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External Quality Review Senior Care Options Annual Technical Report, Calendar Year 2022



Commonwealth of Massachusetts
Executive Office of Health and
Human Services

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I. Executive Summary

Senior Care Options Plans

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

Massachusetts's Medicaid program, administered by the Massachusetts Executive Office of Health and Human Services (EOHHS, known as "MassHealth"), contracted with six SCO plans during the 2022 calendar year (CY). SCOs are health plans for MassHealth enrollees aged 65 years and older and dual-eligible members aged 65 years and older. SCO plans include all MassHealth and Medicare benefits, together with prescription drug coverage.¹ They cover medical, behavioral health, and long-term services and supports (LTSS), and provide care coordination for members with chronic conditions. In addition to care coordination, SCOs also offer social and geriatric support services to help seniors stay independently at home as long as possible. MassHealth's SCOs are listed in **Table 1**.

Table 1: MassHealth's SCOs – CY 2022

SCO Name	Abbreviation Used in the Report	Members as of December 31, 2022	Percent of Total SCO Population
Boston Medical Center HealthNet Plan Senior Care Option	BMCHP WellSense SCO	2,102	2.79%
Commonwealth Care Alliance	CCA SCO	14,395	19.11%
NaviCare (HMO) Fallon Health	Fallon NaviCare SCO	10,350	13.74%
Senior Whole Health by Molina	SWH SCO	13,185	17.50%
Tufts Health Plan Senior Care Option	Tufts SCO	10,730	14.24%
UnitedHealthcare Senior Care Option	UHC SCO	24,567	32.61%

The **Boston Medical Center HealthNet Plan SCO (BMCHP WellSense SCO)** is a nonprofit health plan that serves 2,102 MassHealth enrollees who live in Barnstable, Bristol, Hampden, Plymouth, or Suffolk counties. Its corporate parent is Boston Medical Center Health System, Inc. More information about BMCHP WellSense SCO is available here: [Senior Care Options | WellSense Health Plan](#).

The **Commonwealth Care Alliance SCO (CCA SCO)** is a nonprofit health plan that serves 14,395 MassHealth enrollees who live in Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. CCA SCO is an integrated care system based in Boston. More information about CCA SCO is available here: [Senior Care Options for Members | Commonwealth Care Alliance MA](#).

The **NaviCare Fallon Health (Fallon NaviCare SCO)** is a nonprofit health plan that serves 10,350 MassHealth enrollees across 12 counties in the state of Massachusetts. The Dukes and Nantucket counties are not part of the Fallon NaviCare SCO service area. More information about Fallon NaviCare SCO is available here: [FCHP - NaviCare \(fallonhealth.org\)](#).

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

The **Senior Whole Health by Molina (SWH SCO)** serves 13,185 MassHealth enrollees who live in Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. Their corporate parent is Molina Healthcare. More information about SWH SCO is available here: [Senior Whole Health by Molina Healthcare](#).

The **Tufts Health Plan Senior Care Options (Tufts SCO)** is a nonprofit health plan that serves 10,730 MassHealth enrollees who live in Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. More information about Tufts SCO is available here: [Tufts Health Plan Senior Care Options | Our Plans | Provider | Tufts Health Plan](#).

The **UnitedHealthcare Senior Care Options (UHC SCO)** serves 24,567 MassHealth enrollees who live in Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties. More information about UHC SCO is available here: [Massachusetts Health Plans | UnitedHealthcare Community Plan: Medicare & Medicaid Health Plans \(uhccommunityplan.com\)](#).

Purpose of Report

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

Scope of External Quality Review Activities

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

- (i) **CMS Mandatory Protocol 1: Validation of Performance Improvement Projects (PIPs)** – This activity validates that SCOs’ performance improvement projects (PIPs) were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.
- (ii) **CMS Mandatory Protocol 2: Validation of Performance Measures** – This activity assesses the accuracy of performance measures (PMs) reported by each SCO and determines the extent to which the rates calculated by the SCOs follow state specifications and reporting requirements.
- (iii) **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP² Managed Care Regulations** – This activity determines SCOs’ compliance with its contract and with state and federal regulations.
- (iv) **CMS Mandatory Protocol 4: Validation of Network Adequacy** – This activity assesses SCOs’ adherence to state standards for travel time and distance to specific provider types, as well as each SCO’s ability to provide an adequate provider network to its Medicaid population.

The results of the EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

- technical methods of data collection and analysis,
- description of obtained data,
- comparative findings, and
- where applicable, the SCOs’ performance strengths and opportunities for improvement.

All four mandatory EQR activities were conducted in accordance with CMS EQR protocols. CMS defined *validation* in *Title 42 CFR § 438.320 Definitions* as “the review of information, data, and procedures to

² Children’s Health Insurance Program.

determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.” It should be noted that validation of network adequacy was conducted at the state’s discretion, as activity protocols were not included in the *CMS External Quality Review (EQR) Protocols* published in October 2019.

High-Level Program Findings

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

IPRO used the analyses and evaluations of CY 2022 EQR activity findings to assess the performance of MassHealth’s SCOs in providing quality, timely, and accessible health care services to Medicaid members. The individual SCOs were evaluated against state and national benchmarks for measures related to the **quality**, **access**, and **timeliness** domains, and results were compared to previous years for trending when possible. These plan-level findings and recommendations for each SCO are discussed in each EQR activity section, as well as in the **MCP Strengths, Opportunities for Improvement, and EQR Recommendations** section.

The overall findings for the SCO program were also compared and analyzed to develop overarching conclusions and recommendations for MassHealth. The following provides a high-level summary of these findings for the MassHealth Medicaid SCO program.

MassHealth Medicaid Comprehensive Quality Strategy

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

Strengths:

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

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

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

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

Opportunities for improvement:

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

For example, to assess if MassHealth achieved measurable reductions in health care inequities (goal 2), the state could look at the core set measures stratified by race/ethnicity; to assess if MassHealth made care more

value-based (goal 3), the state could look at the number of enrollees in value-based arrangements. The state may decide to continue with or revise its five strategic goals based on the evaluation.

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

Performance Improvement Projects

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

Strengths:

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

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

During CY 2022, each SCO conducted two PIPs: one new baseline PIP focused on care planning and one remeasurement PIP focused on increasing the rate of flu vaccinations. Both PIPs were validated by MassHealth's previous EQRO. PIPs were conducted in compliance with federal requirements and were designed to drive improvement on measures that support specific strategic goals; however, they also presented opportunities for improvement.

Opportunities for improvement:

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

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

Performance Measure Validation

IPRO validated the accuracy of PMs and evaluated the state of health care quality in the SCO program.

Strengths:

The use of quality metrics is one of the key elements of MassHealth's quality strategy.

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

SCOs are evaluated on a set of Healthcare Effectiveness Data and Information Set (HEDIS®) and non-HEDIS measures (i.e., measures that are not reported to the National Committee for Quality Assurance [NCQA] via the Interactive Data Submission System [IDSS]). HEDIS rates are calculated by each SCO and reported to the state.

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

When IPRO compared the MassHealth's weighted averages to the NCQA Quality Compass®, the MassHealth SCO's weighted averages were above the national Medicare 90th percentile on the Influenza Immunization and the Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation Bronchodilators measures. Across all SCO plans, 80% of SCO enrollees self-reported getting the flu vaccine, and 90.95% of SCO enrollees who had an acute inpatient stay or emergency department (ED) visit for COPD were dispensed a bronchodilator. Also, each individual SCO plan scored above the national Medicare 90th percentile of the NCQA Quality Compass on the Influenza Immunization Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measure.

Opportunities for improvement:

MassHealth's Use of High-Risk Medications in the Elderly statewide weighted average rate was below the national Medicare 25th percentile. Also, MassHealth's statewide weighted average rates for the following seven measures were below the 50th percentile:

- Transitions of Care: Medication Reconciliation Post-Discharge,
- Controlling High Blood Pressure,
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD,
- Potentially Harmful Drug Disease Interactions in the Elderly,
- Plan All-Cause Readmission (Observed/Expected Ratio),
- Osteoporosis Management in Women Who Had a Fracture, and
- Antidepressant Medication Management Acute.

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

Compliance

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

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

Network

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

Strengths:

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

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

Travel time and distance standards and availability standards are defined in the SCOs' contracts with MassHealth. Network adequacy was calculated on a county level, where 90% of health plan members residing in a county had to have access within the required travel time and/or distance standards, depending on a provider type.

All SCO plans had adequate networks of adult primary care and ob/gyn providers.

Opportunities for improvement:

IPRO evaluated each SCO's provider network to determine compliance with the time and distance standards established by MassHealth. Access was assessed for a total of 54 provider types. The results show that all SCOs had some type of network deficiency. The CCA SCO had network deficiencies for three provider types, whereas the SWH SCO had network deficiencies for 29 provider types.

SCO-specific results for network adequacy are provided in **Section VI** of this report.

Member Experience of Care Survey

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

Strengths:

MassHealth requires contracted SCOs to conduct an annual SCO-level CAHPS survey using an approved CAHPS vendor and report CAHPS data to MassHealth. All MassHealth SCOs independently contracted with a certified CAHPS vendor to administer CMS's Medicare Advantage Prescription Drugs (MA-PD) CAHPS survey for MY 2021.

CMS uses this information to assign star ratings to health plans, and MassHealth monitors SCOs' submissions of CAHPS surveys and uses the results to identify opportunities for improvement and inform MassHealth's quality management work.

MassHealth's weighted mean score for the Annual Flu Vaccine and the Rating of Prescription Drugs measures exceeded the Medicare Advantage national mean score. In addition, the CCA SCO exceeded the Medicare Advantage mean score on seven measures, and Tufts SCO exceeded the national benchmark on six out of nine MA-PD CAHPS measures. All SCOs exceeded the national benchmark for the Annual Flu Vaccine measure.

Opportunities for improvement:

The MassHealth weighted means scores were below the Medicare Advantage national mean on six of the nine MA-PD CAHPS measures. All SCO plans scored below the benchmark for the Getting Needed Prescription Drugs measure.

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

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

Recommendations

Per *Title 42 CFR § 438.364 External quality review results(a)(4)*, this report is required to include recommendations for improving the quality of health care services furnished by the SCOs and recommendations on how MassHealth can target the goals and the objectives outlined in the state's quality

strategy to better support improvement in the **quality** of, **timeliness** of, and **access** to health care services furnished to Medicaid managed care enrollees.

EQR Recommendations for MassHealth

- *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.³
- *Recommendation towards accelerating the effectiveness of PIPs* – IPRO recommends that MassHealth’s PIPs have an effective aim statement and include intervention tracking measures to better track the success of specific changes that were put in place to overcome barriers that prevent improvement.
- *Recommendation towards better performance on quality measures* – MassHealth should continue to leverage the HEDIS and CAHPS Health Plan Survey data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities.
- *Recommendation towards measurable network adequacy standards* – MassHealth should continue to monitor network adequacy across MCPs and leverage the results to improve access. MassHealth should also work with EQRO and MCPs to identify consistent network adequacy indicators.
- *Recommendation towards sharing information about member experiences with health care* – IPRO recommends that MassHealth publish summary results from member experience surveys on the MassHealth Quality Reports and Resources website and make the results available to MassHealth enrollees.

EQR Recommendations for SCO Plans

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

³ 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.⁴

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

MassHealth Medicaid Quality Strategy

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

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

Table 2: MassHealth's Strategic Goals

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

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

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

MassHealth Managed Care Programs

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

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

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

Quality Metrics

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

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

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

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

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

Member Experience of Care Surveys

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

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

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

MassHealth Initiatives

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

1115 Demonstration Waiver

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

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

Roadmap for Behavioral Health

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

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

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

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

IPRO's Assessment of the Massachusetts Medicaid Quality Strategy

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

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

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

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

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

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

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

III. Validation of Performance Improvement Projects

Objectives

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

Section 2.9.C of the Second Amended and Restated MassHealth SCO Contract and Appendix L to the MassHealth SCO Contract require the SCOs to annually develop at least two PIPs in the areas of integration of primary care, long term care, and behavioral health or areas that involve the implementation of interventions to achieve improvement in the access to and quality of care. MassHealth requires that within each PIP, there is at least one intervention focused on health equity. MassHealth can also modify the PIP cycle to address immediate priorities.

For the CY 2022, SCOs were required to develop two PIPs in the following priority areas selected by MassHealth in alignment with its quality strategy goals: care coordination/planning and prevention and wellness. SCOs conducted one new (baseline) PIP focused on care planning and one old (remeasurement) PIP that continued their work on flu vaccinations from the previous year. Specific SCO PIP topics are displayed in **Table 3**.

Table 3: SCO PIP Topics – CY 2022

SCO	PIP Topics
BMCHP WellSense SCO	PIP 1: Care Planning – Baseline Report Improving the transitions of care rate for all WellSense SCO members, with a special focus on reducing racial disparities in care coordination and planning
	PIP 2: Flu – Remeasurement Report Increasing the rate of flu vaccination for all WellSense SCO members, with a special focus on reducing racial disparities in flu vaccination access
CCA SCO	PIP 1: Care Planning – Baseline Report Improving rates of medication reconciliation post-discharge for CCA Senior Care Options members
	PIP 2: Flu – Remeasurement Report Flu vaccine improvement
Fallon NaviCare SCO	PIP 1: Care Planning – Baseline Report Patient engagement after inpatient discharge
	PIP 2: Flu – Remeasurement Report Increasing flu vaccination rates for NaviCare members
Senior Whole Health SCO	PIP 1: Care Planning – Baseline Report Improve rate of patient engagement after inpatient discharge as evidenced by documentation of patient engagement that occurs within 30 days after discharge with a special focus on reducing health disparities in region(s) at risk for non-engagement
	PIP 2: Flu – Remeasurement Report Increase the rate of flu vaccination among Senior Whole Health (SWH) members with a special focus on reducing racial disparities in flu vaccination access
Tufts SCO	PIP 1: Care Planning – Baseline Report Increasing transitions of care support to include medication reconciliation
	PIP 2: Flu– Remeasurement Report Increase flu vaccination rate among SCO members

SCO	PIP Topics
UHC SCO	PIP 1: Care Planning – Baseline Report Care Coordination and Planning: Improving medication reconciliation post-discharge rates for SCO members living in the community
	PIP 2: Flu – Remeasurement Report Improving flu vaccination rates for UnitedHealthcare Senior Care Options Community Plan members

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

Technical Methods of Data Collection and Analysis

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

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

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

Description of Data Obtained

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

Conclusions and Comparative Findings

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

After the review to determine whether the PIP met the quality validation criteria established by CMS and MassHealth, the external reviewers rated each PIP and assigned an overall validation rating score based on rating averages across all requirements. No PIP was scored below 97%. PIP validation results are reported in **Tables 4–9** for each SCO.

Table 4: BMCHP WellSense SCO PIP Validation Results

Summary Results of Validation Ratings	PIP 1: Care Planning – Rating Averages	PIP 2: Flu – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	97%	96%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	99%	99%

Table 5: CCA SCO PIP Validation Results

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

Table 6: Fallon NaviCare SCO PIP Validation Results

Summary Results of Validation Ratings	PIP 1: Care Planning – Rating Averages	PIP 2: Flu – Rating Averages
Updates to Project Descriptions and Goals	100%	100%
Update to Stakeholder Involvement	83%	100%
Intervention Activities Updates	100%	78%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	98%	97%

Table 7: Senior Whole Health SCO PIP Validation Results

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

Table 8: Tufts SCO PIP Validation Results

Summary Results of Validation Ratings	PIP 1: Care Planning – Rating Averages	PIP 2: Flu – Rating Averages
Updates to Project Descriptions and Goals	77%	100%
Update to Stakeholder Involvement	100%	100%
Intervention Activities Updates	97%	92%
Performance Indicator Data Collection	100%	100%
Capacity for Indicator Data Analysis	100%	100%
Performance Indicator Parameters	100%	100%
Baseline Performance Indicator Rates	100%	100%
Conclusions and Planning for Next Cycle	100%	100%
Overall Validation Rating Score	97%	97%

Table 9: UHC SCO PIP Validation Results

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

BMCHP WellSense SCO PIPs

BMCHP WellSense SCO PIP summaries, including aim, interventions, and results (indicators), are reported in Tables 10–12.

Table 10: BMCHP WellSense SCO PIP Summaries, 2022

BMCHP WellSense SCO PIP Summaries
<p>PIP 1: Improving the transitions of care rate for all WellSense SCO members, with a special focus on reducing racial disparities in care coordination and planning.</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p>
<p>Aim</p> <p>The goals for this project include:</p> <ol style="list-style-type: none"> 1. Identify and understand any barriers to providing a documented care plan based on race, ethnicity, or language. 2. Reduce identified disparities in care planning access. 3. Increase the percentage of members who have a documented care plan by 5%. 4. Streamline communication regarding care plans during in-home assessments to ensure members are aware they have a documented care plan and are fully engaged in choosing the services included and persons involved in their care plans. <p>Interventions in 2022</p> <ul style="list-style-type: none"> ▪ Provide culturally appropriate outreach to members of Haitian ethnicity, or speakers of Haitian Creole or Portuguese, who have declined or failed to respond to in-home assessment scheduling attempts. ▪ Hire and train dedicated Transitions of Care nurse care manager (RN). <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>
<p>PIP 2: Increasing the rate of flu vaccination for all WellSense SCO members, with a special focus on reducing racial disparities in flu vaccination access</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p>
<p>Aim</p> <p>The goals for this project include:</p> <ol style="list-style-type: none"> 1. Increase the collection of flu vaccination data to have a more accurate picture of the flu vaccination activity among different subsets of the population. 2. Identify and understand barriers to flu vaccinations specific to different racial groups. 3. Reduce racial disparities in flu vaccination access. 4. Increase the rate of flu vaccinations for all SCO members by implementing culturally appropriate interventions. <p>Interventions in 2022</p> <ul style="list-style-type: none"> ▪ Educate, engage, and solicit feedback from provider practices to increase/improve flu vaccination among the Hispanic, White male, and Spanish-speaking members. ▪ Educational flu vaccination outreach for SCO member populations at risk of experiencing disparities related to Race, Ethnicity or Language (updated from: educational flu vaccination outreach for Hispanic and White male and Spanish-speaking members). ▪ Engage and solicit feedback from provider practices to increase/improve flu vaccination among populations at risk of experiencing REL-related disparities. <p>Performance Improvement Summary</p> <p>WellSense SCO showed a significant improvement in the overall rate for flu vaccinations among SCO members in the previous flu season. The plan has met the goal of 5% improvement over the baseline rate for this measurement period. Only slight variations among members of traditionally underserved races, ethnicities and languages were identified. Some populations which are traditionally underserved in Massachusetts significantly outperformed White members,</p>

BMCHP WellSense SCO PIP Summaries

which may be related to the quantity of REL data missing from the population (20%) or may stem from a cause not yet identified. Significant differences in flu vaccination rates were found based on region and provider site, which offers a strong direction for future targeted interventions.

Table 11: BMCHP WellSense SCO PIP Results – PIP 1

Improving the transitions of care rate for all WellSense SCO members, with a special focus on reducing racial disparities in care coordination and planning (2022–2023) – Indicators and Reporting Year	BMCHP WellSense SCO
Indicator 1: Transitions of Care (TRC) total rate	
2022 (baseline, MY 2021 data)	38.7%
2023 (remeasurement year 1)	Not Applicable

Table 12: BMCHP WellSense SCO PIP Results – PIP 2

Increasing the rate of flu vaccination for all WellSense SCO members, with a special focus on reducing racial disparities in flu vaccination access (2021–2023) – Indicators and Reporting Year	BMCHP WellSense SCO
Indicator 1: Rate of flu vaccinations among WellSense SCO members	
2021 (baseline, 09.2019 -3.2020 MY data)	56.05%
2022 (remeasurement year 1)	59%
2023 (remeasurement year 2)	Not Applicable

Recommendations

None.

CCA SCO PIPs

CCA SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 13–15**.

Table 13: CCA SCO PIP Summaries, 2022

CCA SCO PIP Summaries
PIP 1: Improving rates of medication reconciliation post-discharge for CCA Senior Care Options members Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim The goal of this project is to increase the post-discharge medication reconciliation rate for CCA Senior Care Option (SCO) members to at least 80%, assuring that SCO members admitted to an acute or non-acute inpatient facility receive a medication reconciliation as soon as possible after discharge and no later than 30 days after discharge.
Interventions in 2022 <ul style="list-style-type: none">Engage with members upon discharge to identify and collaboratively address their SDoH needs.Collaborate with Network Inpatient Facilities to support best practice for dissemination of discharge information to CCA.Analyze and optimize CCA’s documentation workflows as they relate to completion of medication reconciliation post-discharge for RN Care Partners and Community RNs.Provide RN Care Partner and Community RN education regarding best practices and documentation requirements for medication reconciliation post-discharge.
Performance Improvement Summary Not applicable until the remeasurement results are available in 2023 for the MY 2022.

CCA SCO PIP Summaries

PIP 2: Flu vaccine improvement

Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.

Aim

To improve CCA's SCO Influenza Vaccination Rates with particular focus on the population subgroups identified as having historically lower vaccination rates compared to the overall SCO population vaccination rates and/or compared to the SCO population subgroups with the highest vaccination rates. Subgroup analyses included examination of vaccination rates by race/ethnicity, age, primary language, the presence of certain chronic conditions, prior vaccination history, primary care engagement, and primary care location.

Interventions in 2022

- The Vaccine task force design and implementation of operational standards and practices for vaccine administration at CCA.
- Increase provider knowledge and skills regarding understanding and overcoming CCA SCO member reasons for vaccine hesitancy, within the CCA primary care provider team.
- Educate CCA SCO members, promote the importance of the Influenza vaccine, and increase their willingness to get the vaccine.

Performance Improvement Summary

Based on the comparison of the indicator (Primary Care Patient Flu Immunization) rate between baseline year and the first remeasurement year (no difference), it is apparent that the PIP has not made significant progress towards achieving its performance goal.

