External Quality Review
Primary Care Clinician Plan
Annual Technical Report, Calendar Year 2022

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, timeliness, and access to health care services furnished to Medicaid enrollees. The objective of the EQR is to improve states' ability to oversee managed care plans (MCPs) and to help MCPs to improve their performance. This annual technical report (ATR) describes the results of the EQR for 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 the Massachusetts's Medicaid program, administered by the Massachusetts Executive Office of Health and Human Services (EOHHS, known as "MassHealth"). In a PCCM arrangement, Medicaid enrollees are assigned a primary care provider (PCP) who is paid a monthly fee to provide care management and coordination. PCCP uses the MassHealth network of PCPs, specialists, and hospitals, as well as the Massachusetts Behavioral Health Partnership's (MBPH's) network of behavioral health providers. During the 2022 calendar year (CY), 129,128 MassHealth beneficiaries were enrolled in the PCCP.

Purpose of Report

The purpose of this ATR is to present the results of EQR activities conducted to assess the quality, timeliness, and access to health care services furnished to Medicaid enrollees, in accordance with the following federal managed care regulations: *Title 42 Code of Federal Regulations (CFR) Section (§) 438.364 External review results (a)* through *(d)* and *Title 42 CFR § 438.358 Activities related to external quality review*.

Scope of External Quality Review Activities

MassHealth contracted with IPRO, an external quality review organization (EQRO), to conduct external quality review of its PCCP. As a type of a PCCM plan administered by MassHealth, the PCCP is subject to one of the four mandatory EQR activities, as outlined by the Centers for Medicare and Medicaid Services (CMS). As set forth in *Title 42 CFR § 438.358 Activities related to external quality review(b)(1)*, this activity is:

(i) *CMS Mandatory Protocol 2: Validation* of Performance Measures – This activity assesses the accuracy of performance measures (PMs) 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 PMs was conducted in accordance with CMS EQR protocols. CMS defined *validation* in *Title 42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis."

High-Level Program Findings

The EQR activities conducted in CY 2022 demonstrated MassHealth's commitment to improvement in providing high-quality, timely, and accessible care for members.

IPRO used the analyses and evaluations of CY 2022 EQR activity findings to assess the performance of MassHealth's 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.

Opportunities for improvement:

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

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

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

Performance Measure Validation

IPRO validated the accuracy of PMs 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 (PMV) to assess the accuracy of HEDIS PMs and to determine the extent to which HEDIS PMs follow MassHealth's specifications and reporting requirements.

IPRO conducted a full Information Systems Capabilities Assessment (ISCA) 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, 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.

Opportunities for improvement:
When IPRO reviewed the processes used to collect, calculate, and report the PMs, it was identified that the provider specialty mapping processes used for measurement year (MY) 2021 were not current and need to be updated. This finding did not impact reported rates. No other issues were identified.

When IPRO compared the PCCP HEDIS rates to the Quality Compass® New England (NE) regional Medicaid percentiles, the Follow-up Care for Children Prescribed ADHD Medication Initiation and Continuation measure rates were below the 25th percentile.

PMV 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 with PCPs using 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 accountable care organizations (ACOs). Four of the member experience measures are included in the calculation of the ACOs' quality score that impacts a portion of the savings that ACOs earn.

When IPRO compared the PCCP results to the PC MES statewide average calculated across all MassHealth's ACOs, PCCP scored above the statewide average on 9 out of 10 adult PC MES measures and 10 out of 12 child PC MES measures.

Opportunities for improvement:
MassHealth currently excludes members with telehealth-only visits from the survey sample and uses the survey instrument based on the CG-CAHPS 3.0 survey tool. The newer 3.1 version of CG-CAHPS survey tool was updated to reference in-person, phone, and video visits. Updating the PC MES survey instrument to reflect the 3.1 version would allow MassHealth to capture information from a more complete population of members.

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.

