

MassHealth

Section 1115 Waiver

Demonstration Year: 19 (7/1/2015 – 6/30/2016)

Quarter 3: April 1st – June 30th, 2016

Introduction

The Commonwealth of Massachusetts' current section 1115 Demonstration agreement (Project Number II-W-00030/I) was approved on October 30, 2014. The new extension period is in effect until June 30, 2019. The goals of the Commonwealth under this demonstration period are:

- Maintain near-universal health care coverage for all citizens of the Commonwealth and reduce barriers to coverage;
- Continue the redirection of spending from uncompensated care to insurance coverage;
- Implement Delivery System reforms that promote care coordination, person-centered care planning, wellness, chronic disease management, successful care transitions, integration of services, and measureable outcome improvements; and
- Advance payment reforms that will give incentives to providers to focus on quality, rather than volume, by introducing and supporting alternative payment structures that create and share savings throughout the system while holding providers accountable for quality care.

In accordance with the Special Terms and Conditions (STCs) of the Demonstration and specifically STC 60, the Massachusetts Executive Office of Health and Human Services (EOHHS) hereby submits its quarterly operational report for Demonstration Year 19 for the quarter ending June 30, 2016.

Enrollment Information

Eligibility Group	Enrollees as of June 30, 2016
<i>MassHealth Demonstration</i>	
Base Families	827,241
Base Disabled	226,956
1902 (r) (2) Children	33,801
1902 (r) (2) Disabled	19,462
Base Childless Adults (19-20)	26,355
Base Childless Adults (ABP1)	24,350

Eligibility Group	Enrollees as of June 30, 2016
Base Childless Adults (CarePlus)	312,637
BCCTP	1,134
CommonHealth	21,693
e - Family Assistance	7,837
e - HIV/FA	656
SBE/IRP	84
Safety Net Care Pool	1
Base Fam XXI RO*	
1902 (r) (2) XXI RO*	
CommonHealth XXI*	
Fam Assist XXI*	
Asthma	
Autism	
TANF/EAEDC	69,473
End of the Month Coverage	
<i>Total Demonstration</i>	1,571,680

Delivery System for MassHealth-Administered Demonstration Populations

	SFY2016 Q3	SFY2016 Q4	
MassHealth Enrollment (Members)	Average	Average	Difference
MCO	884,788	875,606	-9,182
PCC	377,066	388,363	11,298
FFS / PA	575,466	586,199	10,733
Total	1,837,319	1,850,168	12,849
MBHP (Includes PCC and TPL)	448,138	453,137	4,999
PA Only (included in FFS above)	15,734	18,680	2,946

Enrollment in Premium Assistance and Small Business Employee Premium Assistance

For reporting quarter April 1, 2016- June 30, 2016, MassHealth provided premium assistance to **12,920** health insurance policies (policyholders), resulting in premium assistance to 27,786 MassHealth eligible members and, by extension, providing the means for coverage for approximately 37,533 Massachusetts residents.

The Small Business Premium Assistance Program is still operating however the numbers continue to drop since the last reporting period. **As of June 2016 we have 90 active enrollments in the SBEPA program.** That is down 14 enrollments from last reporting period (we reported 104 active SBEPA enrollments as of April 2016). The drop in enrollments has been

mainly due to either loss of MassHealth eligibility or private insurance, or the member was determined eligible for a richer benefit and has been transferred to a Premium Assistance benefit under another category of aid.

Premium Assistance Program	Policies	Total Covered by Policy	MassHealth Eligible	Non-MassHealth Eligible
Standard and CommonHealth	8,295	24,527	19,520	5,007
Family Assistance	4,085	12,110	7,415	4,695
CarePlus	413	755	724	31
HIV	37	38	37	1
Small Business Employee Premium Assistance (SBEPA)	90	103	90	13
Total	12,920	37,533	27,786	9,747

Outreach/Innovative Activities

Certified Application Counselor Training and Communication

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,600 Certified Application Counselors (CACs) across 270 CAC hospitals, community health centers, and community service organizations. Collaboration with the Massachusetts Health Connector on these activities provides timely, uniform knowledge and messaging across all enrollment Assistants (CACs and the Health Connector Navigators, Broker Enrollment Assistants, Independent Enrollment Assistants).