Table 14: CCA SCO PIP Results – PIP 1

Improving rates of Medication Reconciliation Post- Discharge for CCA Senior Care Options members (2022–2023) – Indicators and Reporting Year	CCA SCO
Indicator 1: Medication Reconciliation within 30 days post-discharge	
2022 (baseline, MY 2021 data)	68.13%
2023 (remeasurement year 1)	Not Applicable

Table 15: CCA SCO PIP Results – PIP 2

Flu vaccine improvement (2021–2023) – Indicators and Reporting Year	CCA SCO
Indicator 1: Primary care SCO patients who received an annual flu vaccination	
2021 (baseline, 2020–2021 flu season)	64.3%
2022 (remeasurement year 1)	65.4%
2023 (remeasurement year 2)	Not Applicable
Indicator 2: SCO members who have received an annual flu vaccination	
2021 (baseline, 2020–2021 flu season)	65.1%
2022 (remeasurement year 1)	64.9%
2023 (remeasurement year 2)	Not Applicable

Recommendations

1. Recommendation for PIP 1: Based on structured feedback from care management staff, the two most frequently cited barriers to timely medication reconciliation post-discharge (MRP) are lack of timely discharge paperwork and member disengagement. The EQRO recommended that these two barriers be addressed in CCA's intervention activities.

2. Recommendation for PIP 2: The EQRO noted that CCA’s population analysis was presented in one PDF file that is difficult to read and recommended that CCA report its population analysis on a Microsoft Excel® spreadsheet.

Fallon NaviCare SCO PIPs

Fallon NaviCare SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 16–18**.

Table 16: Fallon NaviCare SCO PIP Summaries, 2022

Fallon NaviCare SCO PIP Summaries
PIP 1: Patient engagement after inpatient discharge Validation Summary: Moderate confidence.
Aim To increase rates of follow-up visits to PCPs/specialists following a care transition and specifically for the non-English speaking subset of the member population. This will be accomplished via targeted member education during their two follow up calls from NaviCare staff, and by supporting PCPs in their efforts to assess this population following their care transition.
Interventions in 2022 <ul style="list-style-type: none"> ▪ Two-week post transition of care (TOC) follow-up assessment. ▪ Supporting PCPs/specialists in their efforts to encourage member attendance at follow up appointments. ▪ Supporting non-English speaking population navigate through their care transition to avoid hospital readmission.
Performance Improvement Summary Not applicable until the remeasurement results are available in 2023 for the MY 2022.
PIP 2: Increasing flu vaccination rates for NaviCare members Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim Providing comprehensive care for members is a priority for the plan for many reasons. The overarching goal of the NaviCare program is to maintain the enrollee in the least restrictive setting, functioning at the highest level possible. It is recommended that older, frail individuals receive a flu vaccine annually to mitigate the effects of or prevent the flu, which could lead to serious health complications, hospitalization, and even death for elders, especially those with underlying health issues. Furthermore, socioeconomic issues can often exacerbate illness and disparities in care may result in members who identify as part of a particular Racial, Ethnic, or Linguistic group to be overlooked or forgo vaccination. Preventing or mitigating the effects of severe illness from the flu virus can result in increased quality of life for the member. Conversely, a decline in health may result in an increase in utilization of medical and other support services, with the additional burden of increased cost of care per member for the plan.
Interventions in 2022 <ul style="list-style-type: none"> ▪ Comprehensive flu vaccination outreach program for NaviCare members. ▪ Encouraging member flu vaccinations via the Member incentive benefit program. ▪ Increase the flu vaccination rates of the three lowest performing providers.
Performance Improvement Summary The COVID-19 pandemic has presented challenges associated with NaviCare member flu vaccination rates. Some barriers include vaccination fatigue and/or confusion with the COVID vaccine primary and booster doses as well as member reluctance to leave their homes to go to health care settings where there are potentially sick people. Additionally, even if members did receive the flu vaccine, there are some discrepancies in reporting the data. The Clinical team’s program data are self-reported; however, this sometimes differs from claims data.

Fallon NaviCare SCO PIP Summaries

Despite barriers, members responded positively to the Healthy Food Card incentive. As such, Fallon NaviCare SCO has employed strategies to highlight this to encourage more vaccinations as well as an additional way to track vaccinations. Navigators and Outreach staff provide members with “self-reporting” forms and education on how to populate the form for the Healthy Food Card, incentivizing members to receive the flu vaccine and ensuring the data get back to the Care Team for tracking/claims submission.

Table 17: Fallon NaviCare SCO PIP Results – PIP 1

Patient engagement after inpatient discharge (2022–2023) – Indicators and Reporting Year	Fallon NaviCare SCO
Indicator 1: Transitions of Care – Patient Engagement After Inpatient Discharge	
2022 (baseline, MY 2020 data)	84.67%
2023 (remeasurement year 1)	Not Applicable

Table 18: Fallon NaviCare SCO PIP Results – PIP 2

Increasing flu vaccination rates for NaviCare members (2021–2023) – Indicators and Reporting Year	Fallon NaviCare SCO
Indicator 1: Rate of Flu Vaccinations	
2021 (baseline, 09.2019 -3.2020 MY data)	67.8%
2022 (remeasurement year 1)	64.09%
2023 (remeasurement year 2)	Not Applicable

Recommendations

1. Recommendation for PIP 1: Fallon reported it could not summarize the input received from the survey since results are not yet available and the topic of this initiative was not raised at the SCO Advisory Meeting that occurred in June 2022. Because feedback about this initiative is critical to its success, the EQRO recommended that Fallon identify other ways of collecting feedback to ensure member input.
2. Recommendation for PIP 1: Fallon could not summarize the input received thus far as the PCP/specialist meetings have not been reinstated since COVID-19. Feedback on this initiative is critical to its success. The EQRO recommended that Fallon identify other ways of collecting feedback to ensure provider input.

Senior Whole Health SCO PIPs

Senior Whole Health SCO PIP summaries, including aim, interventions, and results (indicators), are reported in Tables 19–21.

Table 19: Senior Whole Health SCO PIP Summaries, 2022

Senior Whole Health SCO PIP Summaries
<p>PIP 1: Improve rate of patient engagement after inpatient discharge as evidenced by documentation of patient engagement that occurs within 30 days after discharge with a special focus on reducing health disparities in region(s) at risk for non-engagement</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p> <p>Aim</p> <p>To work collaboratively among all departments as well as with community partners and providers to achieve the desired goal of improved patient engagement after inpatient discharge by the end of this PIP cycle. Over the three-year project cycle, SWH will implement a plan to achieve the high-level goals as listed below.</p> <ul style="list-style-type: none"> • Improve rate of compliance with follow up visit within 30 days of discharge from health care facility to home among primary member groups identified as low engagers by creating comprehensive care plans and enhancing communication with members.

Senior Whole Health SCO PIP Summaries

- Improve rate of compliance with follow up visit within 30 days of discharge from health care facility to home among primary provider groups identified as low engagers by removing language barriers and enhancing provider communication with members.

Interventions in 2022

- Improve rate of compliance with follow up visit within 30 days of discharge from health care facility to home among Suffolk County members who have language, cultural, and social determinants of health disparities, by improving coordination of care through development of standardized care plan interventions and transition of care call template.
- Improve rate of compliance with follow up visit within 30 days of discharge from health care facility to home among Suffolk County members who have language, cultural, and social determinants of health disparities, by enhancing communication with members.
- Improve rate of member compliance with follow up visit within 30 days of discharge from health care facility to home among providers who care for Suffolk County members who have language, cultural, and social determinants of health disparities, by enhancing provider communication with members.

Performance Improvement Summary

Not applicable until the remeasurement results are available in 2023 for the MY 2022.

PIP 2: Increase the rate of flu vaccination among Senior Whole Health (SWH) members with a special focus on reducing racial disparities in flu vaccination access

Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.

Aim

To work collaboratively among all SWH departments as well as with external stakeholders and providers to achieve the desired goal of better flu vaccination rates by the end of this PIP cycle. Over the three-year project cycle, SWH has implemented a plan to achieve the high-level goals as listed below.

- Improve the flu vaccination rates among a diverse ethnic member population by reducing barriers to access.
- Improve flu vaccination awareness among the members through education and outreach. Create and make available educational resources and tools tailored to the needs of the multicultural population, which will be crucial to reduce racial and cultural disparities.
- Increase flu vaccination awareness among network providers through outreach and education to support providers in educating their patients about the importance of flu vaccinations during visits.

Interventions in 2022

- Improve flu vaccination rates among diverse SWH member population by reducing barriers to access.
- Increase flu vaccination rates among members through provider education and outreach.

Performance Improvement Summary

The SWH PIP Team is unable to draw any definite conclusions about the progress of this PIP in moving toward its performance improvement goals based on comparison of the indicator rates for the baseline and remeasurement years. SWH has identified three barriers to determining progress for the first remeasurement year. First, the flu gap activity was not completed, so all flu gaps were not communicated to providers as planned which may have affected the overall vaccination rate. In addition, flu clinics were not carried out as planned and comprehensive records of member participation in the clinics held were not maintained. Because SWH does not have comprehensive information on the locations of the clinics, or the members vaccinated at the clinics for the previous flu season, SWH is unable to determine if this was a successful intervention. Furthermore, SWH does not know how the intervention, if fully carried out, would have affected the indicator rate overall. Finally, SWH does not have complete flu vaccination rate data due to the January 1, 2022, transition to the new CCA EMR system, and subsequent data access issues related to capturing vaccinations within the CCA EMR. As a result, there are no CCA EMR member vaccination data available for January 1–March 31, 2022, and some members who were vaccinated are not accounted for. These barriers likely had a significant impact on the lower-than expected indicator rate overall.

Table 20: Senior Whole Health PIP Results – PIP 1

Improve rate of patient engagement after inpatient discharge as evidenced by documentation of patient engagement that occurs within 30 days after discharge with a special focus on reducing health disparities in region(s) at risk for non-engagement (2022–2023) – Indicators and Reporting Year	Senior Whole Health SCO
Indicator 1: Transitions of Care, Patient Engagement After Inpatient Discharge – Overall members	
2022 (baseline, MY 2021 data)	57.7%
2023 (remeasurement year 1)	Not Applicable
Indicator 2: Transitions of Care, Patient Engagement After Inpatient Discharge – Suffolk County members	
2022 (baseline, MY 2021 data)	52.3%
2023 (remeasurement year 1)	Not Applicable

Table 21: Senior Whole Health PIP Results – PIP 2

Increase the rate of flu vaccination among Senior Whole Health (SWH) members with a special focus on reducing racial disparities in flu vaccination access (2021–2023) – Indicators and Reporting Year	Senior Whole Health SCO
Indicator 1: Flu Vaccination Rates	
2021 (baseline, 09.2020 -3.2021 MY data)	65%
2022 (remeasurement year 1)	38.5%
2023 (remeasurement year 2)	Not Applicable

Recommendations

1. Recommendations for PIP 1: The EQRO noted that each of the three interventions for this 2022 reporting cycle would be completed by the end of 2022. This means that SWH’s PIP team will need to consider a new set of interventions for its 2023 reporting cycle. The EQRO recommended that SWH engage its member and provider stakeholder groups in this effort.

Tufts SCO PIPs

Tufts SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 22–24**.

Table 22: Tufts SCO PIP Summaries, 2022

Tufts SCO PIP Summaries
<p>PIP 1: Increasing transitions of care support to include medication reconciliation</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p> <p>Aim</p> <p>This project will focus on medication reconciliation following transitions of care for Tufts Health Plan Senior Care Options (THP SCO) members. A primary focus of this PIP is to provide member support through improved communication during transitions from hospital to home for THP SCO members. The project will implement comprehensive support for members transitioning from a hospital, or other level of post-acute care, to a community setting. An assessment will be performed within seven days post discharge for all THP SCO members. The purpose of the assessment is to review all the supports the member may need so that they can experience a successful transition across the continuum of care and reduce the possibility of a readmission to a hospital. The THP SCO membership is at risk for higher readmission rates as compared to other populations.</p> <p>Interventions in 2022</p> <ul style="list-style-type: none"> ▪ Perform a medication reconciliation assessment within seven days post discharge. ▪ Improve provider claims coding of medication reconciliation.

Tufts SCO PIP Summaries
Performance Improvement Summary Not applicable until the remeasurement results are available in 2023 for the MY 2022.
PIP 2: Increase flu vaccination rate among SCO members Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.
Aim The goal of the PIP is to increase flu immunization rates among the Tufts Health Plan Senior Care Options membership. This project has a goal of reducing racial, ethnic, or societal health disparities as they relate to the flu vaccination. Receiving the flu vaccine is the most effective way to prevent and spread infection. Tufts SCO members are at a higher risk to experience increased severity of the illness if they were to contract the flu virus. Members do not always have the resources and understanding to access the flu vaccine.
Interventions in 2022 <ul style="list-style-type: none"> Care management member outreach and support. Improve member's access to flu vaccine. Member outreach and education. Provider outreach and education.
Performance Improvement Summary Tufts SCO did not reach the initial goal of a flu vaccine rate of 67%. However, being engaged in care management (CM) was shown to have a positive effect on flu vaccine rates. This is Tufts SCO's most active intervention and CM will continue to find ways to engage with members and mitigate their individual barriers. Other interventions in this PIP such as education are not as quantifiable in evaluating impact or effectiveness.

Table 23: Tufts SCO PIP Results – PIP 1

Increasing transitions of care support to include medication reconciliation (2022–2023) – Indicators and Reporting Year	Tufts SCO
Indicator 1: Transitions of Care: Medication Reconciliation Post-Discharge	
2022 (baseline, MY 2021 data)	58.64%
2023 (remeasurement year 1)	Not Applicable

Table 24: Tufts SCO PIP Results – PIP 2

Increase flu vaccination rate among SCO members (2021–2023) – Indicators and Reporting Year	Tufts SCO
Indicator 1: Flu Immunization Rate	
2021 (baseline MY 2021 data)	62.05%
2022 (remeasurement year 1)	61.34%
2023 (remeasurement year 2)	Not Applicable

Recommendations

1. Recommendation for PIP 2: Tufts SCO acknowledged that it did not reach its target goal of 67%. Tufts SCO did not acknowledge that its flu vaccination rate decreased by 0.72 percentage points. While Tufts SCO is not negatively evaluated for having a decrease in its performance rate, the EQRO advised that Tufts SCO could have strengthened this response by speculating as to the reasons for this decrease. The EQRO recommended that Tufts SCO discuss these findings with its Health Equity Task force.

UHC SCO PIPs

UHC SCO PIP summaries, including aim, interventions, and results (indicators), are reported in **Tables 25–27**.

Table 25: UHC SCO PIP Summaries, 2022

UHC SCO PIP Summaries
<p>PIP 1: Care coordination and planning: Improving medication reconciliation post-discharge rates for SCO members living in the community</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p> <p>Aim</p> <p>To provide a safe transition of care experience for UHC SCO members. There are many areas of transition of care, but this PIP aims to focus on the medication reconciliation post discharge (MRP) aspect of the member’s transition. The plan will increase the quantity of MRPs by addressing internal processes and encouraging network providers to code for MRP, and UHC SCO will increase the quality of MRP by encouraging Pharmacy Team and RN Care Managers to integrate the Teach Back method, Three Prime Questions and Motivational Interviewing techniques when conversing with UHC SCO members during the MRP process. Essential to improving the quality of the MRP is to address members’ and their caregivers’ health literacy needs which is the health equity focus of this PIP.</p> <p>Interventions in 2022</p> <ul style="list-style-type: none"> Improve medication reconciliation post discharge (MRP) processes. Use of effective communication techniques with members/caregivers during medication reconciliation post discharge. <p>Performance Improvement Summary</p> <p>Not applicable until the remeasurement results are available in 2023 for the MY 2022.</p>
<p>PIP 2: Improving flu vaccination rates for UnitedHealthcare Senior Care Options Community Plan members</p> <p>Validation Summary: High confidence. There were no validation findings that indicate that the credibility is at risk for the PIP results.</p> <p>Aim</p> <p>To exceed the Massachusetts flu vaccination rate by obtaining a 76.5% vaccination rate for UHC SCO members. The health plan will achieve an increase in community members’ vaccination rates using three approaches. The first action will ensure that members are provided the education they desire to make an informed flu vaccination decision. Secondly, the health plan will engage members who are vaccine-hesitant in trust-building conversations over time. The hope is that these trust-building conversations may lead to a member’s decision to be vaccinated. And lastly, member groups with low flu vaccination rates will receive targeted interventions to promote the acceptance of flu vaccination to reduce this health disparity.</p> <p>Interventions in 2022</p> <ul style="list-style-type: none"> Care manager member outreach with vaccination education and trust-building conversations. Community-based flu vaccination clinic for Spanish speaking members. <p>Performance Improvement Summary</p> <p>UHC SCO did not meet the performance indicator target goal for this PIP.</p>

Table 26: UHC SCO PIP Results – PIP 1

Care Coordination and Planning: Improving Medication Reconciliation Post Discharge Rates for SCO members living in the community (2022–2023) – Indicators and Reporting Year	UHC SCO
Indicator 1: Transitions of Care (TRC) Medication Reconciliation Post-Discharge (MRP)	
2022 (baseline MY 2021 data)	55.72%
2023 (remeasurement year 1)	Not Applicable

Table 27: UHC SCO PIP Results – PIP 2

Improving flu vaccination rates for UnitedHealthcare Senior Care Options Community Plan members (2021–2023) – Indicators and Reporting Year	UHC SCO
Indicator 1: Flu Vaccination Rate for Members Living in the Community	
2021 (baseline, 8.2019-3.2020 MY data)	75.5%
2022 (remeasurement year 1)	73.5%
2023 (remeasurement year 2)	Not Applicable

Recommendations

1. Recommendation for PIP 2: UHC is commended for its plan to take the advice from providers at a recent Provider Advisory Committee meeting, which was to incentivize the primary care physicians and their clinical teams who have a trusted relationship with them to increase their Russian-speaking patients' flu vaccination rates. The EQRO recommended that UHC develop flu vaccination gap reports for distribution to providers.

IV. Validation of Performance Measures

Objectives

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

Technical Methods of Data Collection and Analysis

MassHealth evaluates SCOs' performance on HEDIS special needs plans (SNP) measures. SCOs are required to calculate HEDIS SNP measures rates for all SCO members in accordance with HEDIS specifications and report to MassHealth on the same time schedule required by CMS, as outlined in Section 2.13.A of the Second Amended and Restated MassHealth SCO Contract. MassHealth also evaluates SCO performance on a few non-HEDIS measures (i.e., measures that are not reported to NCQA via IDSS). Data for non-HEDIS measures were not available at the time of writing this report.

For HEDIS measures, IPRO performed an independent evaluation of the MY 2021 HEDIS Compliance Audit FARs, which contained findings related to the information systems standards. An EQRO may review an assessment of the MCP's information systems conducted by another party in lieu of conducting a full Information Systems assessment (ISCA).⁸ Since the SCOs' HEDIS rates were audited by an independent NCQA-licensed HEDIS compliance audit organization, all SCO plans received a full ISCA as part of the audit. Onsite (virtual) audits were therefore not necessary to validate reported measures.

Description of Data Obtained

The following information was obtained from each SCO plan: Completed NCQA Record of Administration, Data Management, and Processes (Roadmap) from the current year HEDIS Compliance Audit, as well as associated supplemental documentation, IDSS files, and the FAR.

Validation Findings

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

⁸ The *CMS External Quality Review (EQR) Protocols*, published in October 2019, states that ISCA is a required component of the mandatory EQR activities as part of Protocols 1, 2, 3, and 4. CMS clarified that the systems reviews that are conducted as part of the NCQA HEDIS Compliance Audit may be substituted for an ISCA. The results of HEDIS compliance audits are presented in the HEDIS FARs issued by each SCO's independent auditor.

compliance to evaluate whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately. The review of each SCO plan's FAR confirmed that the SCO plans met all requirements related to data collection and integration. No issues were identified.

- **Rate Validation:** Rate validation is conducted to evaluate measure results and compare rates to industry standard benchmarks. No issues were identified. All required measures were reportable.

Based on a review of the SCO plans' HEDIS FARs issued by their independent NCQA-certified HEDIS compliance auditors, IPRO found that the SCO plans were fully compliant with all seven of the applicable NCQA information system standards. Findings from IPRO's review of the SCO plans' HEDIS FARs are displayed in **Table 28**.

Table 28: SCO Compliance with Information System Standards – MY 2021

IS Standard	BMCHP WellSense SCO	CCA SCO	Fallon NaviCare SCO	Senior Whole Health SCO	Tufts SCO	UHC SCO
1.0 Medical Services Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
5.0 Supplemental Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
6.0 Data Preproduction Processing	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

SCO: senior care option; IS: information system; MY: measurement year.

Conclusions and Comparative Findings

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

IPRO compared the SCO plan rates and the weighted statewide averages to the NCQA HEDIS MY 2021 Quality Compass national Medicare percentiles where available. MassHealth's benchmarks for SCO rates are the 75th and the 90th Quality Compass national Medicare percentile. The Quality Compass percentiles are color-coded to compare to the SCO plan rates, as explained in **Table 29**.

Table 29: Color Key for HEDIS Performance Measure Comparison to the NCQA HEDIS MY 2021 Quality Compass National Medicare Percentiles

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

When IPRO compared SCO plan rates to the NCQA Quality Compass national Medicare benchmarks, all SCO plans scored at or above the 90th percentile on three measures, except for Fallon NaviCare SCO, which scored above the 90th percentile on two measures. Each plan had at least one measure above the 75th percentile, which MassHealth uses to reflect a threshold standard for performance. Fallon NaviCare SCO scored below the 25th percentile for five measures; SWH SCO scored below the 25th percentile on three measures; UHC SCO, CCA SCO, and BMCHP WellSense SCO scored below the 25th percentile on two measures; and Tufts SCO scored below the 25th percentile on one measure. **Tables 30** displays the HEDIS PMs for MY 2021 for all SCO plans and the weighted statewide average.