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

- *Recommendation towards achieving the goals of the Medicaid quality strategy* – MassHealth should assess whether the state met or made progress on the five strategic goals and objectives described in the quality strategy. This assessment should describe whether the state successfully promoted better care for MassHealth members (goal 1), achieved measurable reductions in health care inequities (goal 2), made care more value-based (goal 3), successfully promoted person- and family-centered care (goal 4), and improved care through better integration, communication, and coordination (goal 5). The state may decide to continue with or revise its five strategic goals and objectives based on the evaluation.[1]
- *Recommendation towards accurate calculation of PMs* – IPRO recommends updating provider specialty mapping to improve measure rate accuracy.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage HEDIS data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities.
- *Recommendation towards capturing complete information about member experiences with health care* – IPRO recommends that MassHealth consider including telehealth-only members in the survey sample and update the PC MES survey instrument to reflect the 3.1 version of the CG-CAHPS tool.
- *Recommendation towards sharing information about member experiences with health care* – IPRO recommends that MassHealth publish summary results from member experience surveys on the MassHealth Quality Reports and Resources website and make the results available to MassHealth enrollees.

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

II.   Massachusetts Medicaid Managed Care Program

Managed Care in Massachusetts

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

MassHealth's mission is to improve the health outcomes of its members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. MassHealth covers over 2 million residents in Massachusetts, approximately 30% of the state's population.[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 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 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. MassHealth's managed care programs, quality metrics, and initiatives are described next in more detail. For the full list of MassHealth's quality goals and objectives see **Appendix A, Table A1**.

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

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[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

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

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

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

Performance Improvement Projects

MassHealth selects topics for its 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 two PCCM arrangements (i.e., PC ACOs and PCCP), all health plans are required to develop two PIPs. MassHealth requires that within each project there is at least one intervention focused on health equity, which supports MassHealth's strategic goal to promote equitable care.

Member Experience of Care Surveys

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

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

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

MassHealth Initiatives

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

1115 Demonstration Waiver

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

housing and nutritional support to certain members) and expanded coverage of 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 following: behavioral health integration in primary care, community-based alternatives to emergency department for crisis interventions, and the creation of the 24-7 Behavioral Health Help Line that will become available in 2023.

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

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

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

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

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

Quality strategy goals are considered in the design of MassHealth managed care programs, selection of quality metrics, and quality improvement projects, as well as in the design of other MassHealth initiatives. Consequently, MassHealth programs and initiatives reflect the priorities articulated in the strategy and include specific measures. Measures' targets are explained in the quality strategy by each managed care program.

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

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

MassHealth's quality strategy describes MassHealth's standards for network adequacy and service availability, care coordination and continuity of care, coverage, and authorization of services, as well as standards for dissemination and use of evidence-based practice guidelines. MassHealth's strategic goals include promoting timely preventative primary care services with access to integrated care and community-based services and

supports. MassHealth's strategic goals also include improving access for members with disabilities, as well as increasing timely access to behavioral health care and reducing mental health and SUD emergencies.

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

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

III.   Validation of Performance Measures

Objectives

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

Technical Methods of Data Collection and Analysis

MassHealth contracted with IPRO to conduct PMV to assess the data collection and reporting processes used to calculate the PCCP PM rates.

MassHealth evaluates PCCP quality performance on a slate of measures that included only HEDIS measures for MY 2021. All PCCP PMs were calculated by MassHealth's vendor Telligen. Telligen subcontracted with SS&C Health (SS&C), an NCQA-certified vendor, to produce the HEDIS measures rates for the PCCP.

MassHealth processes claims and data for the PCCP on the Massachusetts Medicaid Management Information System (MMIS). 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 calculation.

Telligen used SS&C's clinical data collection tool, Clinical Repository, to collect PCCP-abstracted medical record data for hybrid measures. SS&C integrated the administrative data with the abstracted medical record data to generate the final rates for the PCCP hybrid measures.

