores for adults and children. 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 7**.

Table 7: Key for PC MES Performance Measure Comparison to the Statewide 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; N/A: not applicable; ACO: accountable care organization.

When compared to the statewide score, the PCCP survey results mostly exceeded the ACO statewide scores. Only the following two member experience measures were below the ACO statewide scores:

- Self-Management Support – adult and child measure
- Pediatric Prevention Child – child measure

Table 8 shows the results of the PC MES adult Medicaid survey for program year 2023, and **Table 9** shows the results of the PC MES child Medicaid survey for program year 2023. The PC MES survey results were fielded in 2024, for the 2023 program year.

Table 8: PC MES Performance – Adult Member, Program Year 2023

PC MES Measure	PCCP	ACO Statewide Score
Adult Behavioral Health	67.1% (> Goal)	65.9%
Communication	94.0% (> Goal)	92.9%
Integration of Care	86.0% (> Goal)	85.1%
Knowledge of Patient	87.7% (> Goal)	86.4%
Office Staff	94.2% (> Goal)	93.1%
Organizational Access	84.8% (> Goal)	77.5%
Overall Provider Rating	88.9% (> Goal)	87.4%
Self-Management Support	62.2% (< Goal)	63.6%
Willingness to Recommend	89.4% (> Goal)	87.5%

PC MES: Primary Care Member Experience Survey.

Table 9: PC MES Performance – Child Member, Program Year 2023

PC MES Measure	PCCP	ACO Statewide Score
Communication	96.6% (> Goal)	95.7%
Integration of Care	86.6% (> Goal)	85.2%
Knowledge of Patient	90.6% (> Goal)	89.4%
Office Staff	95.3% (> Goal)	93.9%
Organizational Access	85.2% (> Goal)	82.1%
Overall Provider Rating	92.0% (> Goal)	90.4%
Self-Management Support	46.6% (< Goal)	52.4%
Willingness to Recommend	93.0% (> Goal)	91.3%
Child Development	66.7% (> Goal)	65.7%
Child Provider Communication	96.4% (> Goal)	95.3%
Pediatric Prevention	60.5% (< Goal)	61.7%

PC MES: Primary Care Member Experience Survey.

V. MassHealth's 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,⁷ PAHP,⁸ or PCCM entity has effectively addressed the recommendations for QI⁹ made by the EQRO during the previous year’s EQR.” Table 10 display MassHealth’s responses to the recommendations for QI made during the previous EQR, as well as IPRO’s assessment of these responses.

Table 10: MassHealth’s Response to Previous EQR Recommendations Regarding PCCP

Recommendation for PCCP	PCCP Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>Quality-of-Care Surveys: PCCP scored below the statewide average on two adult PC MES measures (Integration of Care and Knowledge of Patient) and for three child PC MES measures (Integration of Care, Self-Management Support, and Pediatric Prevention).</p> <p>MassHealth should utilize the results of the adult and child PC MES surveys to drive performance improvement as it relates to member experience.</p>	<p>As part of its overall performance management strategy, MassHealth has identified key performance indicators (KPIs) which are monitored regularly and where performance is reported to the Secretary of EOHHS quarterly. Among these KPIs are several quality measures, including member experience. The member experience data is assessed at both clinical and organizational leadership levels and is being used to drive performance management with MassHealth products including the PCC Plan. MassHealth has set annual improvement targets through calendar year 2027 and using the MES data assesses performance and identifies continued opportunities for improvement. The KPI effort began in Q1 2024 and will continue into 2027. MassHealth anticipates that systematic review of the MES data will identify opportunities for improvement where MassHealth can intervene and improve overall performance.</p>	<p>Addressed</p>

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

PCCP: Primary Care Clinician Plan; EQR: external quality review; MCP: managed care plan.

⁷ Prepaid inpatient health plan.

⁸ Prepaid ambulatory health plan.

⁹ Quality improvement.

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

Table 11 highlight PCCP 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 11: PCCP Strengths, Opportunities for Improvement, and EQR Recommendations

PCCP	Strengths	Weaknesses	Recommendations	Standards
Performance Measure Validation: HEDIS Measures	<p>When compared to MY 2023 Quality Compass, PCCP scored above the 90th percentile on the following two measures:</p> <ul style="list-style-type: none">Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – NutritionWeight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents – Physical	<p>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.</p> <p>Additionally, since the prior year, MassHealth has identified issues in how pharmacy data are imported or mapped, leading to inflated rates. Since the issue was identified timely, no measures were impacted for MY 2023.</p> <p>Currently, the membership file received by MassHealth has race and ethnicity data in one single field. Currently, data are not available to report measures that require race and ethnicity stratification.</p>	<p>Recommendation 1: MassHealth should improve the processes for provider specialty mapping.</p> <p>Recommendation 2: MassHealth should improve processes for importing/maintaining pharmacy data and pharmacy data mapping.</p> <p>Recommendation 3: MassHealth should implement processes to obtain race and ethnicity data so that measures that require race and ethnicity stratification can be reported.</p>	Quality, Timeliness, Access
Quality-of-care Surveys	<p>MassHealth conducted both adult and child PC MES survey.</p> <p>The majority of adult and child PC MES measures were above the statewide score calculated across all MassHealth’s ACOs.</p>	<p>PCCP scored below the statewide average on the following two measures:</p> <ul style="list-style-type: none">Self-Management Support – adult and child measurePediatric Prevention Child – child measure	MassHealth 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

PCCP: Primary Care Clinician Plan; EQR: external quality review; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; PC MES: Primary Care Member Experience Survey; ACO: accountable care organization.

VII. 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 12**.

Table 12: Required Elements in EQR Technical Report

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

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under <i>Title 42 CFR § 438.340</i> , to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.	Recommendations for how the state can target goals and objectives in the quality strategy are included in Section I, High-Level Program Findings and Recommendations , as well as when discussing strengths and weaknesses of the PCCP 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 the PCCP is included across the report in each EQR activity section (Sections III and Section IV) and in Section VI. 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 V. MassHealth's Responses to the Previous EQR Recommendations for the prior year findings and the assessment of the PCCP'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.	Not applicable.
<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.	Not applicable.
<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 the PCCP'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>	Not applicable.

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.

VIII. Appendix A – MassHealth Quality Goals and Objectives

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

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

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

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

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

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

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

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

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

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

IX. 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

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

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

X. 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.