Table 30: SCO HEDIS Performance Measures – MY 2021

HEDIS Measure	BMCHP WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO	Weighted Statewide Average
Colorectal Cancer Screening	71.19%	78.46%	61.22%	84.91%	66.15%	85.40%	74.58%
Influenza Immunization (aged 65+ years; CAHPS)	77.00%	78.00%	79.00%	81.00%	79.00%	81.00%	80.00%
Care For Older Adults (COA): Advance Care Plan ¹	41.61%	95.98%	76.44%	96.11%	98.85%	71.16%	77.06%
Transitions of Care: Medication Reconciliation Post-Discharge	75.93%	68.13%	88.08%	43.31%	58.64%	55.72%	59.58%
Persistence of Beta Blocker Treatment After Heart Attack	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Controlling High Blood Pressure	65.76%	66.08%	59.80%	62.77%	74.57%	74.45%	67.26%
Pharmacotherapy Management of COPD Exacerbation Corticosteroids	88.89%	77.68%	79.23%	74.90%	75.97%	73.73%	76.52%
Pharmacotherapy Management of COPD Exacerbation Bronchodilators	94.44%	90.63%	92.90%	90.20%	90.70%	90.20%	90.95%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	N/A	23.70%	26.62%	16.41%	27.17%	30.31%	23.94%
Use of High-Risk Medications in the Elderly – Total ² LOWER IS BETTER	17.20%	25.60%	25.30%	19.86%	19.47%	21.67%	22.05%
Potentially Harmful Drug Disease Interactions in the Elderly (Total) ² LOWER IS BETTER	26.91%	32.65%	35.78%	31.47%	33.64%	31.51%	32.42%
Follow-Up After Hospitalization for Mental Illness (7 days)	N/A	44.16%	25.00%	N/A	58.33%	26.67%	35.34%
Follow-Up After Hospitalization for Mental Illness (30 days)	N/A	70.13%	61.11%	N/A	77.78%	70.00%	61.73%
Plan All-Cause Readmission (Observed/Expected Ratio)	0.9956	1.3568	1.1528	0.7696	1.1951	1.2819	1.13
Osteoporosis Management in Women Who Had a Fracture	N/A	34.04%	30.77%	55.32%	N/A	38.71%	35.17%
Antidepressant Medication Management Acute	71.43%	81.22%	80.74%	80.85%	79.50%	77.97%	79.69%
Antidepressant Medication Management Continuation	54.29%	76.10%	66.80%	69.01%	61.00%	64.54%	67.84%

¹ Quality Compass for COA is not available.

² A lower rate indicates better performance.

SCO: senior care option; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; COPD: chronic obstructive pulmonary disease; N/A: eligible population/denominator less than 30; CAHPS: Consumer Assessment of Healthcare Providers and Services.

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

Objectives

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

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

Technical Methods of Data Collection and Analysis

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

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

Scoring Methodology

An overall percentage compliance score for each of the standards was calculated based on the total points scored divided by total possible points. A three-point scoring system was used: Met = 1 point, Partially Met = 0.5 points, and Not Met = 0 points. For each standard identified as Partially Met or Not Met, the SCO was required to submit a corrective action plan (CAP) in a format agreeable to MassHealth. The scoring definitions are outlined in **Table 31**.

Table 31: Scoring Definitions

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

Description of Data Obtained

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

Nonduplication of Mandatory Activities

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

Conclusions and Comparative Findings

Overall, the SCOs demonstrated compliance with many of the federal and state contractual standards. All SCOs achieved compliance scores of 100% in the following domains: Enrollment and Disenrollment, Assurances of Adequate Capacity of Services, Confidentiality; and Health Information Systems. BMCHP WellSense and CCA SCO scored 100% in 9 of 14 domains.

Four of the SCOs (Fallon NaviCare, Senior Whole Health, Tufts, and UHC) performed below 90% on the Availability of Services domain. Fallon NaviCare SCO performed below 90% in the Provider Selection domain, whereas CCA SCO performed below 90% in the Grievance and Appeal Systems and below 80% in the Practice Guidelines domains. SWH and Tufts SCOs scored below 90% for the Subcontractual Relationships and Delegation domain.

Each SCO's scores are displayed in **Table 32**.

Table 32: CFR Standards to State Contract Crosswalk – 2020 Compliance Validation Results

CFR Standard Name ¹	CFR Citation	BMCHP WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Overall compliance score		98.9%	96.1%	97.0%	96.3%	96.8%	97.8%
Availability of Services	438.206	92.9%	92.9%	87.5%	87.5%	87.5%	87.5%
Enrollee Rights and Protections	438.10	100%	100%	100%	92.9%	100%	100%
Enrollment and Disenrollment	438.56	100%	100%	100%	100%	100%	100%
Enrollee Information	438.10	100%	96.4%	94.8%	98.2%	90.7%	97.7%
Assurances of Adequate Capacity and Services	438.207	100%	100%	100%	100%	100%	100%
Coordination and Continuity of Care	438.208	100%	100%	100%	100%	98.8%	100%
Coverage and Authorization of Services	438.210	96.5%	94.2%	94.2%	95.3%	100%	96.5%
Provider Selection	438.214	97.9%	100%	87.5%	91.7%	97.8%	95.8%
Confidentiality	438.224	100%	100%	100%	100%	100%	100%
Grievance and Appeal Systems	438.228	98.4%	87.1%	97.6%	94.4%	94.4%	96.8%
Subcontractual Relationships and Delegation	438.230	100%	100%	97.4%	89.5%	89.5%	94.7%
Practice Guidelines	438.236	100%	75.0%	100%	100%	100%	100%
Health Information Systems	438.242	100%	100%	100%	100%	100%	100%
QAPI	438.330	99.0%	100%	99.0%	98.0%	95.9%	100%

¹ The following compliance validation results were conducted by MassHealth's previous external quality review organization.

CFR: Code of Federal Regulations; QAPI: Quality Assurance and Performance Improvement.

VI. Validation of Network Adequacy

Objectives

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

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

MassHealth's access and availability standards are described in Section 2.6 Enrollee Access to Services of the Second Amended and Restated MassHealth SCO Contract. SCO plans are contractually required to meet the time and distance adequacy standards as well as the availability of services standards (i.e., standards for the duration of time between enrollee's request and the provision of services).

Title 42 CFR § 438.356(a)(1) and *Title 42 CFR § 438.358(b)(1)(iv)* establish that state agencies must contract with an EQRO to perform the annual validation of network adequacy. However, the most current CMS protocols published in October 2019 did not include network adequacy protocols for the EQRO to follow.

To meet federal regulations, MassHealth contracted with IPRO, an EQRO, to perform the validation of network adequacy for MassHealth SCOs.

Technical Methods of Data Collection and Analysis

IPRO evaluated SCO plans' provider networks to determine compliance with the time and distance requirements. Some SCO provider types must meet both the time and the distance standard, whereas other provider types must meet either the time or the distance standard but not both, as explained in **Table 33**.

Table 33: Provider Type Standards – Travel Time AND Distance vs. Travel Time OR Distance

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

LTSS: long-term services and supports.

The SCO travel time and distance standards vary by provider type, as well as by CMS's county designation. Different time and distance standards apply when certain provider types render services to members who reside in metro vs. large metro counties. Massachusetts' county designation is listed in **Table 34**.

Table 34: County Designation in Massachusetts – Metro vs. Large Metro

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

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

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

The analysis shows whether each SCO plan has a sufficient network of providers for at least 90% of its members residing in the same county. IPro aggregated the results to identify counties with deficient networks. When an SCO plan appeared to have network deficiencies in a particular county, IPro reported the percent of members in that county who had access. When possible, IPro also reported when there were available providers with whom an SCO plan could potentially contract to bring member access to or above the access requirement. The list of potential providers is based on publicly available data sources such as the National Plan & Provider Enumeration System (NPPES) Registry and CMS’s Physician Compare.

Description of Data Obtained

Validation of network adequacy for CY 2022 was performed using network data submitted by SCO plans to IPro. IPro requested a complete provider list which included facility/provider name, address, phone number, and the national provider identifier (NPI) for the following provider types: primary care, ob/gyn, hospitals, rehabilitation, urgent care, specialists, behavioral health, and LTSS.

Conclusions and Comparative Findings

IPro reviewed the aggregated results to assess the adequacy of the SCO networks by provider type. **Tables 35 and 36** show the number of counties with an adequate network of providers by provider type. ‘Met’ means that an SCO plan had an adequate network of that provider type in all counties in which it operates. For a detailed analysis of network deficiencies in specific counties and provider types, see plan-level results in **Tables 37–42**.

Table 35: SCO Plan Adherence to Provider Time AND Distance Standards

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

Provider Type	County Class	Standard – 90% of Members Have Access	BMCHP SCO	CCA SCO	Fallon NaviCare	SWH SCO	Tufts SCO	UHC SCO
Total Number of Counties			5	10	12	8	10	10
Number of Large Metros			1	4	4	4	4	4
Number of Metros			4	6	8	4	6	6
Primary Care Provider (PCP)								
Adult PCP	Large Metro	2 providers within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	2 providers within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
Specialists								
Allergy and Immunology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	3	Met	Met
	Metro	1 provider within 35 miles and 53 minutes	Met	Met	Met	Met	Met	Met
Cardiology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 25 miles and 38 minutes	Met	Met	Met	Met	Met	Met
Cardiothoracic Surgery	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	3	Met	Met	Met
	Metro	1 provider within 40 miles and 60 minutes	Met	Met	Met	Met	Met	Met
Chiropractor	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	3	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Dermatology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	7	Met	Met	Met
ENT/Otolaryngology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Endocrinology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 50 miles and 75 minutes	Met	Met	Met	Met	Met	Met
Gastroenterology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
General Surgery	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 20 miles and 30 minutes	Met	Met	Met	Met	Met	Met
Infectious Diseases	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 50 miles and 75 minutes	Met	Met	Met	Met	Met	Met
Nephrology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 35 miles and 53 minutes	Met	Met	Met	Met	Met	Met
Neurology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	3	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Neurosurgery	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	3	Met	Met	Met
	Metro	1 provider within 40 miles and 60 minutes	Met	Met	Met	Met	Met	Met

Provider Type	County Class	Standard – 90% of Members Have Access	BMCHP SCO	CCA SCO	Fallon NaviCare	SWH SCO	Tufts SCO	UHC SCO
Ob/Gyn	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Oncology – Medical, Surgical	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	2	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Oncology Radiation/ Radiation Oncology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 40 miles and 60 minutes	Met	Met	Met	Met	Met	Met
Ophthalmology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 25 miles and 38 minutes	Met	Met	Met	Met	Met	Met
Orthopedic Surgery	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 25 miles and 38 minutes	Met	Met	Met	Met	Met	Met
Physiatry, Rehabilitative Medicine	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	2	0	Met	Met
	Metro	1 provider within 35 miles and 53 minutes	Met	Met	7	0	Met	Met
Plastic Surgery	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 50 miles and 75 minutes	Met	Met	Met	Met	Met	Met
Podiatry	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	3	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Psychiatry	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	3	Met	3
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Pulmonology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	3	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Rheumatology	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 40 miles and 60 minutes	Met	Met	Met	Met	Met	Met
Urology	Large Metro	1 provider within 10 miles and 20 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 30 miles and 45 minutes	Met	Met	Met	Met	Met	Met
Vascular Surgery	Large Metro	1 provider within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	1 provider within 50 miles and 75 minutes	Met	Met	Met	Met	Met	Met
BH Inpatient								
Psych Inpatient Adult	Large Metro	2 providers within 20 miles and 40 minutes	Met	Met	Met	Met	Met	Met
	Metro	2 providers within 20 miles and 40 minutes	Met	Met	7	3	Met	Met
LTSS Provider								
Nursing Facility	Large Metro	2 providers within 10 miles and 20 minutes	Met	Met	Met	Met	Met	3
	Metro	2 providers within 20 miles and 35 minutes	Met	Met	Met	Met	Met	Met
Occupational Therapy	Large Metro	2 providers within 15 miles and 30 minutes	Met	Met	3	2	Met	Met
	Metro	2 providers within 15 miles and 30 minutes	Met	Met	3	1	Met	5

Provider Type	County Class	Standard – 90% of Members Have Access	BMCHP SCO	CCA SCO	Fallon NaviCare	SWH SCO	Tufts SCO	UHC SCO
Physical Therapy	Large Metro	2 providers within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	2 providers within 15 miles and 30 minutes	Met	Met	Met	Met	Met	Met
Speech Therapy	Large Metro	2 providers within 15 miles and 30 minutes	Met	Met	1	2	Met	Met
	Metro	2 providers within 15 miles and 30 minutes	2	Met	1	0	Met	5
Medical Facility								
Acute Inpatient Hospital	Large Metro	2 providers within 10 miles and 25 minutes	Met	Met	Met	3	Met	Met
	Metro	2 providers within 30 miles and 45 minutes	3	Met	Met	Met	Met	Met

SCO: senior care option; ENT: ear, nose, and throat; ob/gyn: obstetrics and gynecology; BH: behavioral health; LTSS: long-term services and supports.

Table 36: SCO Plan Adherence to Provider Time OR Distance Standards

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

Provider Type	County Class	Standard – 90% of Members Have Access	BMCHP SCO	CCA SCO	Fallon NaviCare	SWH SCO	Tufts SCO	UHC SCO
Total Number of Counties			5	10	12	8	10	10
Number of Large Metros			1	4	4	4	4	4
Number of Metros			4	6	8	4	6	6
Emergency Services Program								
Emergency Services Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	2	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	1	4	Met
BH Diversionary								
Clinical Support Services for SUD (Level 3.5)	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	0	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	0	Met	Met
Community Crisis Stabilization	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	2	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	1	2	Met
Community Support Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	3	3	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	5	Met
Intensive Outpatient Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	0	Met	0
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	7	0	Met	0

Provider Type	County Class	Standard – 90% of Members Have Access	BMCHP SCO	CCA SCO	Fallon NaviCare	SWH SCO	Tufts SCO	UHC SCO
Monitored Inpatient (Level 3.7)	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	0	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	0	5	5
Partial Hospitalization Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	Met	2
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	2	Met	0
Psychiatric Day Treatment	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	1	Met	3
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	0	4	1
Recovery Coaching	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	2	Met
Recovery Support Navigators	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	2	Met
Residential Rehabilitation Services for SUD (Level 3.1)	Large Metro	2 providers within 15 miles or 30 minutes	1	Met	3	0	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	3	Met	7	0	5	Met
Structured Outpatient Addiction Program	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	1	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	0	Met	Met
BH Outpatient								
BH Outpatient	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	Met	Met
LTSS Provider								
Adult Day Health	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	3	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	3	Met	6	Met	Met	5
Adult Foster Care	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	1	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	2	Met	Met	0	5	0
Day Habilitation	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	0	0	Met	0
	Metro	2 providers within 15 miles or 30 minutes	3	Met	0	0	3	2
Group Adult Foster Care	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	0	3	Met
	Metro	2 providers within 15 miles or 30 minutes	1	Met	Met	0	3	0
Orthotics and Prosthetics	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	Met	Met	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	2	5	3	1	Met	Met
Oxygen and Respiratory Equipment	Large Metro	2 providers within 15 miles or 30 minutes	Met	3	0	0	Met	3
	Metro	2 providers within 15 miles or 30 minutes	Met	3	0	0	Met	2

Provider Type	County Class	Standard – 90% of Members Have Access	BMCHP SCO	CCA SCO	Fallon NaviCare	SWH SCO	Tufts SCO	UHC SCO
Personal Care Assistant	Large Metro	2 providers within 15 miles or 30 minutes	Met	Met	1	0	Met	Met
	Metro	2 providers within 15 miles or 30 minutes	1	Met	0	0	Met	Met
Medical Facility								
Rehabilitation Hospital	Large Metro	1 provider within 15 miles or 30 minutes	Met	Met	Met	Met	Met	1
	Metro	1 provider within 15 miles or 30 minutes	Met	4	6	2	Met	1

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

BMCHP WellSense SCO

The BMCHP SCO members reside in five counties. If at least 90% of BMCHP WellSense SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Table 37** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the plan to pass an access requirement. “Increase” represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

Table 37: BMCHP WellSense SCO Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by an Available Provider?
LTSS Provider				
Speech Therapy	Barnstable	0%	2 providers within 15 miles and 30 minutes	No
	Plymouth	80.9%	2 providers within 15 miles and 30 minutes	No
Medical Facility				
Acute Inpatient Hospital	Hampden	68.4%	2 providers within 30 miles and 45 minutes	Yes
BH Diversionary				
Residential Rehabilitation Services for SUD (Level 3.1)	Barnstable	21.9%	2 providers within 15 miles or 30 minutes	Increase
LTSS Provider				
Adult Day Health	Barnstable	37.5%	2 providers within 15 miles or 30 minutes	Increase
Adult Foster Care	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	87.8%	2 providers within 15 miles or 30 minutes	No
Day Habilitation	Barnstable	4.3%	2 providers within 15 miles or 30 minutes	No
Group Adult Foster Care	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Bristol	34.7%	2 providers within 15 miles or 30 minutes	No
	Plymouth	79.5%	2 providers within 15 miles or 30 minutes	No
Orthotics and Prosthetics	Barnstable	25.1%	2 providers within 15 miles or 30 minutes	Increase
	Plymouth	87.2%	2 providers within 15 miles or 30 minutes	Yes
Personal Care Assistant	Barnstable	0%	2 providers within 15 miles or 30 minutes	Increase
	Bristol	11.7%	2 providers within 15 miles or 30 minutes	Increase

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

Recommendations

- IPRO recommends that BMCHP WellSense SCO expands its network when a deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 37**.
- IPRO recommends that BMCHP WellSense SCO expands its network when member’s access can be increased by available providers for the provider types and counties identified in **Table 37**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

CCA SCO

The CCA SCO members reside in 10 counties. If at least 90% of CCA SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Table 38** shows counties with deficient networks and whether

the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the plan to pass an access requirement. “Increase” represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

Table 38: CCA SCO Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by a Single Provider?
LTSS Provider				
Orthotics and Prosthetics	Franklin	22.7%	2 providers within 15 miles or 30 minutes	Increase
Oxygen and Respiratory Equipment	Essex	85.7%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
Medical Facility				
Rehabilitation Hospital	Franklin	17.6%	1 provider within 15 miles or 30 minutes	Increase
	Worcester	85.9%	1 provider within 15 miles or 30 minutes	Increase

LTSS: long-term services and supports.

Recommendations

- IPRO recommends that CCA SCO expands its network when member’s access can be increased by available providers for the provider types and counties identified in **Table 38**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

Fallon NaviCare SCO

The Fallon NaviCare SCO members reside in 12 counties. If at least 90% of Fallon NaviCare SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Table 39** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the plan to pass an access requirement. “Increase” represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

Table 39: Fallon NaviCare SCO Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by an Available Provider?
Specialists				
Cardiothoracic Surgery	Essex	89.7%	1 provider within 15 miles and 30 minutes	Yes
Dermatology	Berkshire	86.5%	1 provider within 30 miles and 45 minutes	Yes
Neurosurgery	Essex	89.5%	1 provider within 15 miles and 30 minutes	Yes
Physiatry, Rehabilitative Medicine	Barnstable	51.7%	1 provider within 35 miles and 53 minutes	Yes
	Essex	87.2%	1 provider within 15 miles and 30 minutes	Yes

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by an Available Provider?
	Middlesex	87.2%	1 provider within 15 miles and 30 minutes	Yes
BH Inpatient				
Psych Inpatient Adult	Berkshire	89.0%	2 providers within 20 miles and 40 minutes	No
LTSS Provider				
Occupational Therapy	Barnstable	0%	2 providers within 15 miles and 30 minutes	No
	Berkshire	79.6%	2 providers within 15 miles and 30 minutes	No
	Essex	84.5%	2 providers within 15 miles and 30 minutes	Increase
	Franklin	0%	2 providers within 15 miles and 30 minutes	No
	Hampshire	88.4%	2 providers within 15 miles and 30 minutes	No
	Worcester	85.7%	2 providers within 15 miles and 30 minutes	No
Speech Therapy	Barnstable	0%	2 providers within 15 miles and 30 minutes	No
	Berkshire	61.1%	2 providers within 15 miles and 30 minutes	No
	Bristol	49.7%	2 providers within 15 miles and 30 minutes	No
	Essex	39.4%	2 providers within 15 miles and 30 minutes	Increase
	Franklin	0%	2 providers within 15 miles and 30 minutes	No
	Hampshire	72.3%	2 providers within 15 miles and 30 minutes	No
	Middlesex	81.4%	2 providers within 15 miles and 30 minutes	Yes
	Norfolk	75.2%	2 providers within 15 miles and 30 minutes	Increase
	Plymouth	6.7%	2 providers within 15 miles and 30 minutes	No
	Worcester	84.6%	2 providers within 15 miles and 30 minutes	Increase
BH Diversionary				
Intensive Outpatient Program	Berkshire	1.5%	2 providers within 15 miles or 30 minutes	No
Residential Rehabilitation Services for SUD (Level 3.1)	Barnstable	65.1%	2 providers within 15 miles or 30 minutes	Increase
	Essex	87.3%	2 providers within 15 miles or 30 minutes	Yes
LTSS Provider				
Adult Day Health	Barnstable	39.3%	2 providers within 15 miles or 30 minutes	Increase
	Berkshire	4.6%	2 providers within 15 miles or 30 minutes	Increase
	Essex	86.6%	2 providers within 15 miles or 30 minutes	Increase
Day Habilitation	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Berkshire	0%	2 providers within 15 miles or 30 minutes	No
	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Orthotics and Prosthetics	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Berkshire	2.1%	2 providers within 15 miles or 30 minutes	Yes
	Bristol	71.7%	2 providers within 15 miles or 30 minutes	Yes

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by an Available Provider?
	Franklin	28.4%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	81.7%	2 providers within 15 miles or 30 minutes	Increase
Oxygen and Respiratory Equipment	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Berkshire	0%	2 providers within 15 miles or 30 minutes	No
	Bristol	1%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	6.1%	2 providers within 15 miles or 30 minutes	No
	Norfolk	21.1%	2 providers within 15 miles or 30 minutes	No
	Plymouth	13.5%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0.5%	2 providers within 15 miles or 30 minutes	No
	Worcester	66%	2 providers within 15 miles or 30 minutes	No
Personal Care Assistant	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Berkshire	0%	2 providers within 15 miles or 30 minutes	Increase
	Bristol	24.4%	2 providers within 15 miles or 30 minutes	Yes
	Essex	25.6%	2 providers within 15 miles or 30 minutes	Increase
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	Increase
	Middlesex	67.5%	2 providers within 15 miles or 30 minutes	Increase
	Norfolk	89.9%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	69.4%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	0%	2 providers within 15 miles or 30 minutes	Increase
Medical Facility				
Rehabilitation Hospital	Franklin	3.2%	1 provider within 15 miles or 30 minutes	Increase
	Worcester	85.3%	1 provider within 15 miles or 30 minutes	Yes

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

Recommendations

- IPRO recommends that Fallon NaviCare SCO expands its network when a network deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 39**.
- IPRO recommends that Fallon NaviCare SCO expands its network when member's access can be increased by available providers for the provider types and counties identified in **Table 39**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

SWH SCO

The SWH SCO members reside in eight counties. If at least 90% of SWH SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Table 40** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. "Yes" represents an available provider that, when combined with the existing network, would allow the plan to pass an access

requirement. “Increase” represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