IPRO conducted a full ISCA 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 ISCA 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 used its HEDIS-certified measures software (CareAnalyzer®) to calculate final administrative 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. MassHealth/PCCP provided charts for sample records to confirm that the PCCP followed appropriate processes to abstract medical record data. SS&C used its HEDIS-certified measures software (CareAnalyzer) to calculate final hybrid measure HEDIS rates, as well.

Primary source validation (PSV) 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 MMIS system for the selected records.

IPRO also reviewed processes used to collect, calculate, and report the PMs. 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 in order to validate the produced rates.

Description of Data Obtained

The following information was obtained from MassHealth:

- A completed ISCA tool.
- Denominator and numerator compliant lists for the following two measures:
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – BMI percentile documentation; and
  - Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase.
- Rates for HEDIS measures.
- Lists of numerator records that were compliant by medical record abstraction for the Comprehensive Diabetes Care – HbA1c Poor Control (> 9.0%) measure.
- Screenshots from the MMIS system for PSV.
- MassHealth provided the completed medical record validation tool and associated medical records for the selected sample of members for medical record review validation.

Validation Findings

- **Information Systems Capabilities Assessment (ISCA):** The ISCA is conducted to confirm that MassHealth's information systems (IS) were appropriately capable of meeting regulatory requirements for managed care quality assessment and reporting. This includes a review of the claims processing systems, enrollment systems, provider data systems, 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, 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 the 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 (PSV):** PSV is conducted to confirm that the information from the primary source matches the output information used for measure reporting. MassHealth provided screenshots from the MMIS of the selected records for PSV. 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. It was identified that the provider specialty mapping processes used for MY 2021 were not current and need to be updated. This finding did not impact reported rates. 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:

1. MassHealth should update provider specialty mapping to improve measure rate accuracy.

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 2021

IS 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; IS: information system; MY: measurement year.

Conclusions

IPRO compared the PCCP rates to the NCQA HEDIS MY 2021 Quality Compass New England (NE) regional percentiles for Medicaid health maintenance organizations (HMOs) for all measures where available. MassHealth's benchmarks for PCCP rates are the 75th and the 90th Quality Compass New England regional percentile. The regional percentiles are color coded to compare to the PCCP rates, as explained in **Table 3**.

Table 3: Color Key for HEDIS Performance Measure Comparison to NCQA HEDIS MY 2021 Quality Compass New England (NE) Regional Percentiles.

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

When compared to the MY 2021 Quality Compass, PCCP scored at or above the 75th but below the 90th New England regional Medicaid percentile on the Well-Child Visit measures. MassHealth uses the 75th percentile to reflect a minimum or threshold standard for performance. The PCCP program scored below the 50th percentile on the Comprehensive Diabetes Care Poor Control measure and below the 25th percentile on the Follow-up Care for Children Prescribed ADHD Medication Initiation and Continuation measures. **Table 4** displays the HEDIS performance measures for MY 2021 for PCCP.

Table 4: PCCP HEDIS Performance Measures – MY 2021

HEDIS Measure	PCCP
Well-Child Visits – First 15 Months	74.74%
Well-Child Visits – 15–30 Months	81.79%
Follow-up Care for Children Prescribed ADHD Medication – Initiation	34.32%
Follow-up Care for Children Prescribed ADHD Medication – Continuation	41.83%
Comprehensive Diabetes Care Poor Control – Hybrid[1] LOWER IS BETTER	43.66%

[1] A lower rate indicates better performance.

PCCP: Primary Care Clinician Plan; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ADHD: attention deficit hyperactivity disorder.

IV. Validation of 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.

Since 2017, MassHealth has worked with the Massachusetts Health Quality Partners (MHQP), an independent non-profit measurement and reporting organization, to survey adult and pediatric ACO and 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 (PY) 2021 PC MES was administered between February–May 2022 by the Center for the Study of Services (CSS), an independent survey research organization and MHQP's subcontractor.

The adult and child PC MES survey instruments were based on the CG-CAHPS 3.0 surveys developed by the Agency for Health Care Research and Quality (AHRQ) and the NCQA. The PY 2021 PC MES adult and child surveys included Patient-Centered Medical Home (PCMH) survey items and the Coordination of Care supplemental items.

