

Massachusetts Managed Care Program Features, as of 2014

Features	Primary Care Clinician Plan	Program of All-Inclusive Care for the Elderly	Senior Care Options	MassHealth Managed Care	MassHealth MH/SUD PIHP
Program type	Primary Care Case Management (PCCM)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Counties of: Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk and Worcester	Counties of: Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	PACE	1915(a)/1915(c)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	1/1/1995	7/1/1990	7/1/2004	7/7/1998	7/1/1997
Waiver expiration date (if applicable)	6/30/2019		6/30/2019	6/30/2019	6/30/2019
If the program ended in 2014, indicate the end date					
Populations enrolled					
Low-income Adults not eligible under ACA Section VIII	Mandatory			Mandatory	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Voluntary	Mandatory	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory			Mandatory	Mandatory
Individuals receiving Limited Benefits					
Low-income adults eligible under ACA Section VIII	Mandatory				Mandatory
Full Duals		Voluntary	Voluntary		
Partial Duals		Voluntary	Voluntary		
Children with Special Health Care Needs	Mandatory			Mandatory	Mandatory
Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary			Voluntary	Voluntary
Enrollment choice period	N/A	N/A	Other	Other	Other
Enrollment broker name (if applicable)	Maximus			Maximus	Maximus
Notes on enrollment choice period	14 Days	Open all year, effective the first day of the month	Enrollment open all year, effective the first day of the month.	within 14 days	Daily

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Benefits covered					
Inpatient hospital physical health	X	X	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Outpatient hospital physical health	X	X	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	X	X	X
Partial hospitalization	X	X	X	X	X
Physician	X	X	X	X	
Nurse practitioner	X	X	X	X	
Rural health clinics and FQHCs	X	X	X	X	
Clinic services	X	X	X	X	
Lab and x-ray	X	X	X	X	
Prescription drugs and prosthetic devices	X	X	X	X	
EPSDT	X			X	
Case management	X	X	X	X	
Health home (SSA 1945)					
Family planning	X	X	X	X	
Dental services (medical/surgical)	X	X	X	X	
Dental (preventative or corrective)	X	X	X	X	
Home health agency services	X	X	X	X	
Personal care (state plan option)	X	X	X	X	
HCBS waiver services	X	X	X	X	
Private duty nursing	X	X	X	X	
ICF-IDD					
Nursing facility services	X	X	X	X	
Hospice care	X	X	X	X	
Non-Emergency Medical Transportation	X	X	X	X	

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Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatrist services, Nurse Midwife, Hearing Aid, Speech and Hearing, Renal Dialysis, Therapy Services, Ambulatory Surgery	The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicaid and Medicare services.	All LTSS and waiver services	acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency, fluoride varnish, hearing aids, infertility diagnosis, denturesmedical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, wigs SNF, chronic or rehab	Childrens' Behavioral Health Initiative (CBHI) services, crisis, detoxification, IMD, inpatient substance use disorders, intermediate or day/night and substance day/night, opioid treatment programs, outpatient substance use disorders, substance use disorders support
Quality assurance and improvement					
HEDIS data required?	No	Yes	Yes	Yes	Yes
CAHPS data required?	No	No	No	Yes	No
Accreditation required?	No	No	No	Yes	Yes
Accrediting organization	Voluntary participate in EQRO of Performance Measures			NCQA	NCQA
EQRO contractor name (if applicable)			APS Healthcare, Inc	APS Healthcare	APS Healthcare
Performance incentives?					
Payment bonuses/differentials to reward plans					X
Preferential auto-enrollment to reward plans					
Public reports comparing MCO performance on key metrics			X		
Withholds tied to performance metrics					
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods					
Provider Value-Based Purchasing					

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State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X			X	
Participating plans and regions served					
Plans in Program	Primary Care Clinician (PCC) Plan	Elder Service Plan East Boston Neighborhood Health Plan; UPHAMS's Elder Service Plan; Harbor Community Health Center; Elder Service Plan at Fallon; Elder Service Plan of the Cambridge Hospital; Element Care, Inc.; Serenity Care PACE Program; Mercy Life, Inc.	United HealthCare; Senior Whole Health; Commonwealth Care Alliance; Fallon Community Health Plan; Tufts Health Plan	Boston Medial Center Healthnet Plan; Health New England; Neighborhood Health Plan; Fallon Community Health Plan; Network Health; Celticare	Massachusetts Behavioral Health Partnership
Notes					

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Program notes		The PACE program is jointly managed by CMS and the state, and is governed under Medicare regulations 42 part 460.0	The SCO program is a voluntary program offered to MassHealth members age 65 and older residing in the service area of a Senior Care Organization. In CY 2013, the SCO program was available in most of Massachusetts, excluding the far west and the island counties. In CY 2013 a new Senior Care Organization began enrollment, Tufts Health Plan, and with its service area in the previously uncovered Barnstable county. The SCO program covers all medically necessary Medicaid and Medicare covered services (there are no wrap services) through a robust provider network. Each Enrollee must select a PCP upon enrollment, receives care coordination service and participates and signs off on the development of his/her care plan. Each Senior Care Organization is also a Medicare Advantage Dual Eligible Special Needs Plan.		