Table 40: SWH SCO Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by a Single Provider?
Specialists				
Allergy and Immunology	Essex	83%	1 provider within 15 miles and 30 minutes	Yes
Chiropractor	Essex	89.6%	1 provider within 15 miles and 30 minutes	Yes
Neurology	Essex	89.5%	1 provider within 10 miles and 20 minutes	Yes
Oncology – Medical, Surgical	Essex	89.9%	1 provider within 10 miles and 20 minutes	Yes
	Middlesex	87.3%	1 provider within 10 miles and 20 minutes	Yes
Physiatry, Rehabilitative Medicine	Bristol	0%	1 provider within 35 miles and 53 minutes	Yes
	Essex	0%	1 provider within 15 miles and 30 minutes	Increase
	Hampden	0%	1 provider within 35 miles and 53 minutes	Yes
	Middlesex	0%	1 provider within 15 miles and 30 minutes	Increase
	Norfolk	0%	1 provider within 15 miles and 30 minutes	Increase
	Plymouth	0%	1 provider within 35 miles and 53 minutes	Yes
	Suffolk	0%	1 provider within 15 miles and 30 minutes	Yes
	Worcester	0%	1 provider within 35 miles and 53 minutes	Yes
Podiatry	Essex	88.9%	1 provider within 10 miles and 20 minutes	Yes
Psychiatry	Essex	84.8%	1 provider within 10 miles and 20 minutes	Yes
Pulmonology	Essex	82.9%	1 provider within 10 miles and 20 minutes	Yes
BH Inpatient				
Psych Inpatient Adult	Worcester	87.6%	2 providers within 20 miles and 40 minutes	No
LTSS Provider				
Occupational Therapy	Essex	6.6%	2 providers within 15 miles and 30 minutes	No
	Hampden	0%	2 providers within 15 miles and 30 minutes	No
	Middlesex	54.5%	2 providers within 15 miles and 30 minutes	No
	Plymouth	73.4%	2 providers within 15 miles and 30 minutes	No
	Worcester	53%	2 providers within 15 miles and 30 minutes	No
Speech Therapy	Bristol	6.2%	2 providers within 15 miles and 30 minutes	No
	Essex	5.6%	2 providers within 15 miles and 30 minutes	Increase
	Hampden	0%	2 providers within 15 miles and 30 minutes	No
	Middlesex	62.6%	2 providers within 15 miles and 30 minutes	Increase
	Plymouth	6.1%	2 providers within 15 miles and 30 minutes	No
	Worcester	6.5%	2 providers within 15 miles and 30 minutes	Increase
Medical Facility				
Acute Inpatient Hospital	Essex	89.5%	2 providers within 10 miles and 25 minutes	No
Emergency Services Program				
Emergency Services Program	Bristol	40%	2 providers within 15 miles or 30 minutes	No
	Essex	44.4%	2 providers within 15 miles or 30 minutes	No
	Middlesex	78.9%	2 providers within 15 miles or 30 minutes	No
	Plymouth	69%	2 providers within 15 miles or 30 minutes	No
	Worcester	50.2%	2 providers within 15 miles or 30 minutes	No
BH Diversionary				

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by a Single Provider?
Clinical Support Services for SUD (Level 3.5)	Bristol	61.1%	2 providers within 15 miles or 30 minutes	Yes
	Essex	0%	2 providers within 15 miles or 30 minutes	Yes
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	Increase
	Norfolk	0%	2 providers within 15 miles or 30 minutes	Increase
	Plymouth	31.7%	2 providers within 15 miles or 30 minutes	Increase
	Suffolk	0%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Community Crisis Stabilization	Bristol	68.8%	2 providers within 15 miles or 30 minutes	No
	Essex	4.7%	2 providers within 15 miles or 30 minutes	No
	Middlesex	38.1%	2 providers within 15 miles or 30 minutes	No
	Plymouth	60.2%	2 providers within 15 miles or 30 minutes	No
	Worcester	9.7%	2 providers within 15 miles or 30 minutes	No
Community Support Program	Essex	88.0%	2 providers within 15 miles or 30 minutes	No
Intensive Outpatient Program	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Monitored Inpatient (Level 3.7)	Bristol	79.1%	2 providers within 15 miles or 30 minutes	Yes
	Essex	0%	2 providers within 15 miles or 30 minutes	Yes
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	Increase
	Norfolk	0.3%	2 providers within 15 miles or 30 minutes	Increase
	Plymouth	55.2%	2 providers within 15 miles or 30 minutes	Yes
	Suffolk	0.4%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	0%	2 providers within 15 miles or 30 minutes	Increase
Partial Hospitalization Program	Bristol	87.6%	2 providers within 15 miles or 30 minutes	No
	Worcester	77.9%	2 providers within 15 miles or 30 minutes	No
Psychiatric Day Treatment	Bristol	24.1%	2 providers within 15 miles or 30 minutes	No
	Essex	54.0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	51.7%	2 providers within 15 miles or 30 minutes	No
	Norfolk	86.0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	71.0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by a Single Provider?
Residential Rehabilitation Services for SUD (Level 3.1)	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Structured Outpatient Addiction Program	Bristol	79.8%	2 providers within 15 miles or 30 minutes	No
	Essex	81.5%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	86.1%	2 providers within 15 miles or 30 minutes	No
	Norfolk	72.6%	2 providers within 15 miles or 30 minutes	No
	Plymouth	83.3%	2 providers within 15 miles or 30 minutes	No
	Worcester	80.2%	2 providers within 15 miles or 30 minutes	No
LTSS Provider				
Adult Foster Care	Bristol	3.4%	2 providers within 15 miles or 30 minutes	No
	Essex	7.8%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	72%	2 providers within 15 miles or 30 minutes	No
	Norfolk	82.6%	2 providers within 15 miles or 30 minutes	No
	Plymouth	8.5%	2 providers within 15 miles or 30 minutes	No
	Worcester	0.7%	2 providers within 15 miles or 30 minutes	No
Day Habilitation	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Group Adult Foster Care	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Orthotics and Prosthetics	Bristol	49.2%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	61.7%	2 providers within 15 miles or 30 minutes	Increase
	Worcester	82.8%	2 providers within 15 miles or 30 minutes	Yes

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by a Single Provider?
Oxygen and Respiratory Equipment	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Personal Care Assistant	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	0%	2 providers within 15 miles or 30 minutes	No
	Norfolk	0%	2 providers within 15 miles or 30 minutes	No
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Medical Facility				
Rehabilitation Hospital	Bristol	21.9%	1 provider within 15 miles or 30 minutes	Yes
	Worcester	74.0%	1 provider within 15 miles or 30 minutes	Increase

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

Recommendations

- IPRO recommends that SWH SCO expands its network when a network deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 40**.
- IPRO recommends that SWH SCO expands its network when member's access can be increased by available providers for the provider types and counties identified in **Table 40**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

Tufts SCO

The Tufts SCO members reside in 10 counties. If at least 90% of Tufts SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Table 41** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. "Yes" represents an available provider that, when combined with the existing network, would allow the plan to pass an access requirement. "Increase" represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

Table 41: Tufts SCO Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by a Single Provider?
Emergency Services Program				

Emergency Services Program	Barnstable	16%	2 providers within 15 miles or 30 minutes	No
	Bristol	35.6%	2 providers within 15 miles or 30 minutes	No
BH Diversionary				
Community Crisis Stabilization	Barnstable	57%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	77.6%	2 providers within 15 miles or 30 minutes	No
Community Support Program	Barnstable	63.5%	2 providers within 15 miles or 30 minutes	No
	Essex	80.4%	2 providers within 15 miles or 30 minutes	No
Monitored Inpatient (Level 3.7)	Barnstable	51.8%	2 providers within 15 miles or 30 minutes	Increase
Psychiatric Day Treatment	Barnstable	55.7%	2 providers within 15 miles or 30 minutes	No
	Hampshire	80.7%	2 providers within 15 miles or 30 minutes	No
Recovery Coaching	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	16.1%	2 providers within 15 miles or 30 minutes	No
	Hampshire	6.8%	2 providers within 15 miles or 30 minutes	No
	Plymouth	84%	2 providers within 15 miles or 30 minutes	No
Recovery Support Navigators	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	16.1%	2 providers within 15 miles or 30 minutes	No
	Hampshire	6.8%	2 providers within 15 miles or 30 minutes	No
	Plymouth	84%	2 providers within 15 miles or 30 minutes	No
Residential Rehabilitation Services for SUD (Level 3.1)	Hampden	1.5%	2 providers within 15 miles or 30 minutes	Yes
LTSS Provider				
Adult Foster Care	Barnstable	82.8%	2 providers within 15 miles or 30 minutes	No
Day Habilitation	Bristol	86.4%	2 providers within 15 miles or 30 minutes	Yes
	Plymouth	80.2%	2 providers within 15 miles or 30 minutes	Yes
	Worcester	78.3%	2 providers within 15 miles or 30 minutes	Yes
Group Adult Foster Care	Barnstable	0%	2 providers within 15 miles or 30 minutes	No
	Essex	76%	2 providers within 15 miles or 30 minutes	No
	Plymouth	83.5%	2 providers within 15 miles or 30 minutes	No
	Worcester	82%	2 providers within 15 miles or 30 minutes	No

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

Recommendations

- IPRO recommends that Tufts SCO expands its network when a network deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 41**.
- IPRO recommends that Tufts SCO expands its network when member's access can be increased by available providers for the provider types and counties identified in **Table 41**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

UHC SCO

The UHC SCO members reside in 10 counties. If at least 90% of UHC SCO members in one county had adequate access, then the network availability standard was met. But if less than 90% of members in one county had adequate access, then the network was deficient. **Table 42** shows counties with deficient networks and whether the network deficiency can be potentially filled by an available provider. “Yes” represents an available provider that, when combined with the existing network, would allow the plan to pass an access requirement. “Increase” represents an available provider that would increase access, but the plan would continue to remain below the access requirement.

Table 42: UHC SCO Counties with Network Deficiencies by Provider Type

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by a Single Provider?
Specialists				
Psychiatry	Essex	84.1%	1 provider within 10 miles and 20 minutes	Yes
LTSS Provider				
Nursing Facility	Essex	82.8%	2 providers within 10 miles and 20 minutes	Increase
Occupational Therapy	Franklin	40.2%	2 providers within 15 miles and 30 minutes	Increase
Speech Therapy	Franklin	38.3%	2 providers within 15 miles and 30 minutes	Increase
BH Diversionary				
Intensive Outpatient Program	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	3.5%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	22.1%	2 providers within 15 miles or 30 minutes	No
	Norfolk	39.3%	2 providers within 15 miles or 30 minutes.	No
	Plymouth	1.7%	2 providers within 15 miles or 30 minutes	No
	Suffolk	42.6%	2 providers within 15 miles or 30 minutes	No
	Worcester	0%	2 providers within 15 miles or 30 minutes	No
Monitored Inpatient (Level 3.7)	Worcester	87.9%	2 providers within 15 miles or 30 minutes	Yes
Partial Hospitalization Program	Bristol	26.6%	2 providers within 15 miles or 30 minutes	No
	Essex	77.5%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	0.1%	2 providers within 15 miles or 30 minutes	No
	Hampshire	0%	2 providers within 15 miles or 30 minutes	No
	Middlesex	86.9%	2 providers within 15 miles or 30 minutes	No
	Plymouth	88.0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0.6%	2 providers within 15 miles or 30 minutes	No
Psychiatric Day Treatment	Bristol	82.9%	2 providers within 15 miles or 30 minutes	No
	Essex	82.3%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampshire	78.1%	2 providers within 15 miles or 30 minutes	No
	Plymouth	85.5%	2 providers within 15 miles or 30 minutes	No
	Worcester	15.1%	2 providers within 15 miles or 30 minutes	No

Provider Type	Counties with Network Deficiencies	Percent of Members with Access in That County	Standard – 90% of Members Have Access	Deficiency Fillable by a Single Provider?
LTSS Provider				
Adult Day Health	Franklin	28.8%	2 providers within 15 miles or 30 minutes	Yes
Adult Foster Care	Bristol	55.8%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	83.2%	2 providers within 15 miles or 30 minutes	No
	Hampshire	82.2%	2 providers within 15 miles or 30 minutes	No
	Plymouth	71.6%	2 providers within 15 miles or 30 minutes	No
	Worcester	81.7%	2 providers within 15 miles or 30 minutes	No
Day Habilitation	Bristol	0%	2 providers within 15 miles or 30 minutes	No
	Essex	0%	2 providers within 15 miles or 30 minutes	Increase
	Franklin	9.7%	2 providers within 15 miles or 30 minutes	Increase
	Middlesex	0%	2 providers within 15 miles or 30 minutes	Increase
	Norfolk	0%	2 providers within 15 miles or 30 minutes	Increase
	Plymouth	0%	2 providers within 15 miles or 30 minutes	No
	Suffolk	0%	2 providers within 15 miles or 30 minutes	No
	Worcester	0.6%	2 providers within 15 miles or 30 minutes	Increase
Group Adult Foster Care	Bristol	55.8%	2 providers within 15 miles or 30 minutes	No
	Franklin	0%	2 providers within 15 miles or 30 minutes	No
	Hampden	83.2%	2 providers within 15 miles or 30 minutes	No
	Hampshire	82.2%	2 providers within 15 miles or 30 minutes	No
	Plymouth	71.06%	2 providers within 15 miles or 30 minutes	No
	Worcester	81.7%	2 providers within 15 miles or 30 minutes	No
Oxygen and Respiratory Equipment	Bristol	85.8%	2 providers within 15 miles or 30 minutes	No
	Essex	82.9%	2 providers within 15 miles or 30 minutes	No
	Franklin	1.6%	2 providers within 15 miles or 30 minutes	No
	Hampshire	87.2%	2 providers within 15 miles or 30 minutes	No
	Worcester	73.7%	2 providers within 15 miles or 30 minutes	No
Medical Facility				
Rehabilitation Hospital	Bristol	2.7%	1 provider within 15 miles or 30 minutes	Yes
	Essex	35.3%	1 provider within 15 miles or 30 minutes	Yes
	Franklin	0%	1 provider within 15 miles or 30 minutes	Increase
	Hampshire	79.6%	1 provider within 15 miles or 30 minutes	Yes
	Middlesex	58.5%	1 provider within 15 miles or 30 minutes	Increase
	Norfolk	62.4%	1 provider within 15 miles or 30 minutes	Yes
	Plymouth	32.1%	1 provider within 15 miles or 30 minutes	Yes
	Worcester	0%	1 provider within 15 miles or 30 minutes	Increase

BH: behavioral health; LTSS: long-term services and supports.

Recommendations

- IPRO recommends that UHC SCO expands its network when a network deficiency can be closed by an available, single provider for the provider types and counties identified in **Table 42**.
- IPRO recommends that UHC SCO expands its network when member's access can be increased by available providers for the provider types and counties identified in **Table 42**.
- When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.

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

Objectives

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

Section 2.9.C.5 of the Second Amended and Restated SCO Contract requires contracted SCOs to conduct an annual SCO-level CAHPS survey using an approved CAHPS vendor and report CAHPS data to MassHealth. The CAHPS tool is a standardized questionnaire that asks enrollees to report on their satisfaction with care and services from the SCO, the providers, and their staff.

All SCO plans participated in the CMS's 2022 Medicare Advantage Prescription Drugs (MA-PD) CAHPS survey. Each MassHealth SCO independently contracted with a certified CAHPS vendor to administer the survey for MY 2021. CMS uses the CAHPS survey results to assign star ratings to health plans. MassHealth monitors SCOs' submissions of MA-PD CAHPS surveys and uses the results to identify opportunities for improvement and inform MassHealth's quality management work.

Technical Methods of Data Collection and Analysis

The MA-PD CAHPS survey is administered to SCO plans' members dually eligible for Medicaid and Medicare using a random sample of members selected by CMS. CMS requires all Medicare Advantage (MA) and Prescription Drug Plan (PDP) contracts with at least 600 enrollees to contract with approved survey vendors to collect and report CAHPS survey data following a specific timeline and protocols established by CMS.

Two plans, the Fallon NaviCare and Tufts SCOs, conducted a "simulation survey" in addition to the regular survey to get at their SCO scores because the sample selected by CMS could have included Medicare Advantage members who are not members of the MassHealth SCO plan.

The standardized survey instrument selected for the MassHealth SCO plans was the 2022 MA-PD CAHPS survey. The MA-PD survey contains 68 questions, organized into the seven sections, as explained in **Table 43**.

Table 43: MA-PD CAHPS Survey Sections

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

The CMS data collection protocol included mailing of prenotification letters, up to two mailings of paper surveys, and telephone surveys with non-responders. The sample frame included SCOs' dually eligible members who were continuously enrolled in the contract for six months or longer, who were living in the United States, and who were not institutionalized. **Table 44** provides a summary of the technical methods of data collection by SCO.

Table 44: MA-PD CAHPS – Technical Methods of Data Collection by SCO, MY 2021

MA-PD CAHPS – Technical Methods of Data Collection	BMCHP WellSense SCO	CCA SCO	Fallon NaviCare SCO	SWH SCO	Tufts SCO	UHC SCO
Adult CAHPS survey						
Survey vendor	SPH Analytics	SPH Analytics	SPH Analytics	SPH Analytics	SPH Analytics	SPH Analytics
CAHPS survey tool	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD	MA-PD
Survey timeframe	Mar.–May, 2022	Mar.–Jun., 2022	May–Jun., 2022	Mar.–May, 2022	May–Jul., 2022	Mar.–May, 2022
Method of collection	Mail, phone	Mail, phone	Mail, phone	Mail, phone	Mail, phone	Mail, phone
Sample size	800	1,200	800	800	800	800
Response rate	27.9%	30.7%	25.9%	24.5%	26.8%	27.8%

For the global ratings, composite measures, composite items, and individual item measures, the scores were calculated using a 100-point scale. Responses were classified into response categories. **Table 45** displays these categories and the measures for which these response categories are used.

Table 45: MA-PD CAHPS Response Categories, MY 2021

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

To assess SCOs performance, IPRO compared SCOs' top-box scores to the Medicare Advantage 2022 national mean score. The top-box scores are the survey results for the highest possible response category. Plan scores represent the mean score converted to a 100-point scale, except for the Annual Flu Vaccine. For this question, the value is the percentage of members responding "Yes."

Description of Data Obtained

For each SCO, IPRO received a copy of the final MY 2021 study reports produced by the certified CAHPS vendor or a copy of CMS's 2022 *Medicare Advantage Prescription Drug CAHPS Results Report*. These reports included comprehensive descriptions of the project objectives and methodology, as well as SCO-level results and analyses.

Conclusions and Comparative Findings

To determine common strengths and opportunities for improvement across all SCOs, IPRO compared the SCO results and MassHealth weighted mean to the Medicare Advantage 2022 national mean score. Measures performing above the national benchmarks were considered strengths; measures performing at the mean were

considered average; and measures performing below the national benchmark were identified as opportunities for improvement, as explained in **Table 46**.

Table 46: Color Key for MA-PD CAHPS Performance Measure Comparison to the Medicare Advantage 2022 National Mean Score.

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

When compared to the Medicare Advantage 2022 national mean score, the CCA SCO plan’s scores exceeded the national benchmark on seven CAHPS measures, Tufts SCO plan’s scores exceeded the national benchmark on five CAHPS measures, and Fallon NaviCare SCO’s scores exceeded the national benchmarks on four measures. The BMCHP SCO exceeded the national benchmark on two measures. SWH SCO scored below the national benchmark on eight CAHPS measures. All SCOs exceeded the national benchmark for the Annual Flu Vaccine measure. Six SCOs scored below the national benchmark for the Getting Needed Prescription Drugs measure. **Table 47** displays the top-box scores of the 2022 MA-PD CAHPS survey for MY 2021.

Table 47: MA-PD CAHPS Performance – MassHealth SCO Plans, MY 2021

MA-PD CAHPS Measure	BMCHP SCO	CCA SCO	Fallon SCO	SWH SCO	Tufts SCO	UHC SCO	MassHealth Weighted Mean	Medicare Advantage National Mean Score
Getting Needed Care	78	83	79	75	83	77	79	82
Getting Appointments and Care Quickly	77	79	74	74	80	73	75	78
Rating of Health Care Quality	N/A	88	88	84	87	85	86	87
Rating of Health Plan	88	90	92	84	90	87	88	88
Customer Service	91	91	89	85	91	89	89	90
Care Coordination	86	85	84	80	86	84	84	86
Annual Flu Vaccine	77	78	79	79	86	81	80	75
Getting Needed Prescription Drugs	N/A	90	88	86	90	90	89	91
Rating of Prescription Drug Plan	87	89	92	85	87	87	88	87

MA-PD: Medicare Advantage Prescription Drugs; CAHPS: Consumer Assessment of Healthcare Providers and Systems; SCO: senior care option; MY: measurement year; N/A: not applicable.

VIII. MCP Responses to the Previous EQR Recommendations

Title 42 CFR § 438.364 External quality review results(a)(6) require each annual technical report include “an assessment of the degree to which each MCO, PIHP,⁹ PAHP,¹⁰ or PCCM entity has effectively addressed the recommendations for QI¹¹ made by the EQRO during the previous year’s EQR.” **Tables 54–59** display the SCOs’ responses to the recommendations for QI made during the previous EQR, as well as IPRO’s assessment of these responses.

BMCHP WellSense SCO Response to Previous EQR Recommendations

Table 48 displays the SCO’s progress related to the *SCOs External Quality Review CY 2021*, as well as IPRO’s assessment of SCO’s response.