The PCCP members were surveyed as a comparison group to the ACO program members. The PCCP is a legacy managed care plan that predates the ACO program. Most PCCP members are now enrolled in the ACO program. MassHealth ACO program members were attributed to practices that were grouped into 36 medical groups across the 17 ACOs, including 13 ACPPs, 3 PC ACO plans, and the Lahey ACO.

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 two mailings. The email protocol involved receiving up to four emails and up to two mailings.

The PCCP sample frame included members 18 years of age or older for the adult survey or 17 years of age or younger for the child survey who were enrolled in the plan as of November 26, 2021, who did not have Medicare coverage of Community Partners (CP) enrollment, and who had at least one primary care visit at one of the PCCP practices during the measurement year (January 1 and November 26, 2021).

Table 5 provides a summary of the technical methods of data collection.

Table 5: PC MES – Technical Methods of Data Collection, MY 2021

PC MES – Technical Methods of Data Collection	
Adult CAHPS survey	
Survey vendor	MHQP
Survey tool	MassHealth PC MES, based on the CG-CAHPS 3.0 survey instrument
Survey timeframe	February–May 2022
Method of collection	Mailings and emails
Sample size – PCCP	2,915
Response rate	17%
Child CAHPS survey	
Survey vendor	MHQP
Survey tool	MassHealth PC MES, based on the CG-CAHPS 3.0 survey instrument
Survey timeframe	February–May 2022
Method of collection	Mailings and emails
Sample size – PCCP	5,250
Response rate	9.2%

To assess PCCP performance, IPRO compared PCCP scores to statewide averages calculated as the cumulative top-box survey results across all MassHealth's ACOs. The top-box scores are the survey results for the highest possible response category.

Description of Data Obtained
IPRO received copies of the final PY 2021 technical and analysis reports produced by MHQP. These reports included comprehensive descriptions of the project technical methods and survey results. IPRO also received separate files with the PCCP scores and statewide averages.

Conclusions
IPRO compared the PCCP results to the statewide scores for adults and children. The statewide scores are the cumulative top-box survey results for MassHealth enrollees attributed to the 17 MassHealth ACOs. 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 6**.

Table 6: Color Key for PC MES Performance Measure Comparison to the Statewide Score.

Color Key	How Rate Compares to the Statewide Average
Orange	Below the statewide score.
Gray	At the statewide score.
Blue	Above the statewide score.
White	Statewide score.

When compared to the statewide score, the PCCP mostly achieved scores that exceeded the statewide score for the PY 2021. Only the child Willingness to Recommend measures were below the statewide average. **Table 7** displays the results of the PC MES adult Medicaid survey for the PY 2021, and **Table 8** displays the results of the PC MES child Medicaid survey for PY 2021.

Table 7: PC MES Performance – Adult Member, PY 2021

PC MES Measure	PCCP	Statewide Score
Adult Behavioral Health	70.3	65.2
Communication	90.3	87.6
Integration of Care	81.5	78.6
Knowledge of Patient	84.4	82.0
Office Staff	89.1	84.4
Organizational Access	83.0	77.5
Overall Provider Rating	88.9	87.1
Self-Management Support	62.3	61.3
Willingness to Recommend	87.4	85.3

PC MES: Primary Care Member Experience Survey; PY: program year.

Table 8: PC MES Performance – Child Member, PY 2021

CAHPS Measure	PCCP	Statewide Score
Communication	94.2	90.8
Integration of Care	85.2	79.3
Knowledge of Patient	90.2	86.6
Office Staff	66.9	65.9
Organizational Access	73.9	70.0
Overall Provider Rating	88.1	82.2
Self-Management Support	90.9	85.6
Willingness to Recommend	43.2	52.7
Child Development	96.7	94.9
Child Provider Communication	93.0	90.6
Pediatric Prevention	92.3	90.2

PC MES: Primary Care Member Experience Survey; PY: program year.