CAC training and certification starts with successful completion of ten online comprehensive certification training courses (over 850 pages) to prepare CACs to assist consumers in obtaining MassHealth/health insurance per ACA regulations, covering all aspects of MassHealth, subsidized and unsubsidized health coverage, as well as instruction on utilizing the paper and online applications in the most effective and efficient way. Learning for CACs continues throughout the year in the form of Assistant emails, conference calls, webinars, meetings, and other outreach activities.

Frequent email communications are distributed to all enrollment Assistants on a wide variety of MassHealth eligibility and related topics, as well as refreshers, in order to help Assistants assist MassHealth applicants/members/consumers effectively. Thorough communications and trainings are provided for all application changes and Health Insurance

Exchange (HIX) system releases. Regular one-hour conference call trainings are also provided for the Assisters, providing a more in-depth explanation and include detailed question and answer sessions with subject matter experts.

April 1, 2016 – June 30, 2016

CAC outreach and educational activities this quarter were focused on ensuring our 1,600+ CACs continued to be well informed about ongoing activities across both MassHealth and the Health Connector. This was accomplished through over 24 emails, 7 all-Assister conference calls, and 4 in-person educational Massachusetts Health Care Training Forum sessions across the Commonwealth. These activities covered a range of topics including training and updating Assisters about MassHealth application annual renewals in the online system, important changes to Health Safety Net (HSN) policies and how they impact current and new members, the new, optional Temporary HSN through a Presumptive Determination application process, and continued improvements to the online system at MAhealthconnector.org.

Intensive communication and mandatory training efforts were conducted in April and May to ensure all Certified Application Counselors and Health Connector Navigators were fully knowledgeable about the MassHealth renewal process and how these renewals will now be managed through the online system. Mandatory training offered four in-person training sessions, two conference calls, and a new online course in our Learning Management System and was supported with updates to the MassHealth website, Assister-specific Frequently Asked Questions, and follow-up Assister check-in calls and Assister email updates.

Assister-specific email updates and conference calls also provided CACs with important details around key updates to the online system—including a comprehensive job aid detailing Request for Information (RFI) generation and expiration rules, the launch of the online MassHealth provider directory (a searchable large database of MassHealth-participating providers and health care facilities) on the MassHealth website, details and training for the new temporary HSN presumptive determination process, and other MassHealth and Health Connector changes and improvements that support Assisters as they help consumers access and retain their health insurance coverage.

Member Education

The MassHealth Member Education representative continues to provide educational presentations, outreach, and training to community advocate agencies, medical providers, internal and external state agency staff, program members, and any other interested parties per request.

In addition, the MassHealth Member Education representative attends scheduled meetings, collaborations, forums, and round tables to provide updated MassHealth program information, and to solicit member education presentations.

The Member Education representative also plays an integral role on the Massachusetts Health Care Training Forum (MTF) “Convener” team. Members meet monthly to determine the MTF meeting format, agenda, and material presentation content. Member Education regularly presents MassHealth program information quarterly at each of the 4 regional MTF meetings.

During this quarter the Member Education representative also spent extensive time with the Certified Application Counselor Training and Communications team. The objective was to create an immigration refresher presentation for application enrollment assisters. Input from advocates, hospitals and health centers was taken into account to help create a refresher which will be useful to enrollment assisters when they are helping applicants or members complete applications and renewals. Close collaboration with the Massachusetts Health Connector and the Health Safety Net was necessary to create the immigration refresher which will be presented to enrollment assisters in August 2016.