Table 48: BMCHP WellSense SCO Response to Previous EQR Recommendations

Recommendation for BMCHP WellSense SCO	BMCHP WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PIP 1 Vaccination Flu</p> <p>Access- and Quality Related: Kepro suggests employing additional strategies for obtaining information from members about barriers and opportunities such as focus groups, committees that include members, or community groups.</p> <p>Quality-Related: Kepro recommends that BMCHP reconsider its member survey target return rate of 25 surveys. Additionally, Kepro suggests BMCHP consider conducting several focus groups of each identified population to determine if the survey is the best format for obtaining this information.</p> <p>Quality-Related: Kepro recommends the development of a more detailed implementation plan that extends into 2022.</p>	<p>BMCHP will assess additional strategies for obtaining information from members about barriers and opportunities.</p> <p>The member survey intervention described in the SCO Flu PIP has already been closed out, and another member survey is not currently planned. A provider survey is planned for early 2023 and the provider survey target return rate will be set above 25.</p> <p>WellSense is considering inclusion of focus groups of identified populations as one part of our 2023 Flu PIP activities, if enough members can be recruited. WellSense already conducts several SCO Member Advisory Board (MAB) meetings each year. MAB meetings include at least one discussion of vaccinations (flu and COVID) each year, which has been reported in past PIP submissions.</p> <p>As 2022 is now ending, WellSense will complete a new, detailed implementation plan for 2023. The new 2023 implementation plan for each intervention will be completed early in 2023 and reported in the initial Kepro PIP submission. WellSense will manage the implementation plan closely to ensure timelines are met. Any deviations from the proposed timeline in the first IPRO PIP submission will be detailed; reasons for changes will be provided and impact of any delays will be discussed.</p>	Addressed
<p>PIP 2 Telehealth Access</p> <p>Access-Related: Kepro recommends tailoring member educational materials to target cultural factors for these focal populations.</p>	<p>Telehealth PIPs were discontinued.</p> <p>This is not applicable. The telehealth PIP was replaced by a Care Planning/Transitions of Care PIP in February 2022 at the direction of the State, communicated to WellSense via Kepro’s PIP team.</p>	Not applicable

⁹ Prepaid inpatient health plan.

¹⁰ Prepaid ambulatory health plan.

¹¹ Quality improvement.

Recommendation for BMCHP WellSense SCO	BMCHP WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
Quality-Related: Kepro recommends that BMCHP further detail project strengths and challenges.		
PMV 1: Quality-Related: BMCHP's performance on the <i>Colorectal Cancer Screening (COL)</i> measure was below the 50 th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that BMCHP consider the development of related quality improvement initiatives.	WellSense is engaging with its largest provider, Boston Medical Center, to schedule colonoscopies where needed and provide members with FIT kits when clinically appropriate. Additionally, WellSense has contracted with a vendor, Sprinter, to make home visits to members to pick up FIT kits and return them to ensure members act on these tests. The provider-based portion of this intervention began in mid-2022. The vendor, Sprinter, was engaged in November 2022 and began making home visits to pick up FIT kits in December 2022. This intervention is expected to continue into 2023.	Partially addressed
PMV 2: Quality-Related: BMCHP's performance on the <i>Controlling High Blood Pressure (CBP)</i> measure was below the 33 rd percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that BMCHP consider the development of related quality improvement initiatives.	WellSense has contracted with a vendor, Sprinter, to make home visits to members to perform blood pressure checks in the home for SCO members with CBP care gaps. The vendor, Sprinter, was engaged in November 2022 and began making home visits to perform blood pressure checks in December 2022. This intervention is expected to continue into 2023. Though this intervention is new, it has been well-received by members and has already improved the rate of completed blood pressure checks for SCO members over the December rate from 2021. Gap closure rates for CBP, along with the source of the gap closure (provider or Sprinter), are monitored on a weekly basis. Rates of blood pressure checks are tracked, monitored, and compared year over year on an ongoing basis and reported to key stakeholders.	Partially addressed
PMV 3: Quality-Related: BMCHP used supplemental data for lab results only. BMCHP should use additional supplemental data sources in future reporting years to potentially improve HEDIS reporting rates.	WellSense expects to use additional supplemental data sources in 2023 to improve HEDIS reporting rates. Specific sources have yet to be determined.	Partially addressed
Compliance 1: BMCHP WellSense SCO needs to ensure annual review and approval of its policies and procedures to ensure continued compliance with all federal and MassHealth standards. BMCHP WellSense SCO may benefit from technology solutions to aid in the tracking of policies and procedures across the organization.	BMCHP WellSense SCO has implemented a new policy and procedure management tool, PolicyTech. We've updated our internal Compliance policy (Policy on Policies) to reflect PolicyTech as the official policy repository and began the transition of all policies into PolicyTech. This allows for an automated annual review process.	Addressed

Recommendation for BMCHP WellSense SCO	BMCHP WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
Compliance 2: BMCHP WellSense SCO should consider revising the format and content of its quality workplan and evaluation to better align with measuring performance against its objectives and aims within its model of care. BMCHP WellSense SCO should explore ways to incorporate specific evaluation of its LTSS.	BMCHP WellSense is currently engaged in revising the format and content of the QI Work Plan, QI Work Plan Evaluation, and QI Program Plan to better align with performance against the objectives and aims in the model of care. Our new Accreditation Manager will oversee this process for all product lines, ensuring that the Model of Care is centered for SCO members. Evaluation of our LTSS will be included in the next iteration of these reports. The revised QI Work Plan, QI Work Plan Evaluation, and QI Program Plan will be an improved source of truth for our processes and goals for serving our SCO population, showcasing the integration of the Model of Care in our SCO Quality program.	Addressed
Compliance 3: BMCHP WellSense SCO should revise the language used in denial and appeals letters to convey decision rationale in a manner that is easily understood.	The Plan UM department has added additional tools and resources and has provided additional staff training to convert physician denial rationales into easily understandable language. All denial letters are reviewed by a clinician and edited, if necessary, prior to being sent. In addition, UM recently conducted a denial file audit, including review of denial letters, to identify any opportunity for continued improvement. Additionally, staff in our Member Appeals continually strive to ensure communication to our members are conveyed in a clear, consistent, and easily understood manner.	Addressed
Compliance 4: BMCHP WellSense SCO needs to evaluate network adequacy more comprehensively to include MassHealth requirements and incorporate the evaluation of home- and community-based services.	BMCHP WellSense SCO has questions over what was included in the network adequacy report vs. what is detailed in our contract specifically §2.6.B.4 and will be requesting a discussion with EOHHS to review further.	Partially addressed
Compliance 5: BMCHP WellSense SCO needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.	Upon receipt of the audit report, BMCHP WellSense SCO implemented corrective actions to address each partial or not met finding, all of which have been successfully implemented and validated by the Compliance team.	Addressed
Network 1: Kepro recommends that BMCHP prioritize Barnstable County for network expansion.	As part of its strategic approach, BMCHP leadership regularly assesses new product offerings and potential changes to product service area. BMCHP will take this recommendation under advisement.	Remains an opportunity for improvement
Network 2: Kepro recommends contracting with additional Acute Inpatient and Rehabilitation Hospitals, as available, in Hampden County.	WellSense has expanded our SCO network to include seven Encompass Health Rehabilitation hospitals; one of which is in Hampden County.	Partially addressed
Network 3: Kepro recommends contracting with additional Occupational and Speech Therapists in Barnstable and Plymouth Counties.	Although year-end 2020 OT/ST provider counts were modest, WellSense has doubled the number of OT/ST providers in Barnstable and Plymouth counties at year-end 2022. We'll continue this targeted recruitment effort through 2023.	Addressed

Recommendation for BMCHP WellSense SCO	BMCHP WellSense SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
Network 4: Kepro recommends that BMCHP fill other network gaps as identified where possible.	WellSense assesses our provider network for service gaps on a regular basis. As such, we have expanded our SCO provider network by more than 15% in 2022. With the consult of our clinical team, we'll continue to expand our network as necessitated by the needs of our members.	Partially addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued SCO: senior care plan; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; COVID: 2019 novel coronavirus; NCQA: National Committee for Quality Assurance; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; LTSS: long-term services and support; UM: utilization management; §: section; EOHHS: Executive Office of Health and Human Services.

CCA SCO Response to Previous EQR Recommendations

Table 49 displays the SCO's progress related to the *SCO External Quality Review CY 2021*, as well as IPRO's assessment of SCO's response.

Table 49: CCA SCO Response to Previous EQR Recommendations

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PIP 1 Vaccination Flu</p> <p>Quality-Related: In future reporting, Kepro advises CCA to enhance its provider goals with greater operational detail that describes the criteria for determining goal achievement.</p> <p>Timeliness-Related: Kepro strongly advises CCA to consider development a standing consumer advisory committee that convenes (perhaps remotely) quarterly or semi-annually.</p>	<p>In the September 2022 <u>Flu Vaccination Remeasurement 2 Report: Project Results</u>, CCA addresses the provider goals recommendation in depth, as follows:</p> <p>Changes to Member and Provider Goals: In the Kepro Validation Review, Kepro advised CCA to enhance its member goals with greater operational detail describing the criteria for determining goal achievement, noting that neither Goal 1 nor Goal 2 are stated in measurable terms. Kepro advised CCA that a well-written goal statement should include the provision: "...as evidenced by..." Kepro similarly advised CCA to strengthen the operational definitions of its provider goals.</p> <p>In response to the Kepro advice noted above, as well as Kepro advice to include greater focus on addressing inequities, and in light of the findings of CCA's most recent comprehensive population analysis (see below), CCA has modified the PIP Goals as follows:</p> <p>Provider Goals:</p> <p>Original Goal 1 – Increase provider identification of CCA SCO members, who have not received an influenza vaccination.</p> <p>Modified Goal 1 - Increase provider identification of CCA SCO members who have not received an influenza vaccination as evidenced by increased rates of influenza vaccination: (1) at CCA Primary Care Practices, and (2) at other primary care</p>	Addressed

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>practices targeted for interventions due to low vaccination rates and/or low vaccination rates of 85+ age group member.</p> <p>Original Goal 2 – Increase provider knowledge and skills to understand and overcome CCA One Care, age 21-64 member reasons for vaccine hesitancy.</p> <p>Modified Goal 2 - Increase provider knowledge and skills to understand and overcome CCA One Care member reasons for vaccine hesitancy as evidenced by the rate of flu vaccination of members receiving care at targeted primary care sites with previously low vaccination rates.</p>	
<p>PIP 2 Telehealth Access</p> <p>Quality-Related: Kepro strongly advises CCA to consider developing a standing consumer advisory committee that convenes (perhaps remotely) quarterly or semi-annually.</p>	<p>Telehealth PIPs were discontinued. CCA continues to work towards the goals laid out in the PIP and incorporated the lessons learned during the quality improvement activity.</p>	Not applicable
<p>PMV 1:</p> <p>Quality-Related: CCA's performance on the <i>Controlling High Blood Pressure</i> measure was below the 50th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that CCA consider the development of related quality improvement initiatives.</p>	<p>CCA implemented the following initiatives throughout the year. The last was launched in April 2022.</p> <ul style="list-style-type: none"> Enhanced Analytics & Reporting Systems: Leverage enhanced Inovalon and CCA systems to improve performance target setting, tracking, and intervention planning; and to deliver improved analytic & reporting support. Care Partnership Quality Strategy: Care partner to review gap report prior to member visit, identification of gaps and education to member and complete any required coordination for PCP notification/scheduling. Enhanced Collaboration of CCA Care Teams with Primary Care Providers: Focus on collaboration to improve performance on key quality metrics. Primary Care Performance Incentives: When appropriate, include quality measure performance incentives in primary care site contract renewals. Member Communications: Communications to members via member newsletter and social media Biometric Data Acquisition: Obtain periodic (monthly or quarterly) reports of member most recent BP values from major primary care sites to support more accurate gap reporting. Create structured data fields in CCA electronic health records for member reported BP. Self-Management Tool on website 	Partially addressed

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PMV 2:</p> <p>Quality-Related: CCA’s performance on the <i>Transitions of Care (TRC): Medication Reconciliation Post-Discharge</i> measure was below the 25th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that CCA consider the development of related quality improvement initiatives.</p>	<p>CCA began a Performance Improvement Plan (PIP) for Medication Reconciliation Post-Discharge for its SCO Population in the second quarter of 2022. Since this time, CCA has completed a first and second baseline submission for the PIP. CCA has created 4 main interventions to increase the rate of post-discharge medication reconciliation for its members. Please see the 4 interventions with descriptions and requested information below:</p> <p><u>Intervention 1:</u> Collaborate with network inpatient facilities to support best practice for dissemination of discharge Information to CCA.</p> <p><u>Intervention 2:</u> Analyze and optimize CCA’s documentation workflows as they relate to completion of medication reconciliation post-discharge for RN Care Partners and Community RNs.</p> <p><u>Intervention 3:</u> Provide RN Care Partner and Community RN education regarding best practices and documentation requirements for medication reconciliation post-discharge.</p> <p><u>Intervention 4:</u> Engage with members upon discharge to identify and collaboratively address their SDoH needs.</p>	<p>Addressed</p>
<p>Compliance 1: CCA needs to revise many of its outdated policies and procedures to ensure compliance with all federal and MassHealth standards. In addition, the policies and procedures need to be streamlined to align with existing operational practices. CCA may benefit from technology solutions to aid in the tracking of policies and procedures across the organization.</p>	<p>CCA’s Compliance department went live with a streamlined, annual Policy workflow within Cumulus (CCA’s platform that uses the Compliance 360 software system) in Summer 2022. As of Fall 2022, all policies (with the exception of a sample of legacy Privacy & Security and IT Security policies, currently under review with their team’s respective outside consultants) have been published, and are accessible via both Cumulus and CommonGround, CCA’s intranet site. All Policies will be solicited for an annual review on the same summer cycle going forward, comprised of a Compliance-led Policy owner training, Policy Owner updates and Policy Approver review within Cumulus, and final review by Compliance before publication.</p>	<p>Addressed</p>
<p>Compliance 2: CCA needs to continue to work towards meeting MassHealth network adequacy standards for adult day habilitation and hospice providers.</p>	<p>CCA implemented a corrective action plan (CAP) for this topic after the 2020 EQR Compliance Validation and this CAP has been successfully implemented, validated, and closed. Policies have been updated to document time and distance standards for various provide types and describe how CCA assesses the network to meet these standards. 2022 SCO network assessment reporting demonstrates that day habilitation meets MassHealth network adequacy standards and while SCO does not have the same requirement to report on hospice providers that One Care does, CCA</p>	<p>Addressed</p>

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	provides an adequate network of contracted hospice providers for SCO members with the vast majority of contracted hospice providers on the One Care side also contracted for the SCO product. CCA maintains a network of hospice providers for SCO membership and our Contract Managers routinely add new providers based on the needs of the membership.	
Compliance 3: CCA needs to adopt practice guidelines in consultation with contracting health care professionals and ensure that they are reviewed and updated periodically as appropriate.	CCA has a Clinical Practice Guidelines and Standards Committee and its charter states that the committee will "Engage network providers to participate in the selection, review and approval of publicly shared clinical and practice guidelines." This committee meets quarterly, and meeting minutes demonstrate ongoing review and update of guidelines. Corrective action for this finding was successfully validated and closed at the end of 2021.	Addressed
Compliance 4: CCA needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.	CCA implemented CAPs for all Partially Met and Not Met findings identified during the 2020 EQR Compliance Validation. CAPs were tracked through implementation and staff validated that completed CAPs had sufficient evidence of successful remediation (for example, updated policies) to confirm closure. All CAPs from the 2020 EQR Compliance Validation have been successfully implemented, validated, and closed as of December 2022.	Addressed
Network 1: Kepro recommends that CCA contract with additional Oxygen and Respiratory Equipment service providers as available in Essex and Franklin Counties.	CCA has national agreements with Oxygen and Respiratory providers which do provide full adequacy in Essex and Franklin Counties. The issue is these providers do not have a physical location listed in every town even though they service the area. This is in the process of being resolved by adding the servicing county in Cactus through JIRA ticket awaiting resolution from Provider Data Management.	Partially addressed
Network 2: Kepro recommends that CCA expand its network of Personal Care Assistant providers as available in those counties that are not meeting MassHealth requirements.	There are no additional Personal Care Assistant (PCA) providers identified in the Quest tool. CCA has contracted with the 18 approved MassHealth PCA providers.	Addressed
Network 3: Kepro recommends that CCA contract with additional Rehabilitation Hospitals as available in Bristol, Franklin, and Worcester Counties.	CCA is contracted with all the free standing and acute care hospitals with Inpatient Rehabs as identified by the state in Franklin and Worcester Counties. Bristol is not an issue at this point with the addition of Southcoast Health. There are no additional providers identified by the Quest tool for those counties.	Partially addressed

Recommendation for CCA SCO	CCA SCO Response/Actions Taken	IPro Assessment of MCP Response ¹
Network 4: Kepro recommends that CCA contract with additional Monitored Inpatient Level 3.7 providers as available in those counties that are not meeting MassHealth requirements.	For Monitored Inpatient Level 3.7 providers there were no additional providers identified by the Quest tool for the counties not meeting adequacy. CCA is contracted with all the known Monitored Inpatient Level Providers as identified on the Mass Behavioral Health Partnership list.	Addressed

¹ IPro assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued SCO: senior care option; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; PCP: primary care providers; BP: blood pressure; RN: registered nurse; SDoH: social determinants of health; NCQA: National Committee for Quality Assurance.

Fallon NaviCare SCO Response to Previous EQR Recommendations

Table 50 displays SCO's progress related to the *SCO External Quality Review CY 2021*, as well as IPro's assessment of SCO's response.

Table 50: Fallon NaviCare SCO Response to Previous EQR Recommendations

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPro Assessment of MCP Response ¹
PIP 1 Flu Vaccination Quality-Related: Kepro recommends the development of a provider-focused goal. Quality-Related: Fallon should prioritize obtaining stakeholder feedback and incorporating it into intervention design. Quality-Related: Fallon did not describe its plan for the continuous improvement of its interventions. Kepro recommends that a detailed plan be developed to ensure a process is in place for the continuous quality improvement of the project's interventions.	<p>A provider focused goal was created surrounding increasing the flu vaccination rates of the 3 (three) lowest performing providers by performing outreach to the identified providers. This provider-focused goal was implemented in 2022 and is ongoing throughout the rest of the PIP's cycle. Members participate as stakeholders to provide feedback on quality improvement initiatives in many ways. Members provide feedback to the clinical team (nurses, Navigators) during routine interactions as well as through formal processes, such as by participating on our SCO Advisory Committee or being surveyed by our Market Research team.</p> <p>Providers participate as stakeholders and give feedback and guidance on PIP activities through various forums. Providers may be surveyed or interviewed directly by members of the NaviCare Clinical team who work closely with their practices. Additionally, providers are active members of Fallon Health's various committees, where planned and ongoing quality improvement initiatives are discussed, and provider feedback is solicited. Each of the three (3) interventions had a plan for continuous improvement identified. They are as follows:</p> <ul style="list-style-type: none"> Comprehensive Flu Vaccination Outreach Program for NaviCare Members ensure outreach to all unvaccinated members. 	Addressed

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<ul style="list-style-type: none"> Encouraging Member Flu Vaccination via the Member Incentive Benefit Program Increase the Flu Vaccination Rates of the 3 (three) Lowest Performing Providers 	
PIP 2 Telehealth Access Timeliness-Related: Kepro suggests frequent monitoring of telehealth utilization to be able to intervene timely and make an impact on the rate.	Per guidance received from Kepro on 2/23/2022, telehealth PIP was discontinued. In lieu of telehealth, MassHealth required a new Performance Improvement Project related to Care Coordination and Planning.	Not applicable
PMV 1: Quality-Related: Fallon's performance on the <i>Colorectal Cancer Screening (COL)</i> measure was below the 25 th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that Fallon consider the development of related quality improvement initiatives.	<p>The health plan has established gaps in care reminders to members and providers through direct mailings. Targeted FIT kit screening outreach to PCPs has been completed for members in need of colorectal cancer screenings, as well as mailing of InSure Fit kits to members with PCP orders. Clinical integration outreach to members has been conducted. In addition, enrollee and provider education has been provided through Fallon newsletters. For MY2022, Fallon has contracted with an outside vendor for medical record retrieval to help overcome the barrier faced in retrieving records from provider offices.</p> <p>With significant declines in cancer screening rates due to the lasting effects of the COVID-19 pandemic Fallon is proactive in assisting members and providers in overcoming some of the obstacles they are facing. Fallon engages providers to focus on targeted members, using provided gaps in care reporting for outreach to members. Fallon is providing a means for the member to have an annual COL screening in the confines of their own home by providing a screening (InSure Fit) kit that is mailed to the member once an order is received from the provider.</p>	Partially addressed
PMV 2: Fallon's performance on the <i>Controlling High Blood Pressure (CBP)</i> measure was below the 33 rd percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that Fallon consider the development of related quality improvement initiatives.	<p>The health plan has developed improvement strategies such as telephonic or face-to-face enrollee education through Nurse Case Managers and/or Clinical Reminders with the goal of seeing the primary care provider at least annually. Member education has been conducted through direct mailings upon enrollment, annually through birthday card reminder, and Fallon newsletters. For MY2022 Fallon has contracted with an outside vendor for medical record retrieval to help overcome the barrier faced in retrieving records from provider offices.</p> <p>It is speculated that the COVID-19 pandemic influenced the rates. Telehealth visits increased during the pandemic causing a decrease in the amount of documented blood pressures during</p>	Partially addressed

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	HEDIS MY2020. Of interest each of the rates decreased by 16-17 percentage points.	
Compliance 1: Fallon should revise its policies and procedures and have its vendor incorporate additional analysis to measure behavioral health time and distance standards consistent with the MassHealth contract requirements.	Effective 12/9/2020, Beacon adjusted their geo access reporting for SCO to reflect the current time and distance standards that are contractually required. Beacon has also updated their network policy to include SCO time and distance standards as required by MassHealth.	Addressed
Compliance 2: Fallon should improve appointment access availability and develop a process to address concerns with its providers.	<ul style="list-style-type: none"> Beginning in 2021, Fallon Health instituted quarterly monitoring to adequately identify new and emerging trends and staying abreast of where issues could arise. In terms of accessibility of services, Fallon Health directly follows up on a quarterly basis with all provider groups where an enrollee identifies an issue with a wait time longer than our expectation. At least on an annual basis (and as needed), Fallon Health reviews and updates Accessibility of Service Policy and Procedure documents that outline standards for network monitoring and compliance with access standards. As a means of assessing Enrollee wait time for appointments, Fallon Health outreach teams make calls to randomly selected Enrollees of each of our NaviCare SCO products about their experience obtaining calls. Fallon Health's Director of Provider Relations follows up with specific providers in question on an ongoing basis or on the large more systemic issues identified as needed. One policy and two process documents have been created and implemented which are reviewed annually, and updates are made as needed to maintain compliance. 	Addressed
Compliance 3: Fallon should explore ways to incorporate specific evaluation and measurement of its LTSS effectiveness on its SCO members.	Fallon Health Care Team Leadership and Medical Economics Team Leadership have developed criteria for the report to support measurement of effectiveness of LTSS in delivering person-centered services designed to maintain and restore function and avoid clinical and functional decline. The report will be completed in Q1 2023.	Addressed
Compliance 4: Fallon should develop a process to capture special experience, skills, training, and expertise of providers in its provider directory.	On 4/29/21, Fallon Health's configuration team updated the NaviCare directory login to include all available special interests noted in the SCO regulations including special experience, skills, training, and expertise of providers.	Addressed
Compliance 5: Fallon needs to ensure that its notice of action letters are written in easily understood language.	Fallon Health updated job aides to ensure letters are written in easily understandable language. Additionally, supervisors continuously oversee and edit letters prior to mailing. Clinical reviewers,	Addressed

Recommendation for Fallon NaviCare SCO	Fallon NaviCare SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	including Prior Authorization Nurses, assist non-clinical staff in formulating verbiage to ensure accuracy for member understanding	
Compliance 6: Fallon needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.	Fallon has addressed all concerns that were considered partially met and not met through policy and process changes. All subject matter experts and their teams leveraged their knowledge and experience to address finding through the actions stated in our corrective action plans. Policies and procedures are reviewed annually to ensure compliance.	Addressed
Network 1: Kepro recommends that Fallon contract with Occupational and Speech Therapy providers in those counties are not meeting requirements.	NDM contracted with additional Occupational and Speech Therapy providers to expand the network. Fallon works with groups to ensure we have all location addresses and updated staff data in our system.	Partially addressed
Network 2: Kepro recommends Fallon contract with additional Rehabilitation Hospitals as available in Barnstable County, as well as in those counties not passing MassHealth requirements.	Fallon added Spaulding Rehab hospitals to its network in several locations including Cambridge, Charlestown, and East Sandwich.	Partially addressed
Network 3: Kepro recommends contracting with additional Residential Rehabilitation Services for SUD as available in those counties not meeting all MassHealth requirements.	Beacon has a contract with all existing Residential Rehabilitation Service (RRS) providers in counties where MassHealth requirements were not met. Further, Bureau of Substance Addiction Services (BSAS) notifies Beacon of any new RRS providers that open so that Beacon can proactively work to contract the provider.	Partially addressed
Network 4: Kepro recommends that Fallon close network adequacy gaps in its LTSS provider network notably in Oxygen and Personal Care Assistant services.	Fallon pulled current data for 2022 and there are statewide providers listed for both Oxygen/Respiratory and Personal Care Assistant services and we have statewide network representation. No geo should be run on these specialties and provider types such as DME (which includes Oxygen) as the corporate address does not reflect service area.	Partially addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued. SCO: senior care option; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; PCP: primary care provider; MY: measurement year; COVID-19: 2019 novel coronavirus; HEDIS: Healthcare Effectiveness Data and Information Set; LTSS: long-term services and support; Q: quarter; SUD: substance use disorder; NCQA: National Committee for Quality Assurance.

SWH SCO Response to Previous EQR Recommendations

Table 51 displays the SCO's progress related to the *SCO External Quality Review CY 2021*, as well as IPRO's assessment of SCO's response.

Table 51: SWH SCO Response to Previous EQR Recommendations

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
PMV 1: Quality-Related: SWH's performance on the <i>Controlling High Blood Pressure</i> measure was below the 25 th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that SWH consider the development of related quality improvement initiatives.	<p>Senior Whole Health has implemented the following member- and provider-focused interventions to address Controlling High Blood Pressure: providing education to members through online resources, Consumer Advisory Committee meetings, member incentive programs for CBP screenings, and seasonal newsletters; collaborating with providers by providing gaps in care member information, online resources including HEDIS and clinical practice guidelines, provider pay for quality programming, and seasonal newsletters. Additionally, the Quality team meets regularly with our case management team and reviews monthly data regarding clinical outcomes.</p> <p>The Quality team has already put in place all the interventions above through interdepartmental collaboration with many Molina Healthcare departments.</p> <p>The purpose of the interventions is to encourage members to have conversations with their providers, speak openly with their case management team, and in Consumer Advisory Committee meetings regarding their health. Interventions will help members understand the importance and risks of why controlling blood pressure is important to their health.</p> <p>Senior Whole Health utilizes HEDIS rates to show year over year improvements, but also take into consideration feedback received from members, providers and health plan staff to incorporate process improvements.</p>	Partially addressed
PMV 2: Quality-Related: SWH's performance on the <i>Transitions of Care (TRC): Medication Reconciliation Post-Discharge</i> measure was below the 25 th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that SWH consider the development of related quality improvement initiatives.	<p>Senior Whole Health has implemented the following member- and provider-focused interventions to address Transitions of Care: providing education to members through online resources, Consumer Advisory Committee meetings, and seasonal newsletters; collaborating with providers by providing gaps in care member information, online resources including HEDIS and clinical practice guidelines, and seasonal newsletters. Additionally, the Quality team meets regularly with our case management team and reviews monthly data regarding clinical outcomes.</p> <p>The Quality team has already put in place all the interventions above through interdepartmental</p>	Addressed

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>collaboration with many Molina Healthcare departments.</p> <p>The purpose of the interventions is to encourage members to have conversations with their providers, speak openly with their case management team, and in Consumer Advisory Committee meetings regarding their health. Interventions will help members understand new medications and/or changes in their medication to better support their health.</p> <p>Senior Whole Health utilizes HEDIS rates to show year over year improvements, but also takes into consideration feedback received from members, providers and health plan staff to incorporate process improvements.</p>	
<p>Compliance 1: SWH needs to update its policies and procedures to be responsive to MassHealth-specific requirements that extend beyond Medicare requirements.</p>	<p>SWH is currently working to update their P&Ps and processes to comply with this requirement. This will be completed by EOY 2022. Routine operational monitoring is conducted.</p>	<p>Addressed</p>
<p>Compliance 2: SWH should revise the format and content of its quality evaluation to incorporate SCO-related activities and results and make an overall assessment of the effectiveness of its quality program for SCO members.</p>	<p>Senior Whole Health has developed SCO-member population specific reports to clearly define the SCO membership's demographics, health needs, and health outcomes. These include topics such as Member and Provider Experience, Quality Performance Measures, Population Assessment, CLAS, as well as an overall evaluation of the Quality program supporting this SCO population. These reports were developed and began in 2021. The systems that support Quality Improvement are set up to provide Medicaid membership-specific reporting, with additional reporting being developed, as needed. These reports allow us to have a more developed overall discussion regarding Quality Improvement as it relates to our SCO members. Increasing SCO-specific reporting allows us to better monitor and respond to SCO membership population needs to facilitate better health outcomes. The Quality Program Evaluation is one indicator to review effectiveness of this strategy. This recommendation was not a reissued in CY 2021, but we do plan to explore additional reporting needs to continue refining our SCO population data to better inform future interventions.</p>	<p>Addressed</p>
<p>Compliance 3: SWH needs to continue its efforts to revise grievance and appeals operational functions to be fully compliant with federal and State requirements.</p>	<p>Since this audit, the SWH Plan was novated and now operates under the parent organization, Molina Healthcare, Inc. under CMS contract H2224. As the SWH Appeals & Grievances were officially integrated within the Molina Healthcare Medicare A&G team, all federal and state contract requirements were considered with the</p>	<p>Addressed</p>

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	integration, therefore we believe we are in compliance with any specific federal and state contract requirements. This was accomplished in 1/1/21. Routine monitoring is conducted by supervisors and managers.	
Compliance 4: SWH needs to continue to work towards meeting MassHealth network adequacy standards and establish mechanisms to incorporate LTSS and other services provided by its Aging Services Access Points (ASAP) partners.	SWH works with our ASAP providers to include all services that ASAPs offer directly as well as those offered through their extensive vendor network. SWH meets with ASAPs on at least a quarterly basis and works with ASAPs to ensure that we are notified of new services and/or vendor relationships. Contracts will be reviewed and updated accordingly, if required.	Addressed
Compliance 5: SWH may consider the feasibility of streamlining some of the content on its website related to the provider directory that may allow SCO members to navigate the information with ease.	SWH relaunched our website, inclusive of an expanded Provider Online Directory, on 1/1/21. This was completed 1/1/2022. Expanded search criteria allows members to navigate our in-network provider offering more easily by geographical location, provider type, and obtain additional information on our in-network providers. The Provider Online Directory is monitored on a regular basis and data for new network providers is subject to random sampling audits within the first 90 days. Additional Provider Online Directory enhancements are evaluated based on subject matter experts' guidance and analysis of member feedback.	Addressed
Compliance 6: SWH needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.	SWH addressed all concerns that were considered partially met and not met.	Addressed
Network 1: Kepro recommends that SWH prioritize closing network gaps for Medicaid LTSS services.	SWH has contracted with additional LTSS providers and continues to evaluate Network Adequacy reports to identify additional areas for expansion, by provider type and/or geography. Additional contracts have been and continue to be executed to further expand these services across our active network area. Expansion of network providers to meet member needs in specific specialties and geographic regions. Regular review of Network Adequacy reports will indicate proactive management of provider network adds/terminations.	Partially addressed
Network 2: Kepro recommends contracting with additional Psychiatric Inpatient Adult and Psychiatry service providers in identified counties.	SWH transitioned from a BH vendor to an in-house BH network effective 1/1/2022. Direct BH contract with for Adult Inpatient Psychiatric facilities and/or Psychiatric providers occurred because of the BH network build 1/1/2022. Contracting of these providers/facilities expanded network access to this specialty/provider type.	Partially addressed

Recommendation for SWH SCO	SWH SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	SWH continues to monitor growth opportunities for high need specialties and provider types to continue to grow the network options for our members, especially in less densely populated communities where there are fewer provider options.	
Network 3: Similarly, Kepro recommends that SWH expand its network of Clinical Support Services for SUD, Community Crisis Stabilization, Psychiatric Day Treatment, Monitored Level 3.7, Partial Hospitalization, and Residential Support Services for SUD in those counties not meeting MassHealth network adequacy requirements.	SWH transitioned from a BH vendor to an in-house BH network effective 1/1/2022. Direct BH contracting with BH specialties defined by the SCO contract occurred as part of the migration to an in-house BH network build effective 1/1/2022. Contracting of these providers/facilities expanded network access to this specialty/provider type. SWH continues to monitor growth opportunities for high need specialties and provider types to continue to grow the network options for our members, especially in less densely populated communities where there are fewer provider options.	Partially addressed
Network 4: Kepro recommends that SWH expand its network of Occupational and Speech Therapy providers, especially in Hampden County.	SWH has contracted with additional LTSS providers and continues to evaluate Network Adequacy reports to identify additional areas for expansion, by provider type and/or geography. Additional contracts have been and continue to be executed to further expand these services across our active network area. Expansion of network providers to meet member needs in specific specialties and geographic regions. Network Adequacy reporting is evaluated by Network Leadership and reviewed with Clinical, Sales, and external partners (i.e. ASAPs, community partners) if potential gaps are identified.	Partially addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. SCO: senior care option; MCP: managed care plan; EQR: external quality review; NCQA: National Committee for Quality Assurance; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; EOY: end-of-year; CY: calendar year; CMS: Centers for Medicare and Medicaid Services; A&G: Appeals and Grievances; LTSS: long-term services and support; BH: behavioral health; SUD: substance use disorder.

Tufts SCO Response to Previous EQR Recommendations

Table 52 displays the SCO's progress related to the *SCO External Quality Review CY 2021*, as well as IPRO's assessment of SCO's response.

Table 52: Tufts SCO Response to Previous EQR Recommendations

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
PIP 1 Flu Vaccination Quality-Related: Tufts' listing of project activities is very high-level and does not include details on sub-activities.	Tufts Health Plan SCO added additional detail to their May 2022 PIP submission adding specifics of each activity and sub-activities. This detail included specifics of each intervention such as sub activities and applicable dates. Some of these activities happen on an ongoing basis and do not have specific start and end dates. Tufts Health Plan SCO will continue to be as detailed as possible in future PIP submissions to ensure our activities and the outcome of those activities are clearly stated.	Addressed
PIP 2 Telehealth Access Access-Related: Kepro advises Tufts to identify the cultural subpopulations with low telehealth rates of utilization that require specific intervention strategies for their unique barriers. Kepro suggests that SCO care managers assist in supportive outreach to high-risk members with few resources for, or knowledge about, telehealth. Quality-Related: While it is positive that Tufts has convened a consumer advisory council (CAC), Kepro recommends that this group meet more often than annually – quarterly or semi-annually, at the least. These member-stakeholders should be encouraged to contribute strategies for performance improvement and not just satisfaction with services. The CAC should be used strategically to improve service delivery where such improvements are indicated. Kepro also recommends that Tufts develop an external provider advisory council that complements its internal clinical workgroup.	The SCO telehealth PIP ended in March 2022 due to MassHealth recommendation.	Not applicable
PMV 1: Quality-Related: Tufts' performance on the Colorectal Cancer Screening (COL) measure was below the 25 th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that Tufts consider the development of related quality improvement initiatives.	2022 Interventions: <ul style="list-style-type: none"> •Notifications in Care Management system for gaps in care •At home screening kits sent out to members deemed appropriate •Members who are identified with Gaps in Care based on HEDIS criteria are included in outreach calls 3 •Provider Outreach reports include this measure 	Partially addressed

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PMV 2:</p> <p>Quality-Related: Tufts' performance on the Controlling High Blood Pressure measure was below the 25th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that Tufts consider the development of related quality improvement initiatives.</p>	<p>2022 Interventions:</p> <ul style="list-style-type: none"> •Care Management requests History and Physical Exams on an annual basis which may could include blood pressure results •Members identified with Gaps in Care based on HEDIS criteria are included in outreach calls •Provider Outreach reports include this measure 	<p>Addressed</p>
<p>PMV 3:</p> <p>Quality-Related: Tufts' performance on the Transitions of Care (TRC): Medication Reconciliation Post-Discharge measure was below the 25th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that Tufts consider the development of related quality improvement initiatives.</p>	<p>MCP implemented a new quality workplan initiative to address Transitions of Care/Readmission Management. The workplan initiative was added in January 2022 and has been tracked and reported on throughout the 2022 year. The goal of the project is to reduce hospital readmission rates while increasing emphasis on member support during transitions of care through a Transitions of Care (ToC) Management Program. The program accomplishes the following:</p> <ul style="list-style-type: none"> • Implementation of a Situation Background Assessment Recommendation (SBAR) tool and Readmission Review. • Weekly transitions of care trend meeting implemented. • SCO Huddles which occur 4 times per week to review all readmissions using root-cause-analysis processes, identify potentially high-risk transitions, facilitate decision making/actions to mitigate risk and assign accountability for identified actions and document follow up for acute medical and psychiatric inpatient admissions and transitions of care. • SCO IDT: held as needed to discuss high risk members at risk of readmission; NP Huddle: NP-CM readmission huddles have been implemented in all 7 SCO teams and an additional team for institutional members. These huddles are used for discussions and sharing of strategies related to mitigating readmissions on identified members. Interventions related to readmissions are now added to the member's Care Plan. • Increase frequency of contact for all members discharged from an acute facility. • Evaluate VNA partnerships, establish accountability and set expectations. Goal to have preferred partnerships by geography. • Explore opportunity to increase access to electronic medical records for acute facilities. • Promote value-based contracts with SCO Provider Groups. Currently, only 2 groups are in risk-based arrangements. • Explore opportunity for provider performance engagement with SCO providers. HEDIS rates are used for monitoring actions to determine effectiveness. <p>Project evaluations are completed annually. MCP</p>	<p>Partially addressed</p>

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	has also dedicated a Performance Improvement Project (PIP) to Transitions of Care, Medication Reconciliation. The PIP covers the same Transition of Care comprehensive program with further emphasis on medication reconciliation inclusive of additional provider education on coding medication reconciliation and more intensive care management interventions (within 7 days post discharge) which includes full completion of a medication reconciliation and/or appointment to do so. The PIP uses HEDIS data to track overall project effectiveness with other effectiveness measures depending on the intervention activity. Progress on intervention activities is updated monthly and evaluation is completed on an annual basis and aligns with the HEDIS season. In addition, Provider outreach reports include several elements of this measure.	
Compliance 1: Tufts should continue its efforts related to making policy, procedure, and documentation revisions to ensure compliance with all federal and MassHealth standards.	The Compliance team has a P&P Review tracker for all business areas that tracks policy and procedure review dates on a defined schedule as well as the status of the reviews and the signatories for approval.	Addressed
Compliance 2: The SCO population reflects is a very small percentage of overall covered lines in Tufts business. SCO members, however, present a higher complexity and a need for more resources. Tufts should continue to ensure that staff members work on cross-team communication and collaboration to ensure SCO members' needs are met.	A SCO Operations meeting is held monthly, including representation across functional areas such as Customer Service, Compliance, Care Management, Utilization Management, Appeal & Grievances, and Product to ensure members' needs are met.	Addressed
Compliance 3: Tufts should continue its efforts to meet all CMS and State requirements for time and distance availability.	MCP conducts quarterly monitoring, which evaluates both CMS and state requirements. We submitted this report from Q1 2022 to the state, with a request for waiver for 3 LTSS.	Addressed
Compliance 4: Tufts should implement a mechanism to assess appointment access to ensure that State access standards are met.	MCP has included SCO providers in its bi-annual access and scheduling of appointments survey for PCPs, Specialists, and BH providers, conducted by SPH Analytics.	Addressed
Compliance 5: Tufts should revise its provider directory to ensure all required elements are included in its contents.	MCP has revised its process and is collecting and publishing provider URLs in its provider directory, as applicable.	Addressed
Compliance 6: Tufts should explore strategies to ensure call center timeliness during peak times throughout the year.	MCP implemented incentive programs to improve representatives' attendance and performance and to increase retention. A new tiered service model was created to provide a path for representatives to earn higher pay rate and increase learning opportunities and responsibilities. MCP also changed the ratio of temporary to permanent	Addressed

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	employees and hired additional staff. A vendor change was made for back-up/overflow staffing to broaden the recruitment pool outside of local area (lessens impact of attrition of THP employees). A daily 6 performance dashboard was created which is distributed to all levels of leadership, increasing transparency and awareness of current state to allow for more emphasis on call center operations and coordination of call center work among all stakeholders. A member communications forum was created to serve as a cross departmental channel to improve content of all member communications to: 1) increase member understanding, 2) set accurate member expectations and outline self-service options to decrease volume of calls, 3) raise inter-departmental awareness of the member experience and impact to call center volume, and 4) influence timing and cadence of mail, email, and telephonic member outreach.	
Compliance 7: Tufts should consider revising its quality evaluation to specifically address its performance in the delivery of care and services to its SCO population. In addition, Tufts should explore ways to incorporate a specific evaluation of its LTSS.	MCP did not address observations as part of remediation, only findings.	Remains an opportunity for improvement
Compliance 8: Tufts needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance.	MCP has assigned corrective action plans for all SCO Partially Met and Not Met findings and monitors them in a tracker through completion.	Addressed
Network 1: Kepro recommends that Tufts contract with Emergency Service Programs as available in counties in which gaps exist.	Most of the network gaps listed below have been closed. Gaps were closed via system data cleanup efforts over the last year and by bringing additional providers into the network in scope. The MCP has a quarterly monitoring process where the SCO Network is reviewed to measure progress on closing previous deficiencies and to see if any new gaps show up. If new gaps show up the specific service data is reviewed to see if there is truly a gap or if there is something incorrect in the reporting leading to this gap.	Addressed
Network 2: Kepro recommends expanding its network of Day Habilitation service providers in Hampden and Worcester Counties.	For services where there are no providers available (e.g., day habilitation), these gaps remain open, and we have notified the state of this.	Partially addressed
Network 3: Kepro recommends contracting additional Oxygen and Respiratory Equipment service providers as available in Barnstable County, as well as in those counties not meeting all MassHealth requirements.	Most of the network gaps listed below have been closed. Gaps were closed via system data clean-up efforts over the last year and by bringing additional providers into the network in scope. The MCP has a quarterly monitoring process where the SCO Network is reviewed to measure progress on	Addressed

Recommendation for Tufts SCO	Tufts SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	closing previous deficiencies and to see if any new gaps show up. If new gaps show up the specific service data is reviewed to see if there is truly a gap or if there is something incorrect in the reporting leading to this gap. Most oxygen and respiratory services providers can mail and/or deliver items so limiting to identifying providers in specific counties or border counties only doesn't typically identify all of the providers that could service a member in a specific county	
Network 4: Kepro recommends contracting additional Personal Care Assistant service providers as available in Hampden and Worcester Counties.	Most of the network gaps listed below have been closed. Gaps were closed via system data clean-up efforts over the last year and by bringing additional providers into the network in scope. The MCP has a quarterly monitoring process where the SCO Network is reviewed to measure progress on closing previous deficiencies and to see if any new gaps show up. If new gaps show up the specific service data is reviewed to see if there is truly a gap or if there is something incorrect in the reporting leading to this gap.	Addressed
Network 5: Kepro recommends that Tufts expands its Behavioral Health network to address network deficiencies.	We are consistently bringing new behavioral health clinicians into the network and as new facilities, or groups become available we reach out to see if they are interested in joining the network as well. The MCP has a quarterly monitoring process where the SCO Network is reviewed to measure progress on closing previous.	Partially addressed

¹ IPRO assessments are as follows: **addressed:** MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement:** MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable:** PIP was discontinued. SCO: senior care option; MCP: managed care plan; EQR: external quality review; PIP: performance improvement project; NCQA: National Committee for Quality Assurance; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; CMS: Centers for Medicare and Medicaid Services; Q: quarter; LTSS: long-term services and support; BH: behavioral health; PCP: primary care provider; URL: uniform resource locators.

UHC SCO Response to Previous EQR Recommendations

Table 53 displays the SCO's progress related to the *SCO External Quality Review CY 2021*, as well as IPRO's assessment of SCO's response.

Table 53: UHC SCO Response to Previous EQR Recommendations

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
<p>PIP 1 Flu Vaccination</p> <p>Access-Related: Kepro recommends that in its next PIP report, UHC consider how it will expand its care manager outreach intervention to include a greater portion of its members with relatively low vaccination rates and their providers.</p>	<p>In 2021, UHC issued the following initiatives to expand care managers outreach to members with relatively low vaccination rates and their providers: Spanish speaking members were identified as the group with the largest volume and 2nd to the lowest flu vaccination rate (Russian speaking members have the lowest rates, but a much smaller volume). A flu vaccination clinic was implemented in Oct 2021. It targeted Spanish speaking members who receive primary care at Greater Lawrence Family Health Center (GLFHC). Invitations were in Spanish, UHC staff who spoke Spanish called them to remind them of the event and to offer scheduling of transportation services to the event. A Walmart gift card incentive was provided for these Spanish Speaking members who obtained the flu shot at the flu clinic at GLFHC or at any network pharmacy or provider practice. UHC Care Managers and Providers were provided an educational flu document from the CDC "People 65 Years and Older Need a Flu Shot" in English, Spanish and Russian (Russian members identified with lowest flu vaccination rates, but small volume). Care Managers and Provider practices provided this document to our members as needed.</p> <p>In June 2021 members were surveyed during a UHC Member Appreciation outdoor event in Lynn, Massachusetts advertised to Spanish speaking members. A second event was advertised and held in July 2021 for Russian speaking members. The surveys were completed verbally on a 1:1 basis with a UHC staff person who spoke the language of the member. When all members had at least one outreach attempt to remind them to obtain their flu shot, it was requested that staff prioritize their outreach on our Spanish speaking and Russian speaking members, to try to prevent their known disparity from becoming even greater under these conditions. A spreadsheet listing the target group of Spanish speaking members invited to the flu clinic was provided to the UHC CMs so they could reinforce the opportunity of the incentivized flu clinic at GLFHC and could encourage their members to receive a flu vaccine on a date and with a</p>	Addressed

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	network provider or pharmacy of their choice, at any time in the flu season until March 31, 2022.	
PIP 2 Telehealth Access Quality-Related: In addition to stratifying the data by age and coverage (Medicaid only and dually eligible), Kepro advises UHC to present a telehealth performance indicator rate for its entire SCO population. MCP	Telehealth PIPs were discontinued. UHC used the NCQA HEDIS Ambulatory Care (AMB) measure which includes outpatient visits including telehealth and ED visits. UHC periodically monitors the rates during the year, obtains the HEDIS AMB rates from NCQA and reports these to the state annually.	Not applicable
PMV 1: Quality-Related: UHC's performance on the Controlling High Blood Pressure measure was below the 25 th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that UHC consider the development of related quality improvement initiatives.	In 2021, UHC conducted: <ul style="list-style-type: none"> • a Concierge Refill Reminder Program. • an email refill reminder program called mPulse Mobile • Pharmacist outreach called National Personal Pharmacy Program (NP3) • a Retail Pharmacy an Adherence Monitoring (AMP) with a vendor Outcomes MTM In November 2021, a Clinical Practice Consultant (CPC) outreached to 220 members in Medication Adherence for Hypertensive Medications Star measure who were at risk of not filling their prescription for Hypertension. In 2021 a letter to members was developed on Controlling Blood Pressure (CBP). Using health literacy principles tailored for our membership it focused on our member's benefits to obtain a blood pressure measuring device and three visits with a nutritionist at no cost to the member. In August 2022 this letter was mailed in English and Spanish to our members in the HEDIS CBP measure. In 2023 we plan to send this letter in 10 languages.	Addressed
PMV 2: Quality-Related: UHC's performance on the Transitions of Care (TRC): Medication Reconciliation Post-Discharge measure was below the 25 th percentile compared to the NCQA Medicare Quality Compass MY 2020 data. Kepro recommends that UHC consider the development of related quality improvement initiatives.	In 2021 UHC identified and corrected mapping issues that were causing open MRP Gaps-in-Care. Modified a daily report that identifies members who have been hospitalized, discharged, or had a transfer in care, and the date MRP is due by. This report also identifies the members' level of care, and the name of the Care Manager responsible for accomplishing the MRP. If it is a level 1 or 2 member the Care Manager would refer the member to the health plan's pharmacist to perform the MRP. This report allows us to identify the MRPs that were not accomplished and who should have accomplished it. Ensured appropriate clinical documentation of MRP. To ensure proper credit for completing the MRP we collaborated with the clinical team to ensure the Care Managers were using the workflow screen instead of the single screen page when completing the MRP script. Clinical leadership updated their standard	Partially addressed

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	operating procedure guide for the correct MRP process. Modified MRP claim report to more accurately depict MRPs needed. The plan collaborated with UHC national Star Data Management team to create a flag to identify members in long-term care that show up in the denominator as needing a MRP, when in fact they might not need an MRP. This allows us to monitor our actual performance with MRP. Reviewed Long Term Care (LTC) MRP Gaps-In-Care with the UHC Director of LTC. Brought to light open MRP gaps-in-care. As a result, the LTC team identified and now utilizes a report to assist them in completing and tracking MRPs and ensures on-time completion.	
Compliance 1: UHC should revise its network adequacy process to incorporate additional analysis for MassHealth requirements for behavioral health time and distance standards and should include all required provider categories including adult day health, day habilitation, hospice services, and home- and community-based services.	Plan created an HCBS- specific- geo-access report to measure time and distance, as well the enrollee's choice of at least two providers that will deliver services to the enrollee residence, 2 per county to meet MassHealth requirements. Time and distance network adequacy analysis for behavioral health is updated to utilize more stringent MassHealth guidelines. Additionally, UHC's Behavioral Health Policies and Procedures have been updated and reviewed annually.	Addressed
Compliance 2: UHC needs to implement a mechanism to assess appointment access to ensure that State access standards are met.	UHC is compliant with this recommendation. Each year a telephonic survey is conducted by an external vendor (Dial America) to assess appointment availability and after-hours care to ensure timely access to care for members. The results of the survey were submitted in the 2020 Quality Improvement Evaluation Addendum report to MassHealth on June 28, 2021, and submitted annually since 2021.	Addressed
Compliance 3: UHC needs to ensure annual review and approval of its policies and procedures to ensure continued compliance with all federal and MassHealth standards.	Beginning 2022, a more uniform approach to the review of Policies and Procedures was initiated to assist with annual review. UHC has an annual review process in place, a document that houses the Policies and Procedures reviewed and a guide created that may utilized to assist in achieving consistency when preparing documents. An annual review ensures that Policies and Procedures are current and utilized by staff. Each business unit shall address any identified concerns regarding the Policies and Procedures and update accordingly.	Addressed
Compliance 4: UHC needs to revise is policies and procedures to include the continuity of care period for passively enrolled individuals, describing notification to the enrollee of modifications to previously authorized medical and behavioral health services,	In December 2020, UHC revised Policies and Procedures to include the continuity of care period for passively enrolled individuals, describing notification to the enrollee of modifications to previously authorized medical and behavioral health services, and the enrollee's opportunity to appeal for the proposed modifications. When	Addressed

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
and the enrollee's opportunity to appeal the proposed modifications.	appropriate UHC will provide notification to the enrollee of modifications to previously authorized medical and behavioral health services, and the enrollee's right to appeal the proposed modifications. Historically and currently members are not passively enrolled into the SCO, in the event that this occurs, UHC would treat these members like any other new enrollee. UHC utilizes available reporting to validate all new members including passively enrolled SCO members.	
Compliance 5: UHC needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.	The Kepro report recommended four areas that either partially met or did not meet the requirements. UHC is developing a plan to address all recommendation and findings from CY 2020 compliance review. UHC is monitoring its internal processes to remediate all the partially and not met findings to ensure compliance going forward.	Partially addressed
Network 1: Kepro recommends contracting Emergency Service Programs as available in those counties not passing MassHealth requirements.	UHC continues to monitor opportunities to contract with all providers of Emergency Service Programs, especially within Bristol and Essex counties. UHC has conducted outreach to these providers using multiple methods (e.g., email, phone calls, and provider websites) to contract with them. UHC reviews effectiveness of network adequacy and recruitment efforts through provider access reporting and through review of gap closures. This is done at a minimum quarterly, but as gaps are identified these reviews are addressed until network gaps are closed.	Addressed
Network 2: Kepro suggests prioritizing Bristol County for network development for those services not meeting MassHealth network adequacy requirements.	Upon further review of our previous submission, UHC recently determined that Adult Foster Care (AFC) and Group Adult Foster Care (GAFC) providers were not accurately reflected in the 2021 Kepro Network Adequacy submission regarding all the servicing areas. UHC has a direct contract with Aging Service Access Points (ASAPs) which supports our network using their subcontracting vendors to satisfy servicing requirements. UHC evaluates our Long-Term Support Services (LTSS) network and implemented process improvements to utilize the service area reference guide to ensure that each Adult Foster Care and Group Adult Foster Care are appropriately attributed to multiple servicing areas. UHC acknowledges a network gap with Day Habilitation providers, and outreach to recruit providers. UHC monitors the Behavioral Health Network to contract with all providers of Clinical Support Services, Community Support Program, and Psych Day Treatment, especially within Bristol County Recent behavioral health network adequacy analysis results demonstrate a network that meets	Partially addressed

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	<p>the MassHealth requirements. UHC is expects to implement the LTSS reporting change in the first quarter of 2023. This change is expected to leverage additional technology that can support capturing and extracting multiple service areas for AFC and GAFC providers. UHC will monitor the Behavioral Health Network. UHC expects an enhanced technology capability to identify and remediate network deficiencies. As it relates to our Behavioral Health Network, our goal is to comply with MassHealth requirements. UHC utilize geo access time and distance reports and heat maps to continually monitor our LTSS network. UHC refined the use of our internal LTSS Database to capture servicing areas for all in network providers. This process allows UHC to monitor the efforts and provides an opportunity to improve its effectiveness. Our behavioral health network is monitored through the continuous use of provider access reports that reviews network adequacy, recruitment, and the measuring of gap closures.</p>	
<p>Network 3: Kepro recommends contracting with LTSS and behavioral health service providers as necessary and available to close gaps in coverage.</p>	<p>Upon further review of our previous submission, UHC recently determined that Adult Foster Care (AFC) and Group Adult Foster Care (GAFC) providers were not accurately reflected in the 2021 Kepro Network Adequacy submission regarding all the servicing areas. UHC has a direct contract with Aging Service Access Points (ASAPs) which supports our network using their subcontracting vendors to satisfy servicing requirements. UHC evaluates our Long-Term Support Services (LTSS) network and implemented process improvements to utilize the service area reference guide to ensure that each Adult Foster Care and Group Adult Foster Care are appropriately attributed to multiple servicing areas. UHC acknowledges a network gap with Day Habilitation providers, and outreach to recruit providers. UHC monitors the Behavioral Health Network to contract with all providers of Clinical Support Services, Community Support Program, and Psych Day Treatment, especially within Bristol County Recent behavioral health network adequacy analysis results demonstrate a network that meets the MassHealth requirements. UHC is expects to implement the LTSS reporting change in the first quarter of 2023. This change is expected to leverage additional technology that can support capturing and extracting multiple service areas for AFC and GAFC providers. UHC will monitor the Behavioral Health Network. UHC expects an enhanced technology capability to identify and</p>	<p>Partially addressed</p>

Recommendation for UHC SCO	UHC SCO Response/Actions Taken	IPRO Assessment of MCP Response ¹
	remediate network deficiencies. As it relates to our Behavioral Health Network, our goal is to comply with MassHealth requirements. UHC utilize geo access time and distance reports and heat maps to continually monitor our LTSS network. UHC refined the use of our internal LTSS Database to capture servicing areas for all in network providers. This process allows UHC to monitor the efforts and provides an opportunity to improve its effectiveness. Our behavioral health network is monitored through the continuous use of provider access reports that reviews network adequacy, recruitment, and the measuring of gap closures.	

¹ IPRO assessments are as follows: **addressed**: MCP's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCP's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCP's QI response did not address the recommendation; improvement was not observed, or performance declined. **Not applicable**: PIP was discontinued. SCO: senior care option; MCP: managed care plan; EQR: external quality review; CM: care manager; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; ED: emergency department; PIP: performance improvement project; MY: measurement year; MRP: Medication Reconciliation Post-Discharge; CY: calendar year.

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

Table 54 highlight each SCO's 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 54: Strengths and Opportunities for Improvement, and EQR Recommendations for All SCOs

SCO	Strengths	Weaknesses	Recommendations	Standards
Performance improvement projects				
BMCHP WellSense SCO				
PIP 1: Care Planning – Baseline Report	The plan's engagement of Matrix, its in-home visit vendor, to schedule and conduct in-home visits and assessments for the SCO population takes a great deal of pressure off its care management (CM) staff to conduct these on-site visits themselves while carrying out the remainder of their significant workload. Matrix visits are expected to improve the quality of care and care coordination its members receive in several areas. These visits last 45–60 minutes on average and cover aspects of physical health, mental health, social determinants of health, and habitation/environmental concerns. They will also serve to close care gaps and help complete/update race, ethnicity, and language information.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
PIP 2: Flu – Remeasurement Report	WellSense SCO showed a significant improvement in the overall rate for flu vaccinations among SCO members in the	There were no weaknesses identified.	None.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	previous flu season. The plan has met the goal of 5% improvement over the baseline rate for this measurement period.			
CCA SCO				
PIP 1: Care Planning – Baseline Report	<p>CCA's Uncommon Care® and its clinicians' commitment to the health and wellbeing of members.</p> <p>CCA's close relationship with its members which allows for increased engagement with members.</p> <p>CCA's robust clinical training programs.</p> <p>Access to some of CCA's inpatient partner's electronic health record systems which allow CCA clinicians to access discharge summaries.</p> <p>Robotic Process Automation.</p>	Lack of timely discharge paperwork and member disengagement.	Recommendation for PIP 1: Based on structured feedback from care management staff, the two most frequently cited barriers to timely Medication Reconciliation Post-Discharge (MRP) are lack of timely discharge paperwork and member disengagement. The EQRO recommended that these two barriers be addressed in CCA's intervention activities.	Quality, Timeliness, Access
PIP 2: Flu – Remeasurement Report	No strengths were identified.	CCA's population analysis was presented in one PDF file that is difficult to read.	Recommendation for PIP 2: The EQRO noted that CCA's population analysis was presented in one PDF file that is difficult to read and recommended that CCA report its population analysis on a Microsoft Excel spreadsheet.	Quality, Timeliness, Access
Fallon NaviCare SCO				
PIP 1: Care Planning – Baseline Report	<p>Multiple member touches in the 30 days following care transition These multiple member touches enable Fallon to identify unmet needs.</p> <p>Assigning Navigators who speak the same language.</p>	The member survey results were not available, and the topic of the initiative was not raised as the SCO Advisory Meeting that occurred in June 2022.	Recommendation for PIP 1: Fallon reported it could not summarize the input received from the survey since results are not yet available and the topic of this initiative was not raised at the SCO Advisory Meeting that occurred in June 2022. Because feedback about this initiative is critical to its success, the EQRO recommended that Fallon identify other ways of collecting feedback to ensure member input.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<p>Interpreter services for those members it cannot pair with a Navigator who speaks the same language.</p> <p>Explored/implemented new ways of communicating with PCP offices.</p>		<p>Recommendation for PIP 1: Fallon could not summarize the input received thus far as the PCP/specialist meetings have not been reinstated since COVID. Feedback on this initiative is critical to its success. The EQRO recommended that Fallon identify other ways of collecting feedback to ensure provider input.</p>	
PIP 2: Flu – Remeasurement Report	<p>Members responded positively to the Healthy Food Card incentive. As such, Fallon NaviCare SCO has employed strategies to encourage more vaccinations as well as an additional way to track vaccinations. Navigators and outreach staff providing the members with “self-reporting” forms and education on how to populate form for the Healthy Food Card, incentivizes the members to receive the flu vaccine and ensures the data get back to the Care Team for tracking/claims submission.</p>	Limited ways of collecting feedback from providers.	None.	Quality, Timeliness, Access
SWH SCO				
PIP 1: Care Planning – Baseline Report	<p>Multidisciplinary team comprised of highly engaged stakeholders involved in the PIP activities which includes a Provider Relations representative, two clinical representatives, the Chief Medical Officer, two Quality Department leaders, and three Quality Department members. The multidisciplinary team meets weekly for the purpose of developing and executing</p>	Lack of planned intervention for the 2023 reporting cycle.	<p>Recommendations for PIP 1: The EQRO noted that each of the three interventions for this 2022 reporting cycle will be completed by the end of 2022. This means that SWH’s PIP team will need to consider a new set of interventions for its 2023 reporting cycle. The EQRO recommended that SWH engage its member and provider stakeholder in this effort.</p>	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	activities that support the SWH PIPs on an ongoing basis.			
PIP 2: Flu – Remeasurement Report	No strengths were identified.	There were no weaknesses identified.	None.	Quality, Timeliness, Access
Tufts SCO				
PIP 1: Care Planning – Baseline Report	Comprehensive and individualized CM offered to all THP SCO members. The culturally and linguistically appropriate services that the THP SCO pharmacists provide through this program.	There were no weaknesses identified.	None	Quality, Timeliness, Access
PIP 2: Flu – Remeasurement Report	Being engaged in CM was shown to have a positive effect on flu vaccine rates. This is Tufts SCO's most active intervention and CM will continue to find ways to engage with members and mitigate their individual barriers.	The plan did not reach its target goal of 67%. The flu vaccination rate decreased by 0.72 percentage points and the plan did not explain what could be driving the change.	Recommendation for PIP 2: Tufts SCO acknowledged that it did not reach its target goal of 67%. Tufts SCO did not acknowledge that its flu vaccination rate decreased by 0.72 percentage points. While Tufts SCO is not negatively evaluated for having a decrease in its performance rate, the EQRO advised that Tufts SCO could have strengthened this response by speculating as to the reasons for this decrease. The EQRO recommended that Tufts SCO discuss these findings with its Health Equity Task force.	Quality, Timeliness, Access
UHC SCO				
PIP 1: Care Planning – Baseline Report Care Coordination and Planning	Weekly meeting for the Clinical Team leadership, Pharmacy Team leadership and the Quality team to collaborate on clinical/quality issues. Operational MRP report. A dedicated analyst and clinical trainers.	There were no weaknesses identified.	None.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	Engaged Provider Advisory Committee.			
PIP 2: Flu – Remeasurement Report	No strengths were identified.	Lack of incentive for primary care physicians and their clinical teams to increase flu vaccination rates among Russian-speaking patients.	Recommendation for PIP 2: UHC is commended for its plan to take the advice from providers at a recent Provider Advisory Committee meeting, which was to incentivize the primary care physicians and their clinical teams who have a trusted relationship with them to increase their Russian-speaking patients' flu vaccination rates. The EQRO recommended that UHC develop flu vaccination gap reports for distribution to providers.	Quality, Timeliness, Access
Performance measures				
BMCHP WellSense SCO				
HEDIS SNP measures	<p>SCO demonstrated compliance with IS standards. No issues were identified.</p> <p>BMCHP SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:</p> <ul style="list-style-type: none"> Influenza Immunization (aged 65+ years; CAHPS) Pharmacotherapy Management of COPD Exacerbation Corticosteroids Pharmacotherapy Management of COPD Exacerbation Bronchodilators 	<p>BMCHP WellSense SCO's HEDIS rates were below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> Antidepressant Medication Management Acute Antidepressant Medication Management Continuation 	BMCHP WellSense SCO should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
CCA SCO				
HEDIS SNP measures	<p>SCO demonstrated compliance with IS standards. No issues were identified.</p> <p>CCA SCO HEDIS rates were above the national Medicare 90th</p>	<p>SCO's HEDIS rates were below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> Use of High-Risk Medications in the Elderly – Total 	CCA SCO should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<p>percentile of the NCQA Quality Compass on the following measures:</p> <ul style="list-style-type: none"> Influenza Immunization (aged 65+ years; CAHPS) Follow-Up After Hospitalization for Mental Illness (30 days) Antidepressant Medication Management Continuation 	<ul style="list-style-type: none"> Plan All-Cause Readmission (Observed/Expected Ratio) 		
Fallon NaviCare SCO				
HEDIS SNP measures	<p>SCO demonstrated compliance with IS standards. No issues were identified.</p> <p>Fallon SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:</p> <ul style="list-style-type: none"> Influenza Immunization (aged 65+ years; CAHPS) Pharmacotherapy Management of COPD Exacerbation Bronchodilators 	<p>Fallon NaviCare SCO's HEDIS rates were below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> Colorectal Cancer Screening Controlling High Blood Pressure Use of High-Risk Medications in the Elderly – Total Potentially Harmful Drug Disease Interactions in the Elderly – Total Osteoporosis Management in Women Who Had a Fracture 	<p>Fallon NaviCare SCO should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.</p>	Quality, Timeliness, Access
SWH SCO				
HEDIS SNP measures	<p>SCO demonstrated compliance with IS standards. No issues were identified.</p> <p>SWH SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:</p>	<p>SWH SCO's HEDIS rates were below the 25th percentile for the following measures:</p> <ul style="list-style-type: none"> Transitions of Care: Medication Reconciliation Post-Discharge Controlling High Blood Pressure 	<p>SWH SCO should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.</p>	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<ul style="list-style-type: none"> Influenza Immunization (aged 65+ years; CAHPS) Colorectal Cancer Screening Plan All-Cause Readmission (Observed/Expected Ratio) 	<ul style="list-style-type: none"> Use of Spirometry Testing in the Assessment and Diagnosis of COPD 		
Tufts SCO				
HEDIS SNP measures	<p>SCO demonstrated compliance with IS standards. No issues were identified.</p> <p>Tufts SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:</p> <ul style="list-style-type: none"> Influenza Immunization (aged 65+ years; CAHPS) Follow-Up After Hospitalization for Mental Illness (7 days) Follow-Up After Hospitalization for Mental Illness (30 days) 	<p>Tufts SCO's HEDIS rate was below the 25th percentile for the following measure:</p> <ul style="list-style-type: none"> Plan All-Cause Readmission (Observed/Expected Ratio) 	Tufts SCO should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access
UHC SCO				
HEDIS SNP measures	<p>SCO demonstrated compliance with IS standards. No issues were identified.</p> <p>UHC SCO HEDIS rates were above the national Medicare 90th percentile of the NCQA Quality Compass on the following measures:</p> <ul style="list-style-type: none"> Influenza Immunization (aged 65+ years; CAHPS) Colorectal Cancer Screening 	<p>UHC SCO's HEDIS rate was below the 25th percentile for the following measure:</p> <ul style="list-style-type: none"> Plan All-Cause Readmission (Observed/Expected Ratio) 	UHC SCO should conduct a root cause analysis and design quality improvement interventions to increase quality measures' rates and to improve members' appropriate access to the services evaluated by these measures.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness (30 days) 			
Compliance review				
BMCHP WellSense SCO	<p>Overall, BMCHP WellSense SCO demonstrated compliance with most of the federal and State contractual standards and was the highest scoring SCO on the technical aspects of compliance.</p> <p>The review found that BMCHP WellSense SCO had many newly filled and dedicated positions to its SCO line of business. These dedicated resources position BMCHP WellSense SCO to better meet the needs of its SCO membership.</p> <p>In general, the EQRO found that BMCHP WellSense SCO addressed opportunities for improvement from the prior compliance review.</p> <p>BMCHP WellSense SCO demonstrated strength in coordination and continuity of care. The review found good collaboration with the Aging Service Access Points (ASAPs) and other community-based providers and vendors. In addition, the care management process had efficient systems for the documentation and tracking of health risk assessments, care treatment</p>	BMCHP WellSense SCO lacked a formal process to assess access to many home- and community-based services.	BMCHP WellSense SCO needs to evaluate network adequacy more comprehensively to include MassHealth requirements and incorporate the evaluation of home- and community-based services. Per the SCO's response, BMCHP WellSense should discuss its concerns with MassHealth.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<p>plans, medication reconciliation, and transitions of care.</p> <p>The EQRO found BMCHP WellSense SCO's handling of grievance and appeals significantly improved over the prior review. BMCHP WellSense SCO provided outreach to enrollees with an adverse decision to ensure enrollee understanding of the process and to assist as needed. BMCHP WellSense SCO's grievance resolution letters provided appropriate content and met federal and State requirements.</p>			
CCA SCO	<p>While CCA had challenges with some of the technical aspects of the compliance audit, as evidenced by scoring the lowest when compared with other SCOs, from a qualitative perspective CCA was the highest-performing SCO in terms of fidelity to its model of care, innovation of care, and service delivery to meet the needs of its SCO membership.</p> <p>CCA demonstrated a highly data-driven quality program. The review found CCA to have a comprehensive understanding of its SCO members' needs, with approximately 72% of its SCO population nursing home-certifiable but living safely at</p>	Prior recommendations were addressed.	None.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<p>home with many CCA services supporting the SCO population.</p> <p>CCA excelled in its service delivery of care and overall quality program.</p>			
Fallon NaviCare SCO	<p>Overall, Fallon demonstrated compliance with most federal and State contractual standards and was among the top three scoring SCOs on the technical aspects of compliance.</p> <p>In general, the EQRO found that Fallon addressed opportunities for improvement from the prior compliance review.</p> <p>The review found Fallon’s service delivery to be “high-touch,” consistent with the high needs of this population.</p> <p>One of Fallon’s strengths is the use of its navigator role as it relates to continuity of care and care coordination. The EQRO identified the navigator role as used by Fallon to be a best practice. The navigator was used heavily in integrating care and interfacing with utilization management and providers across medical, behavioral health, and pharmacy, as well as ASAP GSSCs for LTSS-provided services. In addition, there was collaboration related to transitions of care</p>	Prior recommendations were addressed.	None.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<p>across all settings as well as coordination of care for members newly enrolled with the health plan. Fallon’s structure allowed for real-time consultation with the navigator to determine how a specific request might align with the person-centered care plan. This process was supported using a centralized enrollee record which allowed for optimal use of the navigator.</p> <p>The review found more robust, mature, and enhanced services among its ASAPs.</p> <p>Fallon had an innovative strategy to use a memory specialist at the Alzheimer’s Association who participates in individual care treatment plans and serves as a resource to members and their families.</p> <p>Fallon produces a Cultural Needs and Preferences Report annually which includes a comprehensive analysis related to provider access, limited-English proficiency, and other cultural preferences. In addition, Fallon has good processes to capture information on member REL data without relying on the state’s data.</p>			
SWH SCO	SWH was the only SCO that was NCQA-accredited for both its Medicare and Medicaid lines of	Prior recommendations were addressed.	None.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<p>business. The EQRO noted that SWH's committee structure supporting the SCO product line had well-defined descriptions of their purpose, scope, and authority. The structure allowed for streamlined reporting of all SWH functional areas.</p> <p>In general, the EQRO found that SWH addressed opportunities for improvement from the prior compliance review.</p> <p>The EQRO noted that SWH's relationship with Beacon Health Options was a strength in addressing some of the complex needs of the SCO population. SWH incorporated social determinants of health and the quadruple aim within its framework for service delivery.</p> <p>SWH demonstrated some good uses, integration, and adaptation of technology to improve efficiency and processes. SWH's care management system provided good functionality to staff and may translate to better care coordination for members.</p> <p>The review found SWH, a Magellan company, maintained a good balance with centralized processes for efficiencies while still leveraging local management for many aspects of care delivery.</p>			