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,[6] PAHP,[7] or PCCM entity has effectively addressed the recommendations for QI[8] made by the EQRO during the previous year's EQR." **Table 9** display the MassHealth's responses to the recommendations for QI made during the previous EQR, as well as IPRO's assessment of these responses.

Table 9: MassHealth's Response to Previous EQR Recommendations Regarding PCCP

Recommendation for PCCP	PCCP Response/Actions Taken	IPRO Assessment of MCP Response[1]
Performance Measure Validation 1 – IMA Combo 1: Quality-Related: Consider using supplemental data for PMV measure reporting.	During calendar year 2021, MassHealth entered into a Data Use Agreement (DUA) with the Massachusetts Department of Public Health and is currently exploring whether that DUA would permit MassHealth access to member data from the Massachusetts Immunization Information System (MIIS) for the purposes of quality measurement. In Q1 of 2023, MassHealth will determine if the current DUA would require modification to allow for receipt of MIIS member data for the purposes of quality measurement for potential implementation in Measure Year 2023.	Partially addressed
Performance Measure Validation 2 – IMA Combo 2: Quality-Related: The PCC Plan scored below the NCQA Medicaid Quality Compass 50th percentile for the *Immunizations for Adolescents (IMA): Combination 2* HEDIS measure. Utilizing the state immunization registry as a data source for this measure could increase the performance rate in future years. Quality-Related: Consider using supplemental data for PMV measure reporting.	During calendar year 2021, MassHealth entered into a Data Use Agreement (DUA) with the Massachusetts Department of Public Health and is currently exploring whether that DUA would permit MassHealth access to member data from the Massachusetts Immunization Information System (MIIS) for the purposes of quality measurement. In Q1 of 2023, MassHealth will determine if the current DUA would require modification to allow for receipt of MIIS member data for the purposes of quality measurement for potential implementation in Measure Year 2023.	Partially addressed
Performance Measure Validation 3 – FUH (30 days): Quality-Related: Consider using supplemental data for PMV measure reporting.	At this time, MassHealth does not have access to a source of supplemental data that could be used to impact the FUH measure. As measures are increasingly moving to electronic measurement, MassHealth is considering processes to collect additional types of data that could be used to impact measures like FUH.	Partially addressed

[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; PMV: performance measure validation; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IMA: Immunization for Adolescents; FUH: Follow-up After Hospitalization for Mental Illness.

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[6] Prepaid inpatient health plan.
[7] Prepaid ambulatory health plan.
[8] Quality improvement.

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

Table 10 highlight PCCP performance strengths, opportunities for improvement, and this year's recommendations based on the aggregated results of CY 2022 EQR activities as they relate to **quality**, **timeliness**, and **access**.

Table 10: PCCP Strengths, Opportunities for Improvement, and EQR Recommendations

PCCP	Strengths	Weaknesses	Recommendations	Standards
Performance measures				
HEDIS Measures	The data and processes used to produce HEDIS rates for the PCCP were fully compliant with information system standards.	The provider specialty mapping processes used for MY 2021 were not current and need to be updated. PCCP rates were below the 25th Quality Compass Medicaid New England percentile for the following measures: Follow-up Care for Children Prescribed ADHD Medication – Initiation; and Follow-up Care for Children Prescribed ADHD Medication – Continuation.	MassHealth should update provider specialty mapping to improve measure rate accuracy.\n\nMassHealth should conduct a root cause analysis for its PCCP 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
Quality-of-care surveys				
PC MES	MassHealth conducted both adult and child PC MES survey based on the CG-CAHP survey instrument.\n\nNine out of 10 adult PC MES measures were above the statewide average calculated across all MassHealth's ACOs.\n\nTen out of 12 child PC MES measures were above the statewide average calculated across all MassHealth's ACOs.	MassHealth currently excludes members with telehealth-only visits from the survey sample and uses the survey instrument based on the CG-CAHPS 3.0 survey tool. PCCP scored below the statewide average on one adult PC MES measure (Telehealth) and two child PC MES measures (Telehealth and Willingness to Recommend).	MassHealth should consider updating the PC MES survey instrument to reflect the 3.1 version of the CG-CAHPS tool that was updated to reference in-person, phone, and video visits, and should consider including telehealth-only members in the survey sample.\n\nMassHealth 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; ADHD: attention deficit hyperactivity disorder; CG-CAHPS: Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey; PC MES: Primary Care Member Experience Survey; ACOs: accountable care organizations

VII.   Required Elements in EQR Technical Report

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

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

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

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

Elements required in EQR technical report, including the requirements for the PIP validation, PMV, and review of compliance activities, are listed in the **Table 11**.

Table 11: Required Elements in EQR Technical Report

Regulatory Reference	Requirement	Location in the EQR Technical Report
Title 42 CFR § 438.364(a)	All eligible Medicaid and CHIP plans are included in the report.	All MCPs are identified by plan name, MCP type, managed care authority, and population served in **Appendix B, Table B1**.
Title 42 CFR § 438.364(a)(1)	The technical report must summarize findings on quality, access, and timeliness of care for each MCO, PIHP, PAHP, and PCCM entity that provides benefits to Medicaid and CHIP enrollees.	The findings on quality, access, and timeliness of care for the PCCP are summarized in **Section VI. PCCP Strengths, Opportunities for Improvement, and EQR Recommendations**.
Title 42 CFR § 438.364(a)(3)	The technical report must include an assessment of the strengths and weaknesses of each MCO, PIHP, PAHP and PCCM entity with respect to (a) quality, (b) timeliness, and (c) access to the health care services furnished by MCOs, PIHPs, PAHPs, or PCCM entity.	See **Section 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.
Title 42 CFR § 438.364(a)(4)	The technical report must include recommendations for improving the quality of health care services furnished by each MCO, PIHP, PAHP, or PCCM entity.	Recommendations for improving the quality of health care services furnished by 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
Title 42 CFR § 438.364(a)(4)	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under *Title 42 CFR § 438.340*, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.	Recommendations for how the state can target goals and objectives in the quality strategy are included in **Section I, High-Level Program Findings and Recommendations**, as well as when discussing strengths and weaknesses of the PCCP or activity and when discussing the basis of performance measures.
Title 42 CFR § 438.364(a)(5)	The technical report must include methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities.	Methodologically appropriate, comparative information about 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**.
Title 42 CFR § 438.364(a)(6)	The technical report must include an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.	See **Section 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.
Title 42 CFR § 438.364(d)	The information included in the technical report must not disclose the identity or other protected health information of any patient.	The information included in this technical report does not disclose the identity or other PHI of any patient.
Title 42 CFR § 438.364(a)(2)(iiv)	The technical report must include the following for each of the mandatory activities: objectives, technical methods of data collection and analysis, description of data obtained including validated performance measurement data for each PIP, and conclusions drawn from the data.	Each EQR activity section describes the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.
Title 42 CFR § 438.358(b)(1)(i)	The technical report must include information on the validation of PIPs that were underway during the preceding 12 months.	Not applicable.
Title 42 CFR § 438.330(d)	The technical report must include a description of PIP interventions associated with each state-required PIP topic for the current EQR review cycle.	Not applicable.
Title 42 CFR § 438.358(b)(1)(ii)	The technical report must include information on the validation of each MCO's, PIHP's, PAHP's, or PCCM entity's performance measures for each MCO, PIHP, PAHP, and PCCM entity performance measure calculated by the state during the preceding 12 months.	This report includes information on the validation of the PCCP's performance measures, see **Section III**.
Title 42 CFR § 438.358(b)(1)(iii)	Technical report must include information on a review, conducted within the previous three-year period, to determine each MCO's, PIHP's, PAHP's or PCCM's compliance with the standards set forth in Subpart D and the QAPI requirements described in *Title 42 CFR § 438.330*. The technical report must provide MCP results for the 11 Subpart D and QAPI standards.	Not applicable.

