

What to Know About ACOs:

The Latest on MassHealth Accountable Care Organizations

SEPTEMBER 2019

ABOUT COMMONWEALTH MEDICINE DIVISION, UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

Commonwealth Medicine's primary focus is to help Medicaid and other human service agencies accomplish their missions. As the health care consulting and operations division of UMass Medical School, it draws on the academic knowledge and public health service expertise of Massachusetts's only public medical school to provide comprehensive, innovative health care and policy solutions. Our Public & Private Health Solutions focus on designing, implementing, and evaluating health care systems programming with a special focus in the areas of health law and policy, children and families, workforce assessment and development, research and evaluation, and employment for people with disabilities.

ABOUT THE MASSACHUSETTS MEDICAID POLICY INSTITUTE

The Massachusetts Medicaid Policy Institute (MMPI)—a program of the Blue Cross Blue Shield of Massachusetts Foundation—is an independent and nonpartisan source of information and analysis about the Massachusetts Medicaid program, MassHealth. MMPI's mission is to promote the development of effective Medicaid policy solutions through research and policy analysis.

TABLE OF CONTENTS

Introduction 1

ACO Types 2

Member Eligibility..... 5

Plan Selection and Member Enrollment 6

ACO Features 8

Flexible Services 9

ACO Program Timeline 12

Conclusion 12

Appendix 1: Resources for Further Information 13

Appendix 2: Shared Savings and Losses 14

Appendix 3: ACO Quality Measures 15

Appendix 4: Behavioral Health (BH) Community Partners 16

Appendix 5: Long-Term Services and Supports (LTSS) Community Partners 18

Appendix 6: Community Partner Enrollment 19

Endnotes 20

INTRODUCTION

MassHealth, the Massachusetts Medicaid and Children's Health Insurance (CHIP) Programs, introduced accountable care organizations (ACOs) for many of its members in 2018. ACOs are an evolutionary next step for managed care. The ACO approach enhances previous delivery models with features that emphasize a strong focus on member-centered care, better coordination of services, and attention to health-related social needs.

MassHealth's introduction of ACOs represents a significant shift from the way MassHealth has typically partnered with health care providers. In this new model, MassHealth contracts with ACOs to deliver physical health care, mental health care, substance use disorder treatment, and long-term services and supports (LTSS) to a defined group of MassHealth members.¹ The ACOs are responsible for coordinating these services across providers, according to a member-centered plan, with primary care providers playing an enhanced central role in the coordination of care. In addition to providing the standard set of MassHealth services, ACOs partner with Community Partners (CPs) that have behavioral health and LTSS care management expertise to coordinate care and facilitate access to community-based services for certain members. MassHealth ACOs will also offer some services addressing nonmedical health-related social needs, such as housing supports and nutritional programs, to certain MassHealth members beginning in 2020.

This brief builds upon a July 2018 publication, *What to Know about ACOs: An Introduction to MassHealth Accountable Care Organizations*. This updated edition explains the basics of MassHealth ACOs: the three types of ACOs, whom they serve, the services they provide, and how they are encouraged to improve care and contain costs. It also includes new developments in the structure and services of the ACO program, including:

- Expanded information about Community Partners;
- A new section explaining the Flexible Services Program;
- A list of the finalized measures by which ACO quality will be assessed; and
- Updated enrollment data, timelines, and resources for additional information.

Accountable Care Organization (ACO)

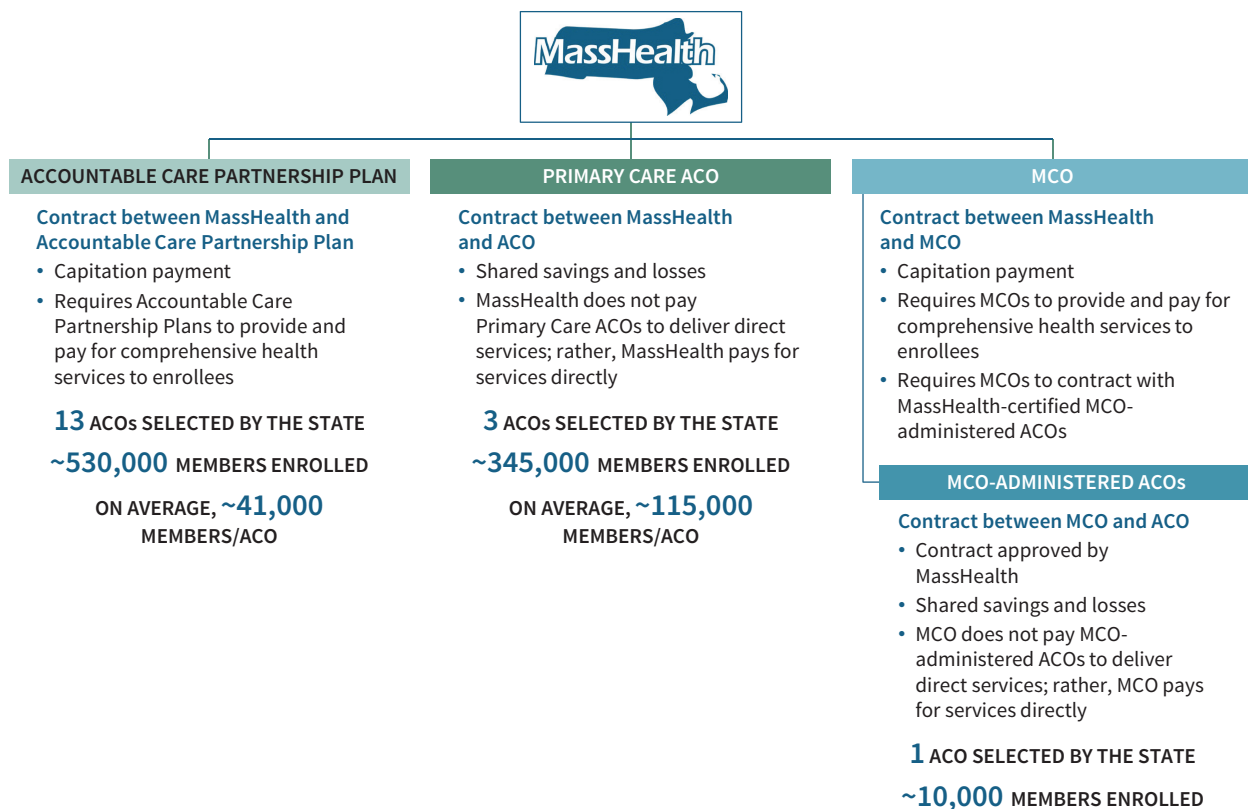
An ACO is a group of doctors, hospitals, and other health care providers that work together with the goals of delivering better care to members, improving the population's health, and controlling costs. An ACO is accountable both for the health of its members and for the cost of the care its members receive.

ACO TYPES

Seventeen MassHealth ACOs operate across the Commonwealth. The ACOs operate as one of three versions, which vary in their management of clinical and financial responsibilities, in the networks of doctors and health care providers they include, and in how MassHealth pays them. The three versions of ACOs are the **Accountable Care Partnership Plan (Partnership Plan)**, the **Primary Care ACO**, and the **Managed Care Organization (MCO)–Administered ACO**.

Figure 1 depicts the three ACO types and their relationships to MCOs and to MassHealth. MCOs perform financial and administrative functions usually associated with an insurer, such as assembling a network, authorizing, and paying for services.

FIGURE 1. ACO TYPES



Source: Gershon, et al. (2017). *The MassHealth Waiver 2016–2022: Delivering Reform*. Blue Cross Blue Shield of Massachusetts Foundation.

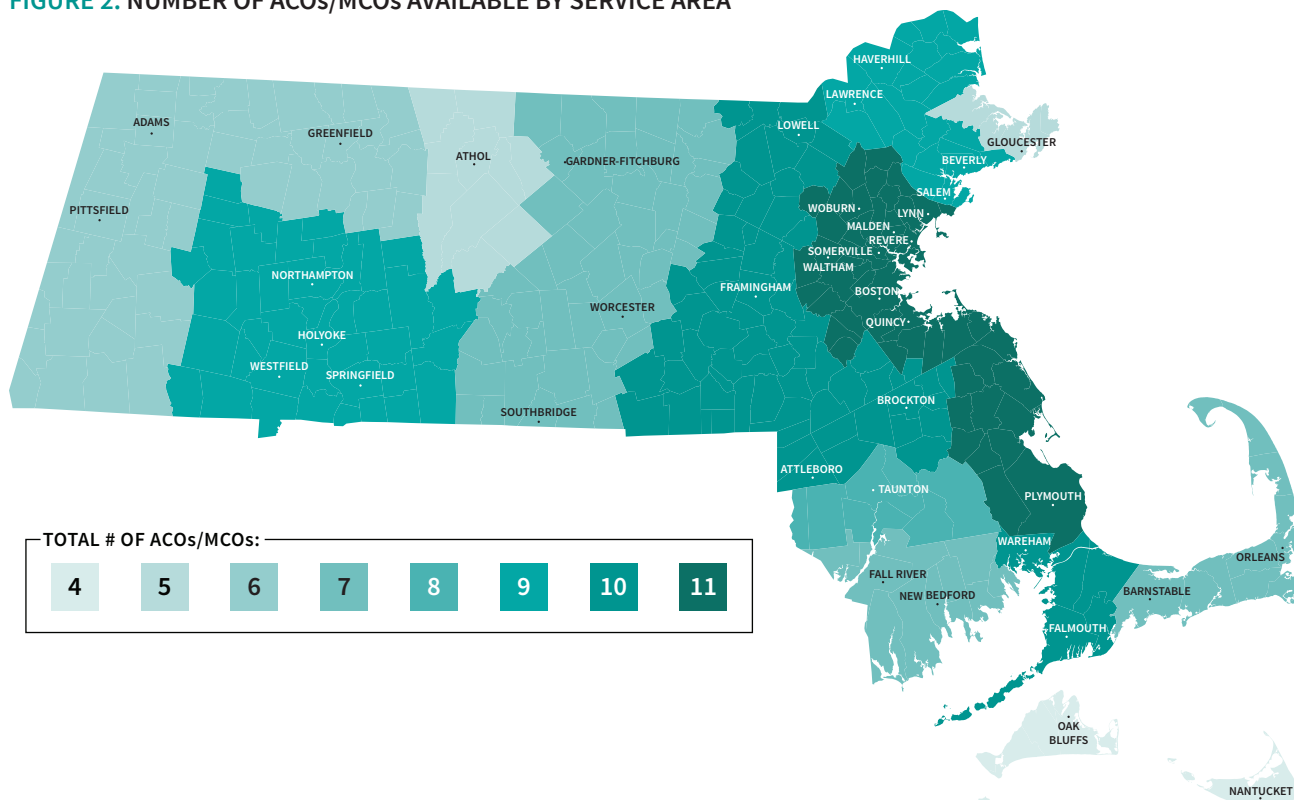
Table 1 compares some key characteristics of the three types of ACOs, particularly their partnering relationships and provider networks, and lists the 17 ACOs by type. Most ACOs are Partnership Plans but, as Table 2 on page 7 shows, the Primary Care ACOs are three of the four largest ACOs by membership.

TABLE 1. SUMMARY OF CHARACTERISTICS OF THE THREE TYPES OF ACOs

ACCOUNTABLE CARE PARTNERSHIP PLAN	
Structure	Provider-led ACO partnered with a single MCO.
Provider Network	Uses its MCO partner's network for medical and behavioral health services. May not require primary care provider (PCP) referral for medical services when using a plan's preferred provider network.
Plan Names	<ul style="list-style-type: none"> • Be Healthy Partnership: Health New England (HNE) with Baystate Health Care Alliance • Berkshire Fallon Health Collaborative: Fallon Health with Health Collaborative of the Berkshires • HealthNet Plan Community Alliance: Boston Medical Center (BMC) HealthNet Plan with Boston ACO • BMC HealthNet Plan Mercy Alliance: BMC HealthNet Plan with Mercy Medical Center • BMC HealthNet Plan Signature Alliance: BMC HealthNet Plan with Signature Healthcare • BMC HealthNet Plan Southcoast Alliance: BMC HealthNet Plan with Southcoast Health • Fallon 365 Care: Fallon Health with Reliant Medical Group • My Care Family (Allways Health Partners): Allways Health Partners with Merrimack Valley ACO • Tufts Health Together with Atrius Health: Tufts Health Plans with Atrius Health • Tufts Health Together with BIDCO: Tufts Health Plans with Beth Israel Deaconess Care Organization (BIDCO) • Tufts Health Together with Boston Children's ACO: Tufts Health Plans with Boston Children's ACO • Tufts Health Together with CHA: Tufts Health Plans with Cambridge Health Alliance (CHA) • Wellforce Care Plan (Fallon): Fallon Health with Wellforce
PRIMARY CARE ACO	
Structure	Provider-led ACO contracting directly with MassHealth.
Provider Network	Uses MassHealth's network and referral circles that may not require PCP referral for medical services, and the Massachusetts Behavioral Health Partnership (MBHP) network for behavioral health services.
Plan Names	<ul style="list-style-type: none"> • Community Care Cooperative (C3) • Partners HealthCare Choice • Steward Health Choice
MCO-ADMINISTERED ACO	
Structure	Provider-led ACO contracting with one or more MCOs.
Provider Network	Uses network of contracting MCO(s) for medical and behavioral health services and may not require a PCP referral for medical services when using plan's preferred provider network.
Plan Names	<ul style="list-style-type: none"> • Lahey MassHealth ACO: Contracts with Tufts Health Together MCO and BMC HealthNet Plan MCO

Figure 2 displays the number of ACOs and MCOs by service area. A service area is the area of the state in which an ACO/MCO may accept members. A person may only enroll in an ACO/MCO whose service area includes the person's home. Most ACOs and MCOs operate in more than one service area/region; the three Primary Care ACOs, because they use MassHealth's statewide provider network, cover all service areas. No service area has fewer than four ACOs/MCOs to choose from, and some areas in Greater Boston and the South Shore have as many as 11.

FIGURE 2. NUMBER OF ACOs/MCOs AVAILABLE BY SERVICE AREA*



*Each city/town name noted on this map represents a MassHealth health plan service area. A service area is a regional group of cities and towns where a health plan accepts members, based on where they live.

Source: MassHealth. *MassHealth Enrollment Guide; Your Choices Starting January 2019*. Accessed 5/13/19.

https://www.masshealthchoices.com/sites/default/files/Documents/EG-MH_ENG_entire%20guide_WEB_101818.pdf.

Payment, Savings, and Losses

A central goal of the ACO program is to shift to a system that pays for *value* (positive outcomes and treatments based on evidence of effectiveness) rather than *volume*. Volume is often associated with “fee-for-service” delivery models in which providers are paid for every service they deliver, regardless of its effectiveness. The ACO payment models are designed to encourage ACOs to shift care to appropriate settings, invest in primary and preventive services, integrate behavioral health, and ensure appropriate access to services.²

Payments to all ACOs are *risk-adjusted*, meaning that ACOs receive higher payments if they have members who, in aggregate, are predicted to have greater care needs. Risk adjustment helps mitigate the incentive ACOs might otherwise have to limit care or avoid members with greater health care needs. Importantly, risk adjustment considers both medical and nonmedical factors, including certain social determinants of health, known to affect levels of health care service needs and health outcomes.

Partnership Plans are paid a capitation— a fixed amount per member per month, with which they must manage their members’ total cost of care (TCOC). The Plans will reap the savings that result if the total cost of care they deliver is less than the capitation fees they receive from MassHealth.

Factors included in risk adjustment for ACO and MCO payments:

- Claims history
- Demographics
- Health status
- Client of Department of Mental Health
- Client of Department of Developmental Services
- Serious mental illness
- Substance use disorder
- Unstable housing
- Summary measure of neighborhood stress, or social determinants of health, (levels of poverty, unemployment, public assistance receipt, lack of car ownership, single parent families, high school graduates)

In **Primary Care and MCO-Administered ACOs**, providers receive fee-for-service payments from MassHealth or an MCO; those payments are measured against an annual cost target, and the ACOs share in the savings or losses that result.³ These ACOs can realize savings if total expenditures at the end of a year are lower than their cost targets.⁴ Primary Care ACOs share their savings with MassHealth. MCO-Administered ACOs share their savings with the contracting MCO (see Appendix 2 for more detail on the shared savings method).

All ACOs have incentives to meet quality standards as well. An ACO's quality performance affects the total payments it receives and the savings it may earn. The ACO's quality score is based on achieving or exceeding benchmarks, or showing improvement, on specific measures in distinct clinical areas such as care integration or prevention and wellness. Specific measures include childhood and adolescent immunization rates, controlling high blood pressure, and hospital readmissions; the full quality measure slate is listed in Appendix 3. After the first year (which ended February 28, 2019), when ACOs were scored on whether they reported the quality measures, MassHealth will use the actual quality score to adjust capitation rates and shared savings and losses payments to ACOs.

Total Cost of Care (TCOC)

ACOs are financially responsible for the "Total Cost of Care," which includes each member's primary care, inpatient and outpatient physical health care, pharmacy, and behavioral health care. Long-term services and supports (LTSS) will be added later.

MassHealth will also assess ACO quality based on results from member experience surveys. The first survey in 2019 will focus on member experiences in primary care. Later surveys could include questions related to the integration of physical health, behavioral health, LTSS, and health related social needs.

MassHealth ACO Program — Key Dates

- **March 1, 2018:** Operational start date for ACOs and newly procured MCOs
- **July 1, 2018:** Operational start date for Community Partners Program
- **March 1, 2019:** Operational second year for ACOs and MCOs
- **December 2019:** Release of Year 1 performance results on quality, cost, and member experience
- **January 2020:** Launch of the Flexible Services Program

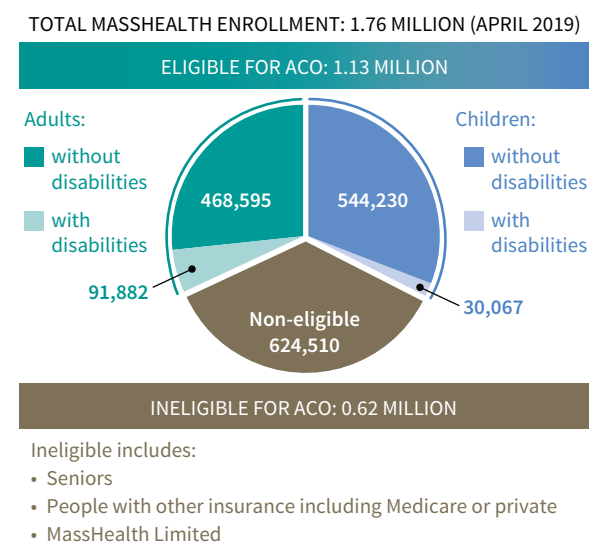
MEMBER ELIGIBILITY

Most MassHealth members eligible for managed care can enroll in an ACO. Specifically, ACOs are available to members who are eligible to enroll in a managed care organization (MCO) or the Primary Care Clinician (PCC) Plan. These members:

- Are younger than age 65;
- Do not have any other health insurance coverage (including Medicare);
- Live in the community (not a nursing facility); and
- Are covered by MassHealth Standard, CommonHealth, CarePlus, or Family Assistance⁵

Figure 3 shows that 1.13 million of MassHealth's total membership of 1.76 million are eligible to enroll in ACOs.⁶

FIGURE 3. MASSHEALTH MEMBERS BY ACO ENROLLMENT ELIGIBILITY



Source: MassHealth, April 2019 Snapshot Report. Data as of April 30, 2019.

MassHealth managed care members may still choose to enroll in the PCC Plan⁷ or one of two MCOs (Boston Medical Center [BMC] HealthNet MCO or Tufts Health Together MCO) rather than an ACO, though many ACO-affiliated primary care providers (PCPs) may not be available to MassHealth members through MCOs or in the PCC Plan. MassHealth generally precludes PCPs affiliated with an ACO from participating as a PCP in the network of another ACO, an MCO, or the PCC Plan; this is known as PCP exclusivity (see callout box below for more detail). PCP exclusivity does not impact members in managed care plans that are part of One Care, Senior Care Options (SCO), and the Program of All-Inclusive Care for the Elderly (PACE). These programs largely serve individuals who are eligible for both Medicare and MassHealth.

PRIMARY CARE PROVIDER EXCLUSIVITY

Primary care providers (PCPs) in a **Partnership Plan** or a **Primary Care ACO** network have an exclusive relationship; they may not be in the network of any other ACO as a PCP, and they generally are not available to MassHealth members enrolled in MCOs or the PCC Plan.

The PCP exclusivity provision that applies to PCPs only impacts ACO-eligible members.* If a PCP also practices at another location that is not contracted with an ACO, MassHealth members not in the ACO may see that PCP, provided the PCP is part of the member's network. PCPs may also provide some services to members of other ACOs and MCOs, as long as the provider has appropriate contracts and authorizations from the member's plan. Services not subject to PCP exclusivity include behavioral health services and specialty outpatient services or office visits. Members with a substance use disorder can continue to access Medication-Assisted Treatment from any provider, with or without a referral and regardless of PCP exclusivity and the prescriber's network relationship with a plan.

* Members enrolled in SCO, PACE, One Care, or the MassHealth fee-for-service system can see ACO-affiliated PCPs if the PCP is in network for the member's plan. Children in the Special Kids Special Care program are exempt from PCP exclusivity and can see any MassHealth-enrolled PCP.

Source: MassHealth. Continuity of Care Frequently Asked Questions. March 2018. Accessed 5/22/2018: <https://www.mass.gov/service-details/continuity-of-care>.

PLAN SELECTION AND MEMBER ENROLLMENT

Plan Selection and Assignment

New MassHealth members who are eligible for an ACO or MCO may choose their health plan from the plans available in their service area (see Figure 2 for the number of ACOs/MCOs by service area). If a member does not choose a plan, MassHealth will enroll the member in a plan in the member's service area. Members have the option to change their plan selection or assignment until the end of the annual Plan Selection Period, described below.^{8,9} See Table 2 for ACO and MCO enrollment by plan in 2018 and 2019. As of May 2019, ACO enrollment was nearly 900,000.

Members who enroll in an MCO (BMC HealthNet MCO or Tufts Health Together MCO) become ACO members if they select a PCP who is part of the MCO-Administered ACO (Lahey MassHealth ACO).¹⁰

Fixed Enrollment Periods

Members enrolled in a **Partnership Plan**, **Primary Care ACO**, or an **MCO** have an annual Plan Selection Period during which they may enroll in a different ACO or move to an MCO or the PCC Plan. This is similar to the annual open enrollment period experienced by most people who receive health insurance through their employer or the Massachusetts Health Connector. The Plan Selection Period is 90 days, after which the member enters a Fixed Enrollment Period that lasts until the next Plan Selection

Examples of Reasons for Changing Plans During a Fixed Enrollment Period:

- Member moves out of the ACO or MCO service area;
- ACO no longer serves the member's service area;
- Member receives poor quality care, lacks access to covered services, or lacks access to providers who have experience dealing with the member's specific health care needs;
- Member demonstrates to MassHealth that the MCO or ACO is not meeting the member's language, communication, or other accessibility preferences or needs; or
- Member demonstrates to MassHealth that the member's key network providers including PCPs, specialists, or behavioral health providers, leave the MCO or ACO.

Period in the following year.¹¹ During the Fixed Enrollment Period members may change their health plan in limited circumstances, mainly related to access to care or quality of services (see sidebar on the bottom of page 6 for examples of exceptions to the Fixed Enrollment Period).^{12,13}

Member Enrollment

TABLE 2. YEAR-OVER-YEAR ENROLLMENT BY PLAN, 2018 AND 2019

PLAN TYPE	2018 ENROLLMENT (5/31/2018) ¹⁴	2019 ENROLLMENT (5/15/2019) ¹⁵	SHARE OF ACO-ELIGIBLE ENROLLEES — 2019
ACCOUNTABLE CARE PARTNERSHIP PLANS			
• Be Healthy Partnership: Health New England (HNE) with Baystate Health Care Alliance	38,062	38,293	3.4%
• Berkshire Fallon Health Collaborative: Fallon Health with Health Collaborative of the Berkshires	15,610	15,913	1.4%
• BMC HealthNet Plan Community Alliance: Boston Medical Center (BMC) HealthNet Plan with Boston ACO	106,448	115,989	10.4%
• BMC HealthNet Plan Mercy Alliance: BMC HealthNet Plan with Mercy Medical Center	28,462	28,249	2.5%
• BMC HealthNet Plan Signature Alliance: BMC HealthNet Plan with Signature Healthcare	17,854	17,918	1.6%
• BMC HealthNet Plan Southcoast Alliance: BMC HealthNet Plan with Southcoast Health	16,123	16,414	1.5%
• Fallon 365 Care: Fallon Health with Reliant Medical Group	30,321	31,062	2.8%
• My Care Family (Allways Health Partners): Allways Health Partners with Merrimack Valley ACO	31,781	32,642	2.9%
• Tufts Health Together with Atrius Health: Tufts Health Plans with Atrius Health	31,054	31,627	2.8%
• Tufts Health Together with BIDCO: Tufts Health Plans with Beth Israel Deaconess Care Organization (BIDCO)	34,056	37,028	3.3%
• Tufts Health Together with Boston Children's ACO: Tufts Health Plans with Boston Children's ACO	82,244	97,660	8.7%
• Tufts Health Together with CHA: Tufts Health Plans with Cambridge Health Alliance (CHA)	26,131	28,990	2.6%
• Wellforce Care Plan (Fallon): Fallon Health with Wellforce	53,065	51,526	4.6%
PRIMARY CARE ACO PLANS			
• Community Care Cooperative (C3)	115,166	123,987	11.1%
• Partners HealthCare Choice	105,470	107,305	9.6%
• Steward Health Choice	124,491	122,916	11.0%
TOTAL ACO ENROLLMENT (excluding MCO-Administered ACOs)	856,338	897,519	80.2%
MCO PLANS*			
• BMC HealthNet Plan	82,162	49,116	4.4%
• Tufts Health Together	116,737	65,908	5.9%
TOTAL MCO ENROLLMENT	198,899	115,024	10.3%
PCC PLAN	123,650	106,879	9.5%
TOTAL ENROLLMENT, ACO-ELIGIBLE MEMBERS	1,178,887	1,119,422	100.0%

*MCO enrollment includes about 10,000 Lahey MassHealth ACO members.

ACO FEATURES

Care Needs Screening

ACOs are required to complete a Care Needs Screening within 90 days of a member joining the ACO. The screening helps ACOs to identify a member's health concerns and goals, if there are needs for behavioral health services or LTSS, health-related social needs, and needs for culturally and linguistically appropriate services or assistive services.¹⁶ The screening also allows an ACO to identify members with complex needs and who may be at risk of institutionalization or hospitalization or who receive care from other state agency programs.¹⁷

Members with special health care needs are comprehensively assessed and participate in creating an individual care plan. The care plan is based on the assessment, reflects the member's preferences and needs, and designates the member's care team.¹⁸

Care Management and Care Coordination

Members whom ACOs identify as having special health care needs, and others who may benefit, receive care management services.¹⁹ A care coordinator or clinical care manager meets with the member's care team at least annually and after any major health-related event to review the member's care plan. Care coordination includes coordination of ACO covered medical and behavioral health services. Care coordination may also extend to those services that a member may qualify for but that are not ACO or MCO covered services, such as Adult Day Health or Adult Foster Care. ACOs are responsible for coordinating the delivery of these services for every eligible member.²⁰ Members may also receive other care coordination and care management services. In some instances, the member's ACO will collaborate with LTSS and Behavioral Health CPs; and in others with state agencies such as the Department of Mental Health (DMH), the Bureau of Substance Abuse Services (BSAS), the Department of Developmental Services (DDS), and the Massachusetts Commission for the Blind, among others.²¹ For instance, an ACO member with a serious mental illness who wants to set educational or employment goals could join and receive services through a Clubhouse run by DMH.²²

Community Partners

Community Partners (CPs) are community-based organizations with behavioral health or LTSS care management expertise. CPs provide care coordination and navigation supports to certain members enrolled in an ACO or MCO who have significant behavioral health or complex LTSS needs.²³ The CP Program has limited capacity; not all members who may qualify for supports will receive them.

The members who may receive Behavioral Health CP supports include:

- ACO and MCO enrolled adults (age 21 and older) with a serious mental illness or substance use disorder and who use a high level of health care services.
- Children and adolescents (less than 21 years of age) with serious emotional disturbance (SED), who will receive their CP services as continuing intensive care coordination from Community Service Agencies under the Children's Behavioral Health Initiative.^{24,25}

The members who may receive LTSS CP supports include:

- ACO and MCO enrolled members age 3 and older with a complex LTSS need (LTSS needs may include having physical disabilities, acquired or traumatic brain injury, intellectual or development disabilities (ID/DD) and others, as defined by the state).^{26,27}

Members with co-occurring behavioral health and LTSS needs will receive coordination for both from a Behavioral Health CP.

ACOs and MCOs currently partner with all Behavioral Health CPs and with at least two LTSS CPs in their service areas.²⁸ See Appendix 4 and 5 for a complete list of the Behavioral Health and LTSS CPs and the regions they serve.

At the start of the CP Program, members were primarily identified and assigned to CPs by MassHealth, based on members' past service use and where they lived. As of May 2019, nearly 37,000 members were enrolled with a Behavioral Health CP, and a little over 10,000 were enrolled with a LTSS CP. See Appendix 6 for CP enrollment numbers.

Beginning in 2019, ACOs and MCOs will be responsible for identifying members who could benefit from the CP Program, using information about need and past service utilization, as well as referrals from members and providers. Once identified, an ACO, MCO, or MassHealth may enroll members in the CP Program for various supports related to their needs (see Table 4 for an overview of CP supports).²⁹

When a member is assigned to a CP, the CP will first conduct outreach. Once a member is contacted, next steps in the process include engaging the member by completing a care plan with the member's input and beginning to deliver supports.

TABLE 4. COMMUNITY PARTNERS — OVERVIEW OF SUPPORTS

	BEHAVIORAL HEALTH CP	LTSS CP
Outreach and engagement	•	•
Comprehensive assessment and person-centered treatment planning	•	
Care coordination and care management across medical, behavioral health, and LTSS	•	
Supports for transitions of care	•	•
Medication reconciliation support	•	
Health and wellness coaching	•	•
Connection to social services and community resources	•	•
LTSS care planning including providing informed choice of services and providers		•
LTSS care coordination		•

