

### Massachusetts Managed Care Program Features, as of 2021 (1 of 3)

Features	Primary Care Accountable Care Organization (Primary Care ACO)	Primary Care Clinician Program	Managed Care Organization
Program type	Primary Care Case Management Entity (PCCM Entity)	Primary Care Case Management (PCCM)	Comprehensive MCO
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	03/01/2018	01/01/1995	07/07/1998
Waiver expiration date (if applicable)	09/30/2022	09/30/2022	09/30/2022
If the program ended in 2020, 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: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Mandatory

<b>Features</b>	<b>Primary Care Accountable Care Organization (Primary Care ACO)</b>	<b>Primary Care Clinician Program</b>	<b>Managed Care Organization</b>
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 until 12/2/21, Automated Health Systems (12/3/2021 - present)	Maximus until 12/2/2022, Automated Health Systems 12/3/2022 - present	Maximus until 12/2/2021, Automated Health Systems 12/3/2021 - present
Populations enrolled: Notes on enrollment choice period	14 days with 90 day plan selection period for new enrollees. Annual 90 day plan selection period for existing enrollees.		14 days with a 90 day plan selection period for new enrollees. Annual 90 day plan selection period for existing enrollees.
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

<b>Features</b>	<b>Primary Care Accountable Care Organization (Primary Care ACO)</b>	<b>Primary Care Clinician Program</b>	<b>Managed Care Organization</b>
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (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)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
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>Primary Care Accountable Care Organization (Primary Care ACO)</b>	<b>Primary Care Clinician Program</b>	<b>Managed Care Organization</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, NF (provided at a nursing facility, chronic or rehabilitation hospital or any combination thereof) up to 100 days per contract year per enrollee, 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?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	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	X		X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		X

Features	Primary Care Accountable Care Organization (Primary Care ACO)	Primary Care Clinician Program	Managed Care Organization
Performance incentives: Withholds tied to performance metrics	X		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Mass General Brigham ACO; Community Care Cooperative, Inc.; Steward Health Choice	Multiple primary care providers	Tufts Health Together; BMC HealthNet Plan
Notes: Program notes	Services, other than behavioral health, provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers not through capitation. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership. Regarding quality assurance and improvement, MassHealth does not require PCACOs calculate HEDIS measures but rather calculates select HEDIS and other performance measures using a certified HEDIS vendor. Additionally, MassHealth conducts a CAHPS survey for the PCACOs.	Services, other than behavioral health, provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers not through capitation. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership. Regarding quality assurance and improvement, MassHealth calculates HEDIS and other performance measures using a certified HEDIS vendor. Additionally, MassHealth conducts a CAHPS survey for the PCC Plan.	Private duty nursing is covered under capitation for SKSC population only.

### Massachusetts Managed Care Program Features, as of 2021 (2 of 3)

Features	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide	Statewide	Counties of Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1115(a) (Medicaid demonstration waivers)	1915(a)/1915(c)
Program start date	03/01/2018	07/01/1997	07/01/2004
Waiver expiration date (if applicable)	09/30/2022	09/30/2022	12/31/2023
If the program ended in 2020, 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	Mandatory	Mandatory	Voluntary
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		Mandatory	Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	

<b>Features</b>	<b>Accountable Care Partnership Plans</b>	<b>MassHealth BH/SUD PIHP</b>	<b>Senior Care Options</b>
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Voluntary
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 until 12/2/2021, Automated Health Systems 12/3/2021 - present	Maximus until 12/2/2021, Automated Health Systems 12/3/2021 - present	Maximus until 12/2/2021, Automated Health systems 12/3/2021
Populations enrolled: Notes on enrollment choice period	14 days with a 90-day selection period for new enrollees. Annual 90-day selection period for existing employees.	Daily	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.
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	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X

<b>Features</b>	<b>Accountable Care Partnership Plans</b>	<b>MassHealth BH/SUD PIHP</b>	<b>Senior Care Options</b>
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
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (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			X
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X

Features	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	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	X	X	
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, NF (provided at either a nursing facility, chronic or rehabilitation hospital or any combination thereof) up to 100 days per contract year per enrollee, 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	All MassHealth covered LTSS and all services described in the Commonwealth 1915(c) Frail Elder Waiver.
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
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, D/B/A Kepro	Innovative Resource Group, D/B/A Kepro
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			

Features	Accountable Care Partnership Plans	MassHealth BH/SUD PIHP	Senior Care Options
Performance incentives: Public reports comparing plan performance on key metrics	X	X	X
Performance incentives: Withholds tied to performance metrics	X		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Cambridge Health Alliance (CHA) in partnership with Tufts Health Public Plans (THPP); 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); Merrimack Valley ACO in partnership with AllWays Health Partners (My Care Family); Baystate Health Care Alliance in partnership with Health New England (Be Healthy Partnership); 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	Massachusetts Behavioral Health Partnership	Boston Medical Center Healthnet Plan; Commonwealth Care Alliance; Navicare HMO; Senior Whole Health; Tufts Health Plan; United Healthcare
Notes: Program notes	N/A	Full duals are only enrolled mandatorily if less than 21 years of age.	

### Massachusetts Managed Care Program Features, as of 2021 (3 of 3)

Features	Plan All-Inclusive Care for the Elderly (PACE)
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Counties of Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester, and Berkshire
Federal operating authority	PACE
Program start date	07/10/1990
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	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	Voluntary
Populations enrolled: Children with Special Health Care Needs	

<b>Features</b>	<b>Plan All-Inclusive Care for the Elderly (PACE)</b>
Populations enrolled: American Indian/Alaska Native	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
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	
Benefits covered: Case management	X

Features	Plan All-Inclusive Care for the Elderly (PACE)
Benefits covered: SSA Section 1945-authorized Health Home	
Benefits covered: Home health services (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	
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.
Quality assurance and improvement: HEDIS data required?	No

Features	Plan All-Inclusive Care for the Elderly (PACE)
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
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	
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	Element Care Inc; Serenity Care PACE Program; Mercy Life Inc; Neighborhood PACE; Elder Service Plan of Cambridge Health Alliance; Upham's Elder Service Plan; Elder Service Plan of Harbor Health; Fallon Health Summit Eldercare
Notes: Program notes	The Enrollment numbers do not include private pay enrollees, if any.