

### Massachusetts Managed Care Program Features, as of 2018 (1 of 3)

Features	MassHealth Managed Care	Primary Care Clinician Program (PCC Plan)	Primary Care Accountable Care Organizations (Primary Care ACO)
Program type	Comprehensive MCO	Primary Care Case Management (PCCM)	Primary Care Case Management Entity (PCCM Entity)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/07/1998	01/01/1995	03/01/2018
Waiver expiration date (if applicable)	06/30/2019	06/30/2022	06/30/2022
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory

<b>Features</b>	<b>MassHealth Managed Care</b>	<b>Primary Care Clinician Program (PCC Plan)</b>	<b>Primary Care Accountable Care Organizations (Primary Care ACO)</b>
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus	Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	14 days with a 90 day plan selection period.		14 days
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	

<b>Features</b>	<b>MassHealth Managed Care</b>	<b>Primary Care Clinician Program (PCC Plan)</b>	<b>Primary Care Accountable Care Organizations (Primary Care ACO)</b>
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		
Benefits covered: Hospice care	X		
Benefits covered: Non-Emergency Medical Transportation	X		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		

<b>Features</b>	<b>MassHealth Managed Care</b>	<b>Primary Care Clinician Program (PCC Plan)</b>	<b>Primary Care Accountable Care Organizations (Primary Care ACO)</b>
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, SNF, chronic or rehab, others		
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No	No
Quality assurance and improvement: Accrediting organization	NCQA	Voluntary participation in EQR performance measure validation	
Quality assurance and improvement: EQRO contractor name (if applicable)	Innovative Resource Group, LLC D/B/A KEPRO	Innovative Resource Group, LLC D/B/A KEPRO	Innovative Resource Group, LLC D/B/A KEPRO
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X

<b>Features</b>	<b>MassHealth Managed Care</b>	<b>Primary Care Clinician Program (PCC Plan)</b>	<b>Primary Care Accountable Care Organizations (Primary Care ACO)</b>
Participating plans: Plans in Program	Tufts Health Plan; Boston Medical Center Health Plan	Multiple Primary Care Providers	Community Care Cooperative; Partners HealthCare Choice; Steward Health Choice
Notes: Program notes			Services provided in this program are covered by total cost of care rather than capitation.

### Massachusetts Managed Care Program Features, as of 2018 (2 of 3)

Features	Program of All-Inclusive Care for the Elderly (PACE)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP
Program type	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/10/1990	03/01/2018	07/01/1997
Waiver expiration date (if applicable)		06/30/2022	06/30/2022
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Mandatory
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory

<b>Features</b>	<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	<b>Accountable Care Partnership Plans</b>	<b>MassHealth BH/SUD PIHP</b>
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Voluntary
Populations enrolled: Enrollment choice period	N/A	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period	Enrollment open all year, effective the first day of the next month following the date on which the member elects to enroll.	14 days with 90 day plan selection period.	Daily
Benefits covered: Inpatient hospital physical health	X	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	

<b>Features</b>	<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	<b>Accountable Care Partnership Plans</b>	<b>MassHealth BH/SUD PIHP</b>
Benefits covered: EPSDT		X	
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	
Benefits covered: Family planning	X	X	
Benefits covered: Dental services (medical/surgical)	X	X	
Benefits covered: Dental (preventative or corrective)	X		
Benefits covered: Personal care (state plan option)	X		
Benefits covered: HCBS waiver services	X		
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	
Benefits covered: Hospice care	X	X	
Benefits covered: Non-Emergency Medical Transportation	X	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit		X	X



<b>Features</b>	<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	<b>Accountable Care Partnership Plans</b>	<b>MassHealth BH/SUD PIHP</b>
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicare and Medicaid services.	Acupuncture, audiology, breast pump, chiropractic, diabetes self-management training, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, SNF up to 100 days per contract year, chronic or rehab, and Home Health (nursing and therapies). LTSS are covered through FFS. (Note: this list is not fully inclusive).	Children's Behavioral Health Initiative (CBHI) services, Emergency Services Program, and Diversionary Services: Community Crisis Stabilization, Community-Based Acute Treatment for Children and Adolescents (CBAT), Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III.5), and Transitional Care Unit (TCU), Community Support Program (CSP), Partial Hospitalization, Psychiatric Day Treatment, Structure Outpatient Addiction Program (SOAP), Program of Assertive Community Treatment, and Intensive Outpatient Treatment, Transitional Support Services (TSSW) for Substance Use Disorders, Residential Rehabilitation Services for Substance Use Disorder and Enhanced Residential Rehabilitation Services for Dually Diagnosed.
Quality assurance and improvement: HEDIS data required?	No	Yes	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes	No
Quality assurance and improvement: Accreditation required?	No	Yes	Yes
Quality assurance and improvement: Accrediting organization		NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Innovative Resource Group, LLC D/B/A KEPRO	Innovative Resource Group, DBA KEPRO
Performance incentives: Payment bonuses/differentials to reward plans			X

Features	Program of All-Inclusive Care for the Elderly (PACE)	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics		X	X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		X	
Participating plans: Plans in Program	Elder Service Plan of Cambridge Health Alliance; Upham's Elder Service Plan; Elder Service Plan of Harbor Health; Fallon Health Summit Eldercare; Element Care Inc; Serenity Care PACE Program; Mercy Life Inc; Neighborhood PACE	Atrius Health in partnership with Tufts Health Public Plans (THPP); Beth Israel Deaconess Care Organization (BIDCO) in partnership with Tufts Health Public Plans (THPP); Boston Children's Health ACO in partnership with Tufts Health Public Plans (THPP); Cambridge Health Alliance (CHA) in partnership with Tufts Health Public Plans (THPP); Merrimack Valley ACO in partnership with AllWays Health Partners; Boston Accountable Care Organization in partnership with BMC HealthNet Plan; Mercy Medical Center in partnership with BMC HealthNet Plan; Signature Healthcare in partnership with BMC HealthNet Plan; Southcoast Health in partnership with BMC HealthNet Plan; Health Collaborative of the Berkshires in partnership with Fallon Health; Reliant Medical Group in partnership with Fallon Health; Wellforce in partnership with Fallon Health; Baystate Health Care Alliance in partnership with Health New England	Massachusetts Behavioral Health Partnership

<b>Features</b>	<b>Program of All-Inclusive Care for the Elderly (PACE)</b>	<b>Accountable Care Partnership Plans</b>	<b>MassHealth BH/SUD PIHP</b>
Notes: Program notes	Enrollment numbers do not include private pay enrollees, if any.		Full duals are only enrolled mandatorily if less than 21 years of age. The 1915(b) waiver provides managed behavioral health benefits for participants enrolled in the MFP-CL and MFP-RS 1915(c) waivers. All other 1915(c) waiver HCBS are provided on a fee-for-service basis.

### Massachusetts Managed Care Program Features, as of 2018 (3 of 3)

Features	Money Follows the Person-Behavioral Health Supports (MFP-BH)	Senior Care Options
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Counties of Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester and Berkshire
Federal operating authority	1915(b)/1915(c)	1915(a)/1915(c)
Program start date	04/01/2013	07/01/2004
Waiver expiration date (if applicable)	03/31/2018	12/31/2018
If the program ended in 2018, indicate the end date	03/31/2018	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Mandatory	Voluntary
Populations enrolled: Partial Duals	Mandatory	Voluntary

Features	Money Follows the Person- Behavioral Health Supports (MFP- BH)	Senior Care Options
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	
Populations enrolled: Enrollment choice period		Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Medicaid members are eligible to enroll all year, with enrollment effective the first day of the month following the month in which the member decided to enroll. Dual eligible members are eligible to enroll in accordance with the Medicare Advantage enrollment period, with enrollment effective the first day of the month following the month in which the member decided to enroll.
Benefits covered: Inpatient hospital physical health		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician		X
Benefits covered: Nurse practitioner		X

<b>Features</b>	<b>Money Follows the Person- Behavioral Health Supports (MFP-BH)</b>	<b>Senior Care Options</b>
Benefits covered: Rural health clinics and FQHCs		X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray		X
Benefits covered: Prescription drugs		X
Benefits covered: Prosthetic devices		X
Benefits covered: EPSDT		
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized health home		
Benefits covered: Health home care (services in home)		X
Benefits covered: Family planning		X
Benefits covered: Dental services (medical/surgical)		X
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		X
Benefits covered: Private duty nursing		X
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		X
Benefits covered: Hospice care		X
Benefits covered: Non-Emergency Medical Transportation		X

Features	Money Follows the Person- Behavioral Health Supports (MFP-BH)	Senior Care Options
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Emergency Services Program and Diversionary Services, Community Crisis Stabilization, Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III-5) and Transitional Care Unit (TCU), Community Support Program (CSP), Partial Hospitalization, Partial Psychiatric Day Treatment, Structure Outpatient Addiction Program (SOAP), Program of Assertive Community Treatment and Intensive Outpatient Treatment	All MassHealth covered LTSS and all services described in the Commonwealth 1915(c) Frail Elder Waiver
Quality assurance and improvement: HEDIS data required?	No	Yes
Quality assurance and improvement: CAHPS data required?	No	Yes
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)		KEPRO
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		

Features	Money Follows the Person- Behavioral Health Supports (MFP-BH)	Senior Care Options
Performance incentives: Public reports comparing plan performance on key metrics		X
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Money Follows the Person- Behavioral Health Supports (MFP-BH)	Boston Medical Center Healthnet Plan; Commonwealth Care Alliance; Navicare HMO; Senior Whole Health; Tufts Health Plan; United Healthcare
Notes: Program notes	<p>MassHealth members enrolled in the two 1915(c) MFP Waivers who are not otherwise eligible for the 1115 demonstration were mandatorily enrolled in this 1915(b) Waiver. The 1915(c) waivers included both the MFP Community Living (MFP-CL, waiver control number MA.1027) and the MFP Residential Supports (MFP-RS, waiver control number MA.1028) Waivers. The MFP-BH Waiver (MFP-BH, waiver control number MA.0002) ran concurrently with these 1915(c) waivers. MFP waiver participants must be age 18-64 with disabilities or age 65 or over and must be on MassHealth Standard.</p>	<p>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. The SCO program is available in 12 of the 14 counties in Massachusetts. The SCO program covers all medically necessary Medicaid and Medicare covered services through its provider network. Each enrollee selects a PCP upon enrollment, receives care coordination, and participates in and signs off on the development of his/her care plan. Each Senior Care Organization is also designated by CMS as a Medicare Advantage Special Needs Plan for individuals dually eligible for Medicare and Medicaid.</p>