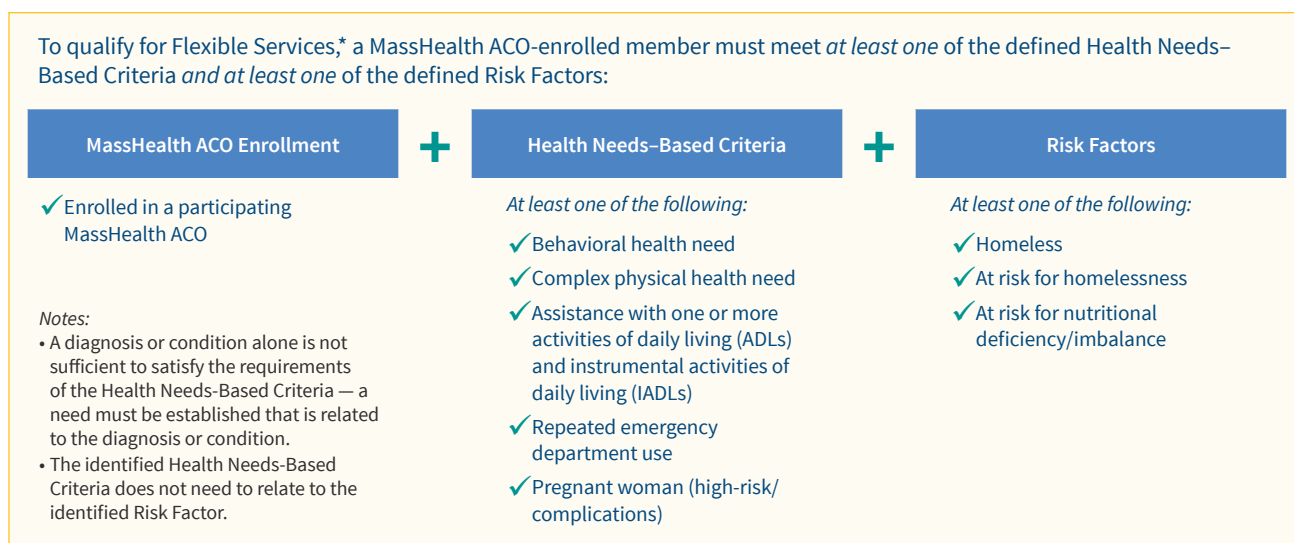
FLEXIBLE SERVICES

In October 2018, MassHealth, with approval from its federal oversight agency, the Centers for Medicare & Medicaid Services (CMS), announced that it will allow ACOs to pay for certain health-related social supports in the areas of housing tenancy and nutrition beginning in 2020 for certain eligible members. The Flexible Services Program is designed to meet the complex needs of certain ACO members by addressing health-related social needs known to affect health. Investment in these social supports, if properly targeted, can also reduce an ACO's total cost of care.³⁰ Prior to the introduction of this program, MassHealth did not pay for such services.

Eligibility

To be eligible to receive Flexible Services, members must be enrolled in an ACO and must meet at least one of the MassHealth Health Needs-Based Criteria (e.g., behavioral health need, complex physical health need, etc.) and one of the Risk Factors (e.g., homeless, at risk for homelessness, at risk for nutritional deficiency/imbalance) (see Figure 4). Similar to the CP Program, the Flexible Services Program has a limited capacity; not all members who may qualify for supports will receive them.

FIGURE 4. CRITERIA FOR FLEXIBLE SERVICES ELIGIBILITY



*Flexible Services is a demonstration program and not an entitlement benefit. Not all qualified members may ultimately receive Flexible Services. In designing their Flexible Services programs, ACOs have been directed to use the Flexible Services eligibility criteria as a starting point and select a more narrowly defined target population.

Sources: Mass Health. Stakeholder Flexible Services Informational Meeting, February 5, 2019; MassHealth. *Flexible Services Program: Guidance Document Companion Guide*. August 2019. Accessed 9/6/19: <https://www.chlpi.org/wp-content/uploads/2013/12/Flexible-Services-Guidance-Documents-Companion-Slides-vF.pdf>.

Services

ACOs may use results from the Care Needs Screening, in-clinic identifications, referrals, and past health care use to determine which Flexible Services an eligible member is qualified to receive. ACOs may provide Flexible Services directly or contract with a Social Service Organization (SSO)³¹ or CP to provide the services.³² In advance of the program's launch in January 2020, ACOs, CPs, and SSOs are working together to create workflows for referral, delivery of services, and documentation of service provision. Though the specific roles, responsibilities, and workflows are still in development, Figure 5 provides examples of some of the functions and responsibilities participating organizations will have to assume and assign as part of participation in this program.

FIGURE 5. POTENTIAL FLEXIBLE SERVICES PROGRAM ROLES AND RESPONSIBILITIES

KEY PARTY	ROLES & RESPONSIBILITIES*
MassHealth	<ul style="list-style-type: none"> • Establishes Flexible Services policy and provides funding • Approves ACO plan and budget for using funds
ACO	<ul style="list-style-type: none"> • Designs Flexible Services Program (e.g., allowable services, target population) • Operationalizes the Flexible Services workflow (may delegate certain responsibilities to CPs) • Reports to MassHealth
SSO	<ul style="list-style-type: none"> • Delivers Flexible Services to members • Reports to ACO
CP	<ul style="list-style-type: none"> • May assist ACO with certain functions • May act in the capacity of an SSO to deliver Flexible Services to members

*This list represents a subset of potential responsibilities and is not comprehensive. Source: MassHealth, information provided to the Delivery System Reform Implementation Advisory Council (April 2019).

ACOs are not required to provide all services allowed under the Flexible Services Program; they can prioritize what they want to address, and may work with SSOs and CPs to design their programs. This flexible design allows ACOs to create innovative approaches to address their members' health-related social needs.³³

The Flexible Services Program allows ACOs to pay for certain health-related social supports in the areas of housing tenancy (including pre-tenancy, tenancy sustaining, and home modification) and nutrition supports. See Figure 6 for a description of the different services that may be provided through the Flexible Services Program within the categories of housing tenancy and nutrition supports.

FIGURE 6. FLEXIBLE SERVICES — OVERVIEW OF SERVICES

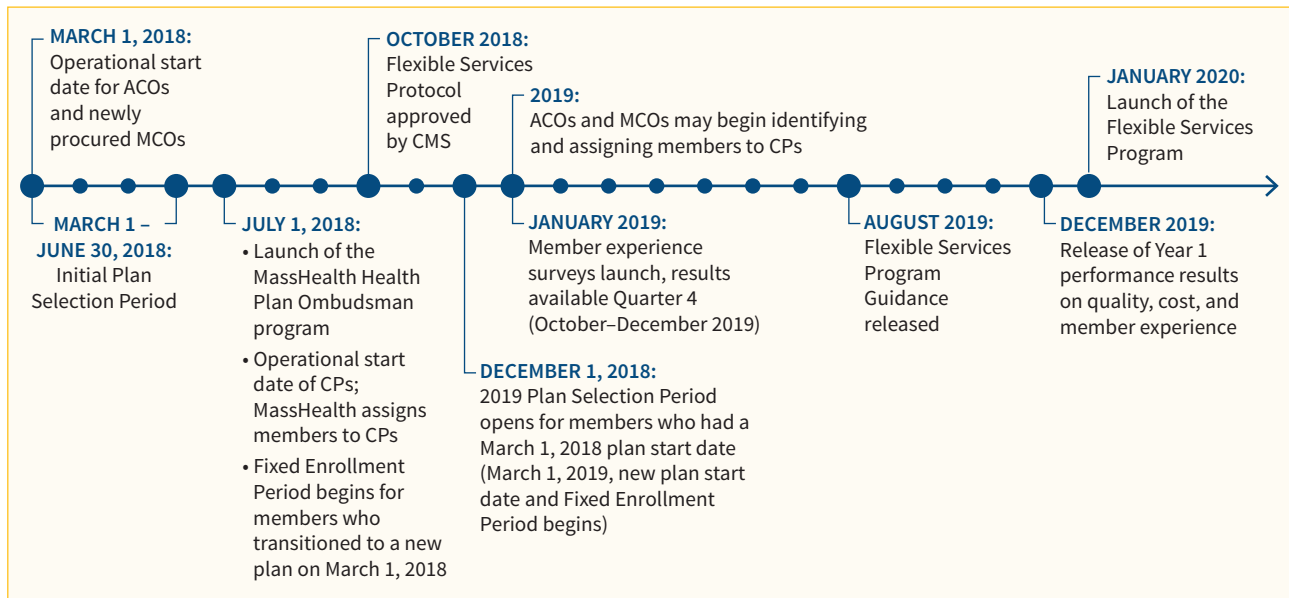
TENANCY SERVICE EXAMPLES 	NUTRITION SERVICE EXAMPLES 
<ul style="list-style-type: none"> • Pre-tenancy: Includes housing application assistance, first/last month's rent and household set-up costs, and assistance to members with understanding their rights as tenants and with budgeting for tenancy and living expenses. • Tenancy Sustaining: Includes assistance with landlord communication, obtaining and maintaining entitlement benefits, establishing credit, and obtaining or improving adaptive skills needed to function and live independently and safely in the community. • Home Modification: Includes installation of grab bars, doorway modifications, in-home environmental risk assessments, air conditioner units, hypoallergenic mattress and pillow covers, and traction or non-skid strips. 	<ul style="list-style-type: none"> • Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, & Children (WIC) Nutrition Program application assistance. • Home-delivered meals. • Assistance with locating, obtaining, and/or providing household supplies needed to meet nutritional and dietary needs.

Source: MassHealth. Stakeholder Flexible Services Informational Meeting, February 5, 2019.

Flexible Services Program — Key Dates

- **October 2018:** CMS Approval of Flexible Services protocol
- **August 2019:** Flexible Services Program Guidance released
- **September 2019:** ACO Full Participation Plans and Budgets Due
- **September 2019–January 2020:** ACOs, CPs, and SSOs design workflows, referral processes, and communication channels; complete ACO-SSO agreements; MassHealth approval of member-facing materials, MassHealth approval of screening tools; ACOs submit attestation of documented processes
- **December 2019:** ACO Full Participation Plans and Budgets approved
- **January 2020:** Flexible Services Program launch

ACO PROGRAM TIMELINE



CONCLUSION

With year two of the MassHealth ACO program well underway, more than half of all eligible members are now enrolled in an ACO plan. ACO program features, such as enhanced care coordination, Community Partners, Flexible Services, and innovative payment methods hold the promise of improving quality, member experience, and health outcomes while managing the total cost of care. MassHealth is using its demonstration authority to effect ambitious changes in its delivery of integrated and coordinated care for members.

APPENDIX 1:

RESOURCES FOR FURTHER INFORMATION

- MassHealth Innovations website:
<https://www.mass.gov/masshealth-innovations>
- Blue Cross Blue Shield of Massachusetts Foundation:
What to Know About ACOs: An Introduction to MassHealth Accountable Care Organizations (July 2018):
<https://bluecrossmafoundation.org/publication/what-know-about-acos-introduction-masshealth-accountable-care-organizations>
- Blue Cross Blue Shield of Massachusetts Foundation:
The MassHealth Waiver 2016–2022: Delivering Reform (January 2017):
<https://bluecrossmafoundation.org/publication/masshealth-waiver-2016%E2%80%932022-delivering-reform>
- All Provider Bulletin 272 — Overview of 2018 New Health Plan Options: MassHealth Payment and Care Delivery Innovations (PCDI): <https://www.mass.gov/files/documents/2017/11/22/all-272.pdf>
- MassHealth PCDI Information for Providers (including PCDI education and communication provider trainings): <https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers>
- PCDI Fact Sheets for Providers (by provider type):
<https://www.mass.gov/lists/provider-pcdi-resources#pcdi-fact-sheets-for-providers>
- MassHealth Member Enrollment Guide and Tools:
<https://www.mass.gov/lists/masshealth-health-plan-materials-and-information-for-members#masshealth-enrollment-guide>

APPENDIX 2: SHARED SAVINGS AND LOSSES

Payments to accountable care organizations (ACOs) are designed to reward the efficient and effective delivery of care. These incentives are built into the capitation payments that MassHealth pays to Partnership Plans: ACOs that meet quality standards and can keep the total cost of care (TCOC) below the total of their risk-adjusted per-member-per-month payments reap the resulting savings. Incentives for Primary Care ACOs work differently because MassHealth pays these ACOs fee-for-service. Primary Care ACOs still have a target TCOC, and underlying the payments is a shared savings and loss method, illustrated below.

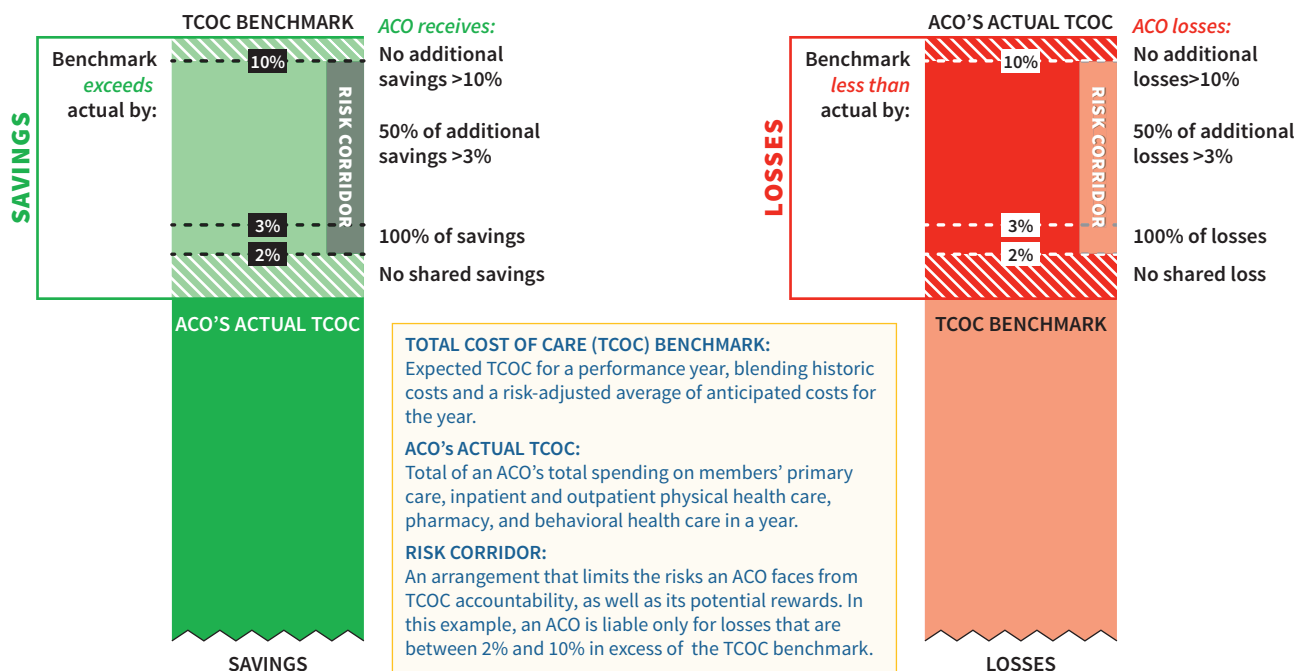
SHARED SAVINGS: HOW IT WORKS

For a Primary Care ACO in the full accountability risk track, the ACO's cost target ("TCOC benchmark") is \$20 million for the year. Its actual expenditures for the year are \$19.2 million, resulting in savings of \$800,000 (4 percent of the benchmark) to share with MassHealth. The ACO's share of the savings is calculated as follows:

- 100 percent of the first 3 percent of savings relative to the benchmark (\$600,000), plus
- 50 percent of the savings over 3 percent ($50\% \times \$200,000 = \$100,000$), for a total of **\$700,000**.

The ACO's share of the savings would then be adjusted by its quality score, scaled between 0 and 1, yielding the final shared savings payment.

FIGURE A2. EXAMPLES OF SHARED SAVINGS AND LOSSES FOR A PRIMARY CARE ACO



Note: This example is for an ACO choosing the full accountability risk track in the fourth year of the demonstration. Levels of risk grow until reaching the greatest potential gains and losses in years 4 and 5. The size of the risk corridors does not change over time, however. Levels of shared savings and losses are also affected by an ACO's quality score.

APPENDIX 3:

ACO QUALITY MEASURES

I. PREVENTION AND WELLNESS	II. CARE INTEGRATION	III. MEMBER EXPERIENCE
<ul style="list-style-type: none"> • Childhood Immunizations • Immunizations for Adolescents • Timeliness of Prenatal Care • Asthma Medication Ratio • Controlling High Blood Pressure • Comprehensive Diabetes Care: A1c Poor Control • Metabolic Monitoring for Children/Adolescents on Antipsychotics • Follow-Up After Hospitalization for Mental Illness • Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment 	<ul style="list-style-type: none"> • Oral Health Evaluation • Screening for Depression and Follow Up Plan • Depression Remission or Response • Emergency Department Visits for Members with Mental Illness/Addiction • Follow Up After Emergency Department Visit for Mental Illness • Hospital Readmissions • Health-Related Social Needs Screening • Behavioral Health and LTSS Community Partner (CP) Engagement • Community Tenure: Behavioral Health and LTSS CP Members • Acute Unplanned Admissions for Members with Diabetes 	<ul style="list-style-type: none"> • Results of Member Experience survey

Source: MassHealth, information provided to Delivery System Reform Implementation Advisory Council (December 2018); MassHealth. Attachment M: Massachusetts Delivery System Reform Incentive Payment (DSRIP) Protocol (2017). Available at <https://www.mass.gov/files/documents/2017/05/zm/dsrip-protocol.pdf>.

APPENDIX 4:

BEHAVIORAL HEALTH (BH) COMMUNITY PARTNERS

#	BH COMMUNITY PARTNER NAME	CONSORTIUM ENTITIES	AFFILIATED PARTNERS (Partnership Name, if Applicable)	REGION: SERVICE AREA
1	Behavioral Health Network, Inc.	N/A	N/A	Western: Holyoke, Springfield, Westfield
2	Behavioral Health Partners of Metrowest, LLC	<ul style="list-style-type: none"> • Advocates, Inc. • South Middlesex Opportunity Council • Spectrum Health Systems, Inc. • Wayside Youth and Family Support 	<ul style="list-style-type: none"> • Family Continuity (FCP), Inc. 	Northern: Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn
3	Boston Coordinated Care Hub		<ul style="list-style-type: none"> • McInnis Health Group/Boston Health Care for the Homeless Program • Bay Cove Human Services, Inc. • Boston Public Health Commission • Boston Rescue Mission, Inc. • Casa Esperanza, Inc. • Pine Street Inn, Inc. • St. Francis House • Victory Programs, Inc. • Vietnam Veterans Workshop, Inc. 	Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, Worcester
4	Brien Center Community Partner Program		N/A	Western: Adams, Pittsfield
5	Central Community Health Partnership		<ul style="list-style-type: none"> • The Bridge of Central Massachusetts • AdCare • Alternatives Unlimited, Inc. • LUK, Inc. • Venture Community Services 	Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Worcester
6	Clinical Support Options, Inc.	N/A	N/A	Central: Athol Western: Adams, Greenfield, Northampton, Pittsfield
7	Community Care Partners, LLC		<ul style="list-style-type: none"> • Vinfen Corporation • Bay Cove Human Services, Inc. • Bridgewell, Inc. 	Greater Boston: Boston Primary, Revere, Somerville, Quincy Northern: Haverhill, Lawrence, Lowell, Lynn, Malden, Salem Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, New Bedford, Orleans, Plymouth, Taunton, Wareham
8	Community Counseling of Bristol County, Inc.	N/A	N/A	Southern: Attleboro, Brockton, Taunton
9	Community Healthlink, Inc.	N/A	N/A	Central: Gardner-Fitchburg, Worcester
10	Coordinated Care Network		<ul style="list-style-type: none"> • High Point Treatment Center • Brockton Area Multi Services, Inc. (BAMSI) • Bay State Community Services, Inc. • Child & Family Services, Inc. • Duffy Health Center • Steppingstone, Inc. 	Greater Boston: Quincy Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, New Bedford, Orleans, Plymouth, Taunton, Wareham

(continued)

(continued)

#	BH COMMUNITY PARTNER NAME	CONSORTIUM ENTITIES	AFFILIATED PARTNERS (Partnership Name, If Applicable)	REGION: SERVICE AREA
11	Eliot Community Human Services, Inc.	N/A	N/A	Greater Boston: Revere, Somerville Northern: Beverly, Gloucester, Lowell, Lynn, Malden, Salem, Woburn Central: Framingham, Waltham
12	Greater Lowell Behavioral Health Community Partner		• Lowell House, Inc.	Northern: Lowell
13	Innovative Care Partners, LLC	• Center for Human Development, Inc. (CHD) • Gandara Mental Health Center, Inc. • ServiceNet, Inc.	N/A	Western: Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
14	Lahey Health Behavioral Services	N/A	N/A	Northern: Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn
15	Riverside Community Partners		• Brookline Community Mental Health Center, Inc. • The Dimock Center, Inc. • The Edinburg Center, Inc. • Lynn Community Health Center, Inc. • North Suffolk Mental Health Association, Inc. • Upham's Corner Health Center	Greater Boston: Boston Primary, Revere, Somerville, Quincy Northern: Lowell, Lynn, Malden, Woburn Central: Framingham, Southbridge, Waltham
16	Southeast Community Partnership, LLC	• South Shore Mental Health Center, Inc. • Gosnold, Inc.	• Family Continuity	Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham
17	South Shore Community Partnership		• Spectrum Health Systems, Inc. • South Shore Mental Health Center, Inc.	Greater Boston: Quincy
18	SSTAR Care Community Partners		• Stanley Street Treatment and Resources • Greater New Bedford Community Health Center, Inc. • HealthFirst Family Care Center, Inc. • Fellowship Health Resources, Inc.	Southern: Attleboro, Barnstable, Fall River, Falmouth, New Bedford, Oak Bluffs, Orleans, Taunton, Wareham

APPENDIX 5:

LONG-TERM SERVICES AND SUPPORTS (LTSS) COMMUNITY PARTNERS

#	LTSS COMMUNITY PARTNER NAME	CONSORTIUM ENTITIES	AFFILIATED PARTNERS (Partnership Name, If Applicable)	REGION: SERVICE AREA
1	Boston Allied Partners		<ul style="list-style-type: none"> • Boston Medical Center Corporation • Boston Senior Home Care, Inc. • Central Boston Elder Services • Southwest Boston Senior Services, d.b.a. Ethos 	Greater Boston: Boston Primary
2	Care Alliance of Western Massachusetts		<ul style="list-style-type: none"> • WestMass Elder Care, Inc. • Greater Springfield Senior Services, Inc. • Highland Valley Elder Services, Inc. • LifePath, Inc. • Elder Services of Berkshire County, Inc. • Stavros Center for Independent Living • Behavioral Health Network, Inc. 	Central: Athol Western: Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
3	Central Community Health Partnership		<ul style="list-style-type: none"> • Alternatives Unlimited Inc.; AdCare • The Bridge of Central Massachusetts, Inc. • LUK, Inc. • Venture Community Services, Inc. 	Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Worcester
4	Family Service Association	N/A	N/A	Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oaks Bluff, Orleans, Plymouth, Taunton, Wareham
5	Innovative Care Partners, LLC	<ul style="list-style-type: none"> • Center for Human Development • Gandara Mental Health Center, Inc. • Service Net, Inc. 		Western: Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
6	LTSS Care Partners, LLC		<ul style="list-style-type: none"> • Vinfen Corporation • Bay Cove Human Services • Justice Resource Institute • Boston Center for Independent Living • Mystic Valley Elder Services • Somerville Cambridge Elder Services • Boston Senior Home Care, Inc. 	Greater Boston: Boston-Primary, Revere, Somerville, Quincy Northern: Malden Southern: Brockton
7	Massachusetts Care Coordination Network		<ul style="list-style-type: none"> • Seven Hills Family Services, Inc. • Advocates, Inc. • Boston Center for Independent Living, Inc. • HMEA • Baypath Elder Services, Inc. • Brockton Area Multi Services, Inc. (BAMSI) 	Northern: Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn Southern: Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oaks Bluff, Orleans, Plymouth, Taunton, Wareham Central: Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, Worcester
8	Merrimack Valley Community Partnership		<ul style="list-style-type: none"> • Elder Services of Merrimack Valley • Northeast Independent Living Program 	Northern: Haverhill, Lawrence, Lowell
9	North Region LTSS Partnership		<ul style="list-style-type: none"> • Greater Lynn Senior Services • Bridgewell, Inc. • Northeast Arc, Inc. 	Northern: Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn

APPENDIX 6: COMMUNITY PARTNER ENROLLMENT

TABLE A6A. ENROLLMENT IN BEHAVIORAL HEALTH (BH) COMMUNITY PARTNERS

BH COMMUNITY PARTNER NAME	APPROXIMATE NUMBER OF ENROLLEES AS OF 5/10/19
Behavioral Health Network Inc.	1,669
Behavioral Health Partners of Metrowest LLC	3,430
Boston Coordinated Care Hub	1,074
Brien Center Community Partner Program	1,292
Central Community Health Partnership	1,318
Clinical And Support Options, Inc.	829
Community Care Partners, LLC	3,183
Community Counseling of Bristol County, Inc.	2,381
Community Healthlink, Inc.	937
Coordinated Care Network	3,503
Eliot Community Human Services Inc.	2,258
Innovative Care Partners LLC	2,855
Lahey Health Behavioral Services	2,534
Lowell Community Health Center, Inc.	792
Riverside Community Partners	3,016
South Shore Community Partnership	1,119
Southeast Community Partnership LLC	2,245
SSTAR Care Community Partners	2,151
TOTAL	36,586

TABLE A6B. ENROLLMENT IN LONG-TERM SERVICES AND SUPPORTS (LTSS) COMMUNITY PARTNERS

LTSS COMMUNITY PARTNER NAME	APPROXIMATE NUMBER OF ENROLLEES AS OF 5/10/19
Boston Allied Partners	775
Care Alliance of Western Massachusetts	1341
Central Community Health Partnership	587
Family Service Association	972
Innovative Care Partners LLC	1,139
LTSS Care Partners, LLC	1,163
Massachusetts Care Coordination Network	2,514
Merrimack Valley Community Partner	902
North Region LTSS Partnership	1,009
TOTAL	10,402

Source: MassHealth, information provided to Delivery System Reform Implementation Advisory Council (June 2019).

ENDNOTES

- 1 Throughout the remainder of the report, mental health care and substance use disorder treatment will be referred to as behavioral health care. Long-term services and supports (LTSS) include, for example, home health, adult day health, group adult foster care, and the personal care attendant program, among other services.
- 2 MassHealth. MassHealth ACO Models: Questions and Answers. September 30, 2016. Accessed 5/1/18: <https://www.mass.gov/files/documents/2016/09/pn/aco-models-questions-and-answers.pdf>.
- 3 The cost target, called the Total Cost of Care (TCOC) Benchmark, is a calculation of expected TCOC for the year, blending an ACO's historic TCOC and a risk-adjusted average of the anticipated costs for that year.
- 4 ACOs' cost targets may be retroactively adjusted because of enrollment shifts across population groups or because of program changes not originally captured in the target — for example, a new mandated benefit that would impose costs on the ACO (Primary Care ACO Model Contract, Section 4.2.D).
- 5 MassHealth. *Payment and Care Delivery Innovation: Fact Sheet: Primary Care Providers (PCPs)*. (4/2018). Last accessed 4/12/19: <https://www.mass.gov/lists/provider-pcdi-resources>.
- 6 MassHealth, April 2019 Snapshot Report.
- 7 The Primary Care Clinician (PCC) Plan is a managed care health plan. PCPs who belong to an ACO cannot participate in the PCC Plan.
- 8 When the ACO program started in 2018, managed care members were assigned to the ACO or MCO with which their PCP was affiliated using a process called “special assignment.” Special assignment prioritized the member-PCP relationship. However, if a member was enrolled in an MCO that was no longer available under the new ACO structure and their PCP did not join an ACO, MassHealth asked the member to select a new plan. If no selection was made, MassHealth enrolled the member in a plan serving the member's geographic region. Members assigned to plans by MassHealth could make changes during the Plan Selection Period.
- 9 MassHealth. *MassHealth All-Provider Bulletin 272*. November 2017. Accessed 5/13/2019: <https://www.mass.gov/files/documents/2017/11/22/all-272.pdf>.
- 10 MassHealth. *MassHealth Accountable Care Organization (ACO) Models: Questions and Answers*. September 2016. Accessed 5/23/18: <https://www.mass.gov/files/documents/2016/09/ss/aco-models-questions-and-answers.docx>.
- 11 In the first year of ACO operation, MassHealth extended the Plan Selection Period to 120 days.
- 12 MassHealth. *MassHealth Enrollment Guide; Your Choices Starting January 2019*. Accessed 5/24/19: https://www.masshealthchoices.com/sites/default/files/Documents/EG-MH_ENG_entire%20guide_WEB_101818.pdf and 130 CMR 508.003(C)(3).
- 13 A few categories of members may change plans at any time, for any reason, without regard to the Fixed Enrollment Period: children in the care or custody of the Department of Children and Families, youth in the care or custody of the Department of Youth Services, and newborns and children under 1 year old.
- 14 Enrollment data from MassHealth (2018, referencing enrollment as of 5/31/2018).
- 15 Enrollment data from MassHealth (June 2019, referencing enrollment as of 5/15/2019).
- 16 ACO Model A RFR Attachment A, ACO Model Contract, Section 2.5(B): Care Needs Screening and Appropriate Follow-Up.
- 17 ACO Model A RFR Attachment A, ACO Model Contract, Section 2.5 (A)(13): Special Care Needs Definition.
- 18 ACO Model A RFR Attachment A, ACO Model Contract, Section 2.5(D): Comprehensive Assessment and Member-Centered Care Planning.
- 19 ACO Model A RFR Attachment A, ACO Model Contract, Section 2.5 (A)(13): Special Care Needs Definition.
- 20 ACO Model A RFR Attachment A Appendix C, Exhibit 3: Non-ACO Covered Services for MassHealth Standard and CommonHealth Enrollees.
- 21 ACO Model A RFR Attachment A, ACO Model Contract, Section 2.5.

- 22 Clubhouse Services provide skill development and employment services that help individuals develop skills in social networking, independent living, budgeting, accessing transportation, self-care, maintaining educational goals, and securing and retaining employment. For more information see: Mass.gov. DMH Adult Services Overview. Accessed 6/5/19: <https://www.mass.gov/service-details/dmh-adult-services-overview>.
- 23 CPs are not available to members in the PCC Plan.
- 24 Request for Responses for Behavioral Health Community Partners. Section 3.3: Focus Population, Member Identification, and Referral.
- 25 Members 18 to 20 years old with a substance use disorder diagnosis and high utilization will be eligible for behavioral health CP supports if requested.
- 26 Department of Health & Human Services. Centers for Medicare & Medicaid Services. State Demonstration Group. October 31, 2018. <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ma/MassHealth/ma-masshealth-cms-apprvd-dsrip-protocol-10312018.pdf>.
- 27 Request for Responses for Long-Term Services and Supports Community Partners: Section 3.4. Attachment E: LTSS CP Estimated Focus Population Demographics
- 28 MassHealth. MassHealth Payment and Care Delivery Innovation: Community Partners Overview. (2018).
- 29 Adapted from MassHealth. MassHealth All-Provider Bulletin 272. November 2017. Accessed 4/9/18: <https://www.mass.gov/files/documents/2017/11/22/all-272.pdf> and MassHealth. Payment and Care Delivery Innovation: Fact Sheet: Primary Care Providers (PCPs). November 2017. Accessed 4/9/18: <https://www.mass.gov/lists/provider-pcdi-resources>.
- 30 Blue Cross Blue Shield of Massachusetts Foundation. *The MassHealth Waiver 2016-2022: Delivering Reform*. January 2017. Accessed 5/28/19: https://bluecrossmafoundation.org/sites/default/files/download/publication/MassHealth_Waiver_Jan17_report_v06.pdf.
- 31 Social Service Organization is a term used in the Flexible Services Program to describe organizations that deliver supports addressing certain health related social needs of ACO members (e.g. food banks, food pantries, shelters, legal aid). MassHealth, April 2019.
- 32 Flexible Services Program Protocol, Appendix R to the Massachusetts Section 1115 Demonstration Special Terms and Conditions, October 2018.
- 33 Commonwealth of Massachusetts, Executive Office of Health & Human Services. *MassHealth Delivery System Restructuring — Provider Overview*. 2017. Accessed 5/28/19: <https://www.masspartnership.com/pdf/ACOMassHealthDeliverySystemProviderOverview.pdf>.



FOUNDATION
MASSACHUSETTS