

Massachusetts Managed Care Program Features, as of 2019 (1 of 3)

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
Program type	Comprehensive MCO + MLTSS	Primary Care Case Management Entity (PCCM Entity)	Comprehensive MCO
Statewide or region-specific?	Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	Statewide	Statewide
Federal operating authority	1915(a)/1915(c)	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/01/2004	03/01/2018	03/01/2018
Waiver expiration date (if applicable)	12/31/2023	06/30/2022	06/30/2022
If the program ended in 2019, 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		
Populations enrolled: Partial Duals	Voluntary		

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		Voluntary	Voluntary
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
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, to the extent that they have a quarterly Special Election Period or other Special Election Period available.	14 days with 90 day plan selection period annually.	14 days with 90 day plan selection period annually.
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT			X
Benefits covered: Case management	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

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
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
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	All MassHealth covered LTSS and all services described in the Commonwealth 1915(c) Frail Elder Waiver		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.)
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA
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			

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X	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
Participating plans: Plans in Program	Boston Medical Center HealthNet Plan; Commonwealth Care Alliance; NaviCare HMO; Senior Whole Health; Tufts Health Plan; United Healthcare	Community Care Cooperative; Partners HealthCare Choice; Steward Health Choice	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
Notes: Program notes	The SCO program is a voluntary program offered to MassHealth	SNF covered up to 100 days per contract year.	SNF covered up to 100 days per contract year.

Features	Senior Care Options	Primary Care Accountable Care Organizations (Primary Care ACO)	Accountable Care Partnership Plans
	<p>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. The SCO program is authorized by 1915(a) statutory authority. Additionally, the 1915(c) Frail Elder Waiver authorizes the enrollment of some waiver members in the program.</p>		

Massachusetts Managed Care Program Features, as of 2019 (2 of 3)

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties	Statewide	Statewide
Federal operating authority	PACE	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)
Program start date	07/10/1990	01/01/1995	07/01/1997
Waiver expiration date (if applicable)		06/30/2022	06/30/2022
If the program ended in 2019, 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		

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
Populations enrolled: Children with Special Health Care Needs		Mandatory	Mandatory
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	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)		Maximus	Maximus
Populations enrolled: Notes on enrollment choice period			Annual
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		X
Benefits covered: Nurse practitioner	X		X
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		

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
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		
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			
Benefits covered: Private duty nursing	X		
Benefits covered: ICF-IDD	X		
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

Features	Program of All-Inclusive Care for the Elderly (PACE)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
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.		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	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)		Innovative Resource Group, LLC DBA 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)	Primary Care Clinician Plan	MassHealth BH/SUD PIHP and/or PAHP
Performance incentives: Preferential auto-enrollment to reward plans			
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	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	Multiple Primary Care Providers	Massachusetts Behavioral Health Partnership
Notes: Program notes		Members have the option of moving from the PCC Plan at any point throughout the year. Services (other than behavioral health) provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers, not through capitation. Members are enrolled with the behavioral health PIHP for behavioral health services.	Prescription drugs covered through MassHealth pharmacy benefit. Full duals are only enrolled mandatorily if less than 21 years of age.

Massachusetts Managed Care Program Features, as of 2019 (3 of 3)

Features	MassHealth Managed Care
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)
Program start date	07/07/1998
Waiver expiration date (if applicable)	06/30/2022
If the program ended in 2019, 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
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
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	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
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	MassHealth Managed Care
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus
Populations enrolled: Notes on enrollment choice period	14 days with 90 day plan selection period annually.
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
Benefits covered: SSA Section 1945-authorized health home	

Features	MassHealth Managed Care
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	X
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

Features	MassHealth Managed Care
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 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.)
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	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
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X

Features	MassHealth Managed Care
Participating plans: Plans in Program	Tufts Health Plan; Boston Medical Center HealthNet Plan
Notes: Program notes	Covers SNF up to 100 days per contract year. Private duty nursing is covered for SKSC population only.