VIII. Appendix A – MassHealth Quality Goals and Objectives

Table A1: MassHealth Quality Strategy Goals and Objectives

MassHealth Quality Strategy Goals and Objectives	
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
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
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
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
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)	Groups of primary care providers working with one managed care organization to create a full network of providers. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver.	1. AllWays Health Partners, Inc & Merrimack Valley ACO 2. Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Community Alliance ACO 3. Boston Medical Center Health Plan & Mercy Health Accountable Care Organization, WellSense Mercy Alliance ACO 4. Boston Medical Center Health Plan & Signature Healthcare Corporation, WellSense Signature Alliance ACO 5. Boston Medical Center Health Plan & Southcoast Health Network, WellSense Southcoast Alliance ACO 6. Fallon Community Health Plan & Health Collaborative of the Berkshires 7. Fallon Community Health Plan & Reliant Medical Group (Fallon 365 Care) 8. Fallon Community Health Plan & Wellforce 9. Health New England & Baystate Health Care Alliance, Be Healthy Partnership 10. Tufts Health Public Plan & Atrius Health 11. Tufts Health Public Plan & Boston Children's Health Accountable Care Organization 12. Tufts Health Public Plan & Beth Israel Deaconess Care Organization 13. Tufts Health Public Plan & Cambridge Health Alliance
Primary care accountable care organization (PC ACO)	Groups of primary care providers forming an ACO that works directly with MassHealth's network of specialists and hospitals for care and coordination of care. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver.	1. Community Care Cooperative 2. Mass General Brigham 3. Steward Health Choice

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Managed care organization (MCO)	Capitated model for services delivery in which care is offered through a closed network of PCPs, specialists, behavioral health providers, and hospitals. • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver.	1. Boston Medical Center HealthNet Plan (WellSense) 2. Tufts Health Together
Primary Care Clinician Plan (PCCP)	Members select or are assigned a primary care clinician (PCC) from a network of MassHealth hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP). • Population: Managed care eligible Medicaid members under 65 years of age. • Managed Care Authority: 1115 Demonstration Waiver.	Not applicable – MassHealth
Massachusetts Behavioral Health Partnership (MBHP)	Capitated behavioral health model providing or managing behavioral health services, including visits to a licensed therapist, crisis counseling and emergency services, SUD and detox services, care management, and community support services. • Population: Medicaid members under 65 years of age who are enrolled in the PCCP or a PC ACO (which are the two PCCM programs), as well as children in state custody not otherwise enrolled in managed care. • Managed Care Authority: 1115 Demonstration Waiver.	MBHP (or managed behavioral health vendor: Beacon Health Options)
One Care Plan	Integrated care option for persons with disabilities in which members receive all medical and behavioral health services and long-term services and support through integrated care. Effective January 1, 2026, the One Care Plan program will shift from a Medicare-Medicaid Plan (MMP) demonstration to a Medicare Fully Integrated Dual-Eligible Special Needs Plan (FIDE-SNP) with a companion Medicaid managed care plan. • Population: Dual-eligible Medicaid members aged 21–64 years at the time of enrollment with MassHealth and Medicare coverage.	1. Commonwealth Care Alliance 2. Tufts Health Plan Unify 3. UnitedHealthcare Connected for One Care

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
	• Managed Care Authority: Financial Alignment Initiative Demonstration.	
Senior care option (SCO)	Medicare Fully Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs) with companion Medicaid managed care plans providing medical, behavioral health, and long-term, social, and geriatric support services, as well as respite care. • 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.	1. Boston Medical Center HealthNet Plan Senior Care Option 2. Commonwealth Care Alliance 3. NaviCare (HMO) Fallon Health 4. Senior Whole Health by Molina 5. Tufts Health Plan Senior Care Option 6. UnitedHealthcare Senior Care Options

X. Appendix C – MassHealth Quality Measures

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

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

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