SCO	Strengths	Weaknesses	Recommendations	Standards
Tufts SCO	<p>The review found that Tufts made efforts in 2019 to consolidate some of the utilization management functions previously performed in care management into its utilization management team. In addition, efforts were made to better align behavioral health activities with staff with behavioral health clinical expertise. The consolidations may better position Tufts to manage coverage determinations more efficiently and consistently and may improve the management of SCO members with behavioral health needs.</p> <p>In general, the EQRO found that Tufts addressed opportunities for improvement from the prior compliance review.</p> <p>The review revealed that one of Tuft's greatest strengths is its focus on person-centered care. This focus spanned functional areas across the organization. Tufts demonstrated good effort to ensure that enrollees had access to long-term services and supports. Tufts incorporated the use of a survey to better assess services provided by the ASAPs, identified deficiencies, and collaboratively worked with vendors to address areas of concern.</p>	<p>While Tufts led many activities focused on the SCO population, the review found that Tufts has opportunities to conduct a more robust analysis and evaluation of the SCO product line. The review found that Tufts' quality evaluation did not provide an overall assessment of its performance of delivering care to SCO members. In addition, there was little evidence of evaluation specific to LTSS.</p>	<p>Tufts should consider revising its quality evaluation to specifically address its performance in the delivery of care and services to its SCO population. In addition, Tufts should explore ways to incorporate a specific evaluation of its LTSS.</p>	<p>Quality, Timeliness, Access</p>

SCO	Strengths	Weaknesses	Recommendations	Standards
	<p>The EQRO noted that Tufts' credentialing manual is a best practice which aligns with Tufts' high performance in the area of Provider Selection.</p> <p>Tufts identified and incorporated the use of some creative resources to engage and outreach members. In addition, Tufts developed its own member satisfaction survey to obtain member experience information since it identified limitations with using national CAHPS surveys. These activities demonstrate Tufts' focus on enhancing service delivery specific to the needs of the SCO population.</p>			
UHC SCO	<p>Overall, UHC demonstrated compliance with most federal and State contractual standards and was the second highest scoring SCO when compared with all SCOs on the technical aspects of compliance.</p> <p>In general, the EQRO found that UHC addressed opportunities for improvement from the prior compliance review.</p> <p>The EQRO noted that UHC had a robust, real-time process to evaluate its network adequacy. UHC had very focused efforts when a specific time or distance standard was not met. UHC met</p>	<p>Kepro recommended four areas that either partially met or did not meet the requirements. UHC is developing a plan to address all recommendation and findings from CY 2020 compliance review.</p>	<p>UHC needs to address all Partially Met and Not Met findings identified as part of the 2020 compliance review.</p>	<p>Quality, Timeliness, Access</p>

SCO	Strengths	Weaknesses	Recommendations	Standards
	<p>all medical time and distance standards in 2019.</p> <p>UHC's member materials, including grievance resolution and notice of action letters met standards for being easily understood. In addition, UHC's provider directory was identified as a strength. The directory was easy to navigate and met all requirements.</p> <p>The EQRO found some aspects of UHC's coverage and authorization process to be seamless to the member, including pharmacy needs. In addition, the EQRO noted extensive use of peer-to-peer discussions in coverage determination decisions.</p> <p>The review found good collaboration between UHC, the ASAPs, and other community-based providers and vendors.</p>			
Network adequacy				
BMCHP WellSense SCO	BMCHP SCO members reside in five counties. SCO demonstrated adequate networks for 45 out of 54 provider types in all its counties.	<p>Access was assessed for a total of 54 provider types. BMCHP WellSense SCO had deficient networks for 10 provider types:</p> <ul style="list-style-type: none"> • Speech Therapy • Acute Inpatient Hospital • RRS for SUD (Level 3.1) • Adult Day Health • Adult Foster Care • Day Habilitation • Group Adult Foster Care 	<p>BMCHP WellSense SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness

SCO	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> • Orthotics and Prosthetics • Personal Care Assistant 		
CCA SCO	CCA SCO members reside in 10 counties. SCO demonstrated adequate networks for 51 out of 54 provider types in all its counties.	<p>Access was assessed for a total of 54 provider types. CCA SCO had deficient networks for three provider types:</p> <ul style="list-style-type: none"> • Orthotics and Prosthetics • Oxygen and Respiratory Equipment • Rehabilitation Hospital 	<p>CCA SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness
Fallon NaviCare SCO	Fallon SCO members reside in 12 counties. SCO demonstrated adequate networks for 38 out of 54 provider types in all its counties.	<p>Access was assessed for a total of 54 provider types. Fallon NaviCare SCO had deficient networks for 16 provider types:</p> <ul style="list-style-type: none"> • Cardiothoracic Surgery • Dermatology • Neurosurgery • Physiatry, Rehabilitative • Medicine • Psych Inpatient Adult • Occupational Therapy • Speech Therapy • Intensive Outpatient Program • RRS for SUD (Level 3.1) • Adult Day Health • Day Habilitation • Orthotics and Prosthetics • Oxygen and Respiratory Equipment • Personal Care Assistant • Rehabilitation Hospital 	<p>Fallon NaviCare SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness
SWH SCO	SWH SCO members reside in eight counties. SCO demonstrated adequate networks for 25 out of 54 provider types in all its counties.	<p>Access was assessed for a total of 54 provider types. SWH SCO had deficient networks for 29 provider types:</p> <ul style="list-style-type: none"> • Allergy and Immunology 	SWH SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.	Access, Timeliness

SCO	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> • Chiropractor • Neurology • Oncology Medical Surgical • Physiatry, Rehabilitative Medicine • Podiatry • Psychiatry • Pulmonology • Psych Inpatient Adult • Occupational Therapy • Speech Therapy • Acute Inpatient Hospital • Emergency Services Program • Clinical Support Services for SUD (Level 3.5) • Community Crisis Stabilization • Community Support Program • Intensive Outpatient Program • Monitored Inpatient (Level 3.7) • Partial Hospitalization Program • Psychiatric Day Treatment • RRS for SUD (Level 3.1) • Structured Outpatient Addiction Program • Adult Foster Care • Day Habilitation • Group Adult Foster Care • Orthotics and Prosthetics • Oxygen and Respiratory Equipment • Personal Care Assistant 	When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.	

SCO	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> Rehabilitation Hospital 		
Tufts SCO	Tufts SCO members reside in 10 counties. SCO demonstrated adequate networks for 43 out of 54 provider types in all its counties.	<p>Access was assessed for a total of 54 provider types. Tufts SCO had deficient networks for 11 provider types:</p> <ul style="list-style-type: none"> Emergency Services Program Community Crisis Stabilization Community Support Program Monitored Inpatient (Level 3.7) Psychiatric Day Treatment Recovery Coaching Recovery Support Navigators RRS for SUD (Level 3.1) Adult Foster Care Day Habilitation Group Adult Foster Care 	<p>Tufts SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness
UHC SCO	UHC SCO members reside in 10 counties. SCO demonstrated adequate networks for 39 out of 54 provider types in all its counties.	<p>Access was assessed for a total of 54 provider types. UHC SCO had deficient networks for 15 provider types:</p> <ul style="list-style-type: none"> Psychiatry Nursing Facility Occupational Therapy Speech Therapy Intensive Outpatient Program Monitored Inpatient (Level 3.7) Partial Hospitalization Program Psychiatric Day Treatment 	<p>UHC SCO should expand its network when members' access can be improved and when network deficiencies can be closed by available providers.</p> <p>When additional providers are not available, the plan should provide an explanation of what actions are being taken to provide adequate access for members residing in those counties.</p>	Access, Timeliness

SCO	Strengths	Weaknesses	Recommendations	Standards
		<ul style="list-style-type: none"> • Adult Day Health • Adult Foster Care • Day Habilitation • Group Adult Foster Care • Oxygen and Respiratory Equipment • Rehabilitation Hospital 		
Quality-of-care surveys				
BMCHP WellSense SCO	BMCHP WellSense SCO scored above the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> • Customer Service • Annual Flu Vaccine 	BMCHP WellSense SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> • Getting Needed Care • Getting Appointments and Care Quickly 	BMCHP WellSense SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
CCA SCO	CCA SCO scored above the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> • Getting Needed Care • Getting Appointments and Care Quickly • Rating of Health Care Quality • Rating of Health Plan • Customer Service • Annual Flu Vaccine • Rating of Prescription Drug Plan 	CCA SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> • Care Coordination • Getting Needed Prescription Drugs 	CCA SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access
Fallon NaviCare SCO	Fallon NaviCare SCO scored above the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> • Rating of Health Care Quality • Rating of Health Plan • Annual Flu Vaccine 	Fallon NaviCare SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> • Getting Needed Care • Getting Appointments and Care Quickly • Customer Service 	Fallon NaviCare SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
	<ul style="list-style-type: none"> Rating of Prescription Drug Plan 	<ul style="list-style-type: none"> Care Coordination Getting Needed Prescription Drugs 		
SWH SCO	SWH SCO scored above the Medicare Advantage national mean score on the Annual Flu Vaccine MA-PD CAHPS measures.	SWH SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> Getting Needed Care Getting Appointments and Care Quickly Rating of Health Care Quality Rating of Health Plan Customer Service Care Coordination Getting Needed Prescription Drugs Rating of Prescription Drug Plan 	SWH SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access
Tufts SCO	Tufts SCO scored above the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> Getting Needed Care Getting Appointments and Care Quickly Rating of Health Plan Customer Service Annual Flu Vaccine 	Tufts SCO scored below the Medicare Advantage national mean score on the Getting Needed Prescription Drugs MA-PD CAHPS measure.	Tufts SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience.	Quality, Timeliness, Access

SCO	Strengths	Weaknesses	Recommendations	Standards
UHC SCO	UHC SCO scored above the Medicare Advantage national mean score on the Annual Flu Vaccine MA-PD CAHPS measures.	UHC SCO scored below the Medicare Advantage national mean score on the following MA-PD CAHPS measures: <ul style="list-style-type: none"> • Getting Needed Care • Getting Appointments and Care Quickly • Rating of Health Care Quality • Rating of Health Plan • Customer Service • Care Coordination • Getting Needed Prescription Drugs 	UHC SCO should utilize the results of the MA-PD CAHPS surveys to drive performance improvement as it relates to member experience. SCO should also utilize complaints and grievances to identify and address trends.	Quality, Timeliness, Access

SCO: senior care option; EQR: external quality review; EQRO: external quality review organization; PIP: performance improvement project; PCP: primary care provider; COVID-19: 2019 novel coronavirus; SNP: Special Needs Plan; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; IS: information systems; COPD: chronic obstructive pulmonary disease; LTSS: long-term services and support; RRS for SUD: Residential Rehabilitation Services for Substance Use Disorder; MA-PD CAHPS: Medicare Advantage Prescription Drugs Consumer Assessment of Healthcare Providers and Systems.

X. Required Elements in EQR Technical Report

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

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

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

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

Elements required in EQR technical report, including the requirements for the PIP validation, PMV, and review of compliance activities, are listed in the **Table 55**.

Table 55: Required Elements in EQR Technical Report

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.364(a)</i>	All eligible Medicaid and CHIP plans are included in the report.	All MCPs are identified by plan name, MCP type, managed care authority, and population served in Appendix B, Table B1 .
<i>Title 42 CFR § 438.364(a)(1)</i>	The technical report must summarize findings on quality, access, and timeliness of care for each MCO, PIHP, PAHP, and PCCM entity that provides benefits to Medicaid and CHIP enrollees.	The findings on quality, access, and timeliness of care for each SCO are summarized in Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations .
<i>Title 42 CFR § 438.364(a)(3)</i>	The technical report must include an assessment of the strengths and weaknesses of each MCO, PIHP, PAHP and PCCM entity with respect to (a) quality, (b) timeliness, and (c) access to the health care services furnished by MCOs, PIHPs, PAHPs, or PCCM entity.	See Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations for a chart outlining each SCO’s strengths and weaknesses for each EQR activity and as they relate to quality, timeliness, and access.
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for improving the quality of health care services furnished by each MCO, PIHP, PAHP, or PCCM entity.	Recommendations for improving the quality of health care services furnished by each SCO are included in each EQR activity section (Sections III–VII) and in Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations .

Regulatory Reference	Requirement	Location in the EQR Technical Report
<i>Title 42 CFR § 438.364(a)(4)</i>	The technical report must include recommendations for how the state can target goals and objectives in the quality strategy, under <i>Title 42 CFR § 438.340</i> , to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid or CHIP beneficiaries.	Recommendations for how the state can target goals and objectives in the quality strategy are included in Section I, High-Level Program Findings and Recommendations , as well as when discussing strengths and weaknesses of an SCO or activity and when discussing the basis of performance measures or PIPs.
<i>Title 42 CFR § 438.364(a)(5)</i>	The technical report must include methodologically appropriate, comparative information about all MCOs, PIHPs, PAHPs, and PCCM entities.	Methodologically appropriate, comparative information about all SCOs is included across the report in each EQR activity section (Sections III–VII) and in Section IX. MCP Strengths, Opportunities for Improvement, and EQR Recommendations .
<i>Title 42 CFR § 438.364(a)(6)</i>	The technical report must include an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.	See Section VIII. MCP Responses to the Previous EQR Recommendations for the prior year findings and the assessment of each SCO's approach to addressing the recommendations issued by the EQRO in the previous year's technical report.
<i>Title 42 CFR § 438.364(d)</i>	The information included in the technical report must not disclose the identity or other protected health information of any patient.	The information included in this technical report does not disclose the identity or other PHI of any patient.
<i>Title 42 CFR § 438.364(a)(2)(iiv)</i>	The technical report must include the following for each of the mandatory activities: objectives, technical methods of data collection and analysis, description of data obtained including validated performance measurement data for each PIP, and conclusions drawn from the data.	Each EQR activity section describes the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.
<i>Title 42 CFR § 438.358(b)(1)(i)</i>	The technical report must include information on the validation of PIPs that were underway during the preceding 12 months.	This report includes information on the validation of PIPs that were underway during the preceding 12 months; see Section III .
<i>Title 42 CFR § 438.330(d)</i>	The technical report must include a description of PIP interventions associated with each state-required PIP topic for the current EQR review cycle.	The report includes a description of PIP interventions associated with each state-required PIP topic; see Section III .
<i>Title 42 CFR § 438.358(b)(1)(ii)</i>	The technical report must include information on the validation of each MCO's, PIHP's, PAHP's, or PCCM entity's performance measures for each MCO, PIHP, PAHP, and PCCM entity performance measure calculated by the state during the preceding 12 months.	This report includes information on the validation of each SCO's performance measures; see Section IV .
<i>Title 42 CFR § 438.358(b)(1)(iii)</i>	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> . The technical report must provide MCP results for the 11 Subpart D and QAPI standards.	This report includes information on a review, conducted in 2020, to determine each SCO's compliance with the standards set forth in Subpart D and the QAPI requirements described in <i>Title 42 CFR § 438.330</i> ; see Section V .

XI. 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

XII. Appendix B – MassHealth Managed Care Programs and Plans

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

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Accountable care partnership plan (ACPP)	<p>Groups of primary care providers working with one managed care organization to create a full network of providers.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> AllWays Health Partners, Inc & Merrimack Valley ACO Boston Medical Center Health Plan & Boston Accountable Care Organization, WellSense Community Alliance ACO Boston Medical Center Health Plan & Mercy Health Accountable Care Organization, WellSense Mercy Alliance ACO Boston Medical Center Health Plan & Signature Healthcare Corporation, WellSense Signature Alliance ACO Boston Medical Center Health Plan & Southcoast Health Network, WellSense Southcoast Alliance ACO Fallon Community Health Plan & Health Collaborative of the Berkshires Fallon Community Health Plan & Reliant Medical Group (Fallon 365 Care) Fallon Community Health Plan & Wellforce Health New England & Baystate Health Care Alliance, Be Healthy Partnership Tufts Health Public Plan & Atrius Health Tufts Health Public Plan & Boston Children's Health Accountable Care Organization Tufts Health Public Plan & Beth Israel Deaconess Care Organization Tufts Health Public Plan & Cambridge Health 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"> Community Care Cooperative Mass General Brigham Steward Health Choice

Managed Care Program	Basic Overview and Populations Served	Managed Care Plans (MCPs) – Health Plan
Managed care organization (MCO)	<p>Capitated model for services delivery in which care is offered through a closed network of PCPs, specialists, behavioral health providers, and hospitals.</p> <ul style="list-style-type: none"> Population: Managed care eligible Medicaid members under 65 years of age. Managed Care Authority: 1115 Demonstration Waiver. 	<ol style="list-style-type: none"> 1. Boston Medical Center HealthNet Plan (WellSense) 2. Tufts Health Together
Primary Care Clinician Plan (PCCP)	<p>Members select or are assigned a primary care clinician (PCC) from a network of MassHealth hospitals, specialists, and the Massachusetts Behavioral Health Partnership (MBHP).</p> <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 (or managed behavioral health vendor: Beacon Health Options)
One Care Plan	<p>Integrated care option for persons with disabilities in which members receive all medical and behavioral health services and long-term services and support through integrated care. Effective January 1, 2026, the One Care Plan program will shift from a Medicare-Medicaid Plan (MMP) demonstration to a Medicare Fully Integrated Dual-Eligible Special Needs Plan (FIDE-SNP) with a companion Medicaid managed care plan.</p> <ul style="list-style-type: none"> Population: Dual-eligible Medicaid members aged 21–64 years at the time of enrollment with MassHealth and Medicare coverage. 	<ol style="list-style-type: none"> 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
	<ul style="list-style-type: none"> Managed Care Authority: Financial Alignment Initiative Demonstration. 	
Senior care option (SCO)	<p>Medicare Fully Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs) with companion Medicaid managed care plans providing medical, behavioral health, and long-term, social, and geriatric support services, as well as respite care.</p> <ul style="list-style-type: none"> Population: Medicaid members over 65 years of age and dual-eligible members over 65 years of age. Managed Care Authority: 1915(a) Waiver/1915(c) Waiver. 	<ol style="list-style-type: none"> 1. 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

XIII. Appendix C – MassHealth Quality Measures

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

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

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