

Managed Care in Massachusetts

This profile reflects state managed care program information as of August 2014. This profile only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, about half of all beneficiaries in MassHealth (Medicaid) were enrolled in managed care programs. Massachusetts first introduced managed care in the early 1970's through limited MCO and PCCM programs, expanded them to cover more beneficiaries and added a mental health prepaid health plan (PHP in the early 1990's. The state again expanded managed care enrollment in 1997, by requiring most MassHealth beneficiaries under age 65 and not institutionalized (non-dual enrollees) to choose either a primary care clinician (PCC), or a MassHealth managed care plan (enrollment is optional for foster care children). MCO availability varies by region, but some plans are available statewide. Behavioral health services are carved out of the PCCM benefit package and provided through the mental health PHP, while MCO members receive behavioral health care through the MCO plan. In 2004, Massachusetts expanded the availability of community-based long term care options to adults over age 65, including those enrolled in Medicare, in select regions through the **Senior Care Options (SCO)** program. Participants who choose to enroll in SCO receive a full continuum of acute, long term care, and social support services, including Medicare-covered services for dual eligibles.

In recent years, Massachusetts has been pursuing a number of initiatives to improve care coordination and quality, and reduce costs. Initiatives include the Pioneer ACO models, Medicare Share Savings Pilots, and a Patient Centered Medical Home initiative for MassHealth MCO and PCCM options. In 2013, Massachusetts launched an integrated care program, through the federal Financial Alignment Demonstration, for Medicare-Medicaid eligibles under age 65. Massachusetts is currently working on several initiatives to increase integrated care, shared savings, and transformative delivery system reforms.

Participating Plans, Plan Selection, and Rate Setting

Massachusetts contracts with **five locally-based, nonprofit plans** to provide services under MassHealth's MCO option (Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Health New England, Neighborhood Health Plan, and Network Health), as well as **one local, for profit plan** (MA Behavioral Health Partnership, a subsidiary of Value Options) to provide behavioral health services for enrollees in the PCCM option. The SCO program is provided through a separate set of five Medicare Advantage Special Needs (MA-SNP) plans, including **four locally-based, nonprofit plans** (Commonwealth Care Alliance, NaviCare, Senior Whole Health, Tufts Health Plan) and **one national, for profit plan** (United). Massachusetts selects its plans through a competitive procurement and sets capitation rates based on fee-for service and encounter-based utilization data. The new Behavioral Health Partnership contract for 2013 planned to expand the contractor's risk from 50% to 100% (full risk) in FY 2015.

Quality and Performance Incentives

Massachusetts monitors quality in MassHealth MCOs through HEDIS measures and a state-developed beneficiary survey. It also requires its plans to conduct two annual quality improvement projects. The SCO program conducts an annual consumer satisfaction survey and monitors quality, particularly of its long term services and supports, through utilization measures and tracking complaints and grievances. While the MassHealth PCCM also collects a handful of HEDIS measures, it relies primarily on site visits and quality improvement action plans to monitor performance. In October 2012, the state introduced a new care management program for PCCM members; a contractor was expected to serve as many as 4,000 members, paid a per member per month fee, and be eligible for incentives for improving health outcomes, based on HEDIS behavioral health measure performance. In 2013, the state planned to pursue other payment reforms to reward effective and efficient care and decrease FFS payment based system.¹

¹ Kaiser Commission on Medicaid and the Uninsured, Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2012 and 2013, October 2012. Appendix A-9: Managed Care Quality Initiatives and Contract Changes, FY 2012 and FY 2013, and Appendix B: Massachusetts Case Study.

Table: Managed Care Program Features, as of July 2011

Program Name	MassHealth			Program for the All-Inclusive Care for the Elderly (PACE)	Senior Care Options (SCO)
	PCCM	MH/SUD PIHP	MCO		
Program Type	PCCM	MH/SUD PIHP	MCO	PACE	MCO
Program Start Date	July 1997			November 2003	January 2004
Statutory Authorities	1115(a)			PACE	1915(a)/1915(c)
Geographic Reach of Program	Statewide			Select Region	Select Counties
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)					
<i>Aged</i>				X	X
<i>Disabled Children & Adults</i>	X	X	X	X (age 55+)	X (age 65 or older)
<i>Children</i>	X	X	X		
<i>Low-Income Adults</i>	X	X	X		
<i>Medicare-Medicaid Eligibles ("duals")</i>		X*	X	X (age 55+)	X (excludes partial duals)
<i>Foster Care Children</i>	X	X	X		
<i>American Indians/ Alaska Natives</i>	X	X	X		
Mandatory or Voluntary enrollment?	Varies	Varies	Varies	Voluntary	Voluntary
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.</i>)					
<i>Inpatient hospital</i>			X	X	X
<i>Primary Care and Outpatient Services</i>	X		X	X	X
<i>Pharmacy</i>			X	X	X
<i>Institutional LTC</i>			X	X	X
<i>Personal care/HCBS</i>			X	X	X
<i>Inpatient Behavioral Health Services</i>		X	X	X	X
<i>Outpatient Behavioral Health Services</i>		X	X	X	X
<i>Dental</i>			X	X	X
<i>Transportation</i>			X	X	X

Program Name	MassHealth			Program for the All-Inclusive Care for the Elderly (PACE)	Senior Care Options (SCO)
Participating Plans or Organizations	1. Primary Care Clinicians – participating providers	1. MA Behavioral Health Partnership	1. Boston Medical Center HealthNet Plan 2. Fallon Community Health Plan 3. Health New England 4. Neighborhood Health Plan 5. Network Health	1. Elder Service Plan of East Boston Neighborhood Health Center 2. Element Care, Inc. (formerly Elder Service Plan of the North Shore) 3. Elder Service Plan of Cambridge Health Alliance 4. Elder Service Plan of Harbor Health Services 5. Upham's Elder Service Plan 6. Summit Elder Care 7. Serenity Care PACE	1. Commonwealth Care Alliance 2. Evercare (United) 3. NaviCare 4. Senior Whole Health (Upham's) 5. Tufts Health Plan
Uses HEDIS Measures or Similar	X	X	X	NA	X
Uses CAHPS Measures or Similar				NA	
State Requires MCOs to submit HEDIS or CAHPS data to NCQA	X	X	X	NA	X
State Requires MCO Accreditation	X	X	X	NA	X
External Quality Review Organization	APS Healthcare				
State Publicly Releases Quality Reports	Yes				

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* The National Summary of State Medicaid Managed Care Programs lists duals as both included and excluded from the PIHP.