April 1, 2016 – June 30, 2016

The Member Education unit presented at 4 Massachusetts Health Care Training Forums and attended 26 community meetings providing program information to participants, and presented 9 tailored Power Point presentations to a numerous variety of stakeholders across the Commonwealth, for a total of 39 educational events.

Safety Net Care Pool

During this quarter, EOHHS worked with Navigant to finalize the Safety Net Care Pool Financing Report. As required by STC 54, the final SNCP Financing report was sent to CMS in June 2016.

Payment Reform Initiatives Related to Safety Net Care Pool, including DSTI, ICB grants and Payment Reform Efforts

DSTI

STC 50(d) of the Demonstration authorizes the Commonwealth to extend the Delivery System Transformation Initiatives (DSTI) funded through the Safety Net Care Pool (SNCP). These initiatives are designed to provide incentive payments to support investments in eligible safety net health care delivery systems for projects that will advance the triple aims of improving the quality of care, improving the health of populations and enhancing access to health care, and reducing the per-capita costs of health care. In addition, DSTI payments will support initiatives that promote payment reform and the movement away from fee-for-service payments toward alternative payment arrangements that reward high-quality, efficient, and integrated systems of care.

Payments were not made during this quarter. Payments will be made subject to state legislative appropriation and availability of funding, which EOHHS anticipates will be in early SFY17.

Payment Reform

During this quarter, MassHealth continued development of its accountable care strategy, preparing to draft our proposed 1115 waiver, which was release and posted for public comment on June 15, 2016.

The MassHealth Stakeholder Work Group initiative began to draw to a close. We plan to reconvene the work groups in a more focused and consolidated form now that we have submitted our waiver proposal to CMS.

Infrastructure and Capacity Building Grants (ICB)

Pursuant to the MassHealth 1115 Demonstration 11-W-00030/1, the Commonwealth distributed \$20,000,000 in Infrastructure and Capacity Building (ICB) grants for Fiscal Year (FY) 2015 in accordance with Special Term and Condition (STC) 49(d), STC 50(b), Charts A and B of Attachment E, and Expenditure Authority Section IV.d.

The purpose of this program is to help providers establish integrated delivery systems that provide more effective and cost-efficient care to patients in need. Through these projects, EOHHS continues the development and implementation of best practices, cost containment and quality improvement initiatives. The grants also encourage and support Mass HIway participation and health exchange information.

Seventy-eight ICB projects began in December 2015. Throughout Q1 and Q2 CY2016, grantees sought to accomplish their goals with a projected end date of June 30, 2016. EOHHS allows ICB grantees to extend their projects until December 31, 2016 if necessary, as long as the requests are made before April 30, 2016. In Q2, EOHHS granted 45 ICB projects extensions, with extension end dates ranging from July to December 2016, with the majority (34) receiving extensions until September 30, 2016. Grantees requesting extensions submitted an extension request, progress report, and updated budget. EOHHS reviewed the documents to determine whether an extension was necessary. Reasons included:

- Additional time needed to collaborate with Constituent Partners;
- Hiring process or procurement of vendors taking longer than expected;
- Technological delays;
- Research leading to new information that altered the planning and timing of grant activities; and
- Additional time to collect necessary data and reports

EOHHS had several conversations with grantees concerning their extensions, which resulted in changes to some of the requests. EOHHS validated and approved all requests.

The grantees' progress reports and updated budgets illustrate the success of the projects thus far. For instance, one grantee, whose primary population speaks Spanish, hired bilingual nurses, navigators, and a social worker with experience in behavioral health to provide culturally and linguistically appropriate care (Project C1; see below for more details on project category). Another grantee is working to adopt an analytics server that will integrate with existing databases and provide a platform that makes it easier to maintain/distribute reports and provide interactive features to medical care teams. Providers will soon have access to dashboards supported by real-time data to assist with care management. (Project A1; see below). A grantee also utilized different educational tools to teach staff how to better care for patients with diabetes (Project C3; see below).

A final grantee has been working to provide safe care transitions for vulnerable patient populations and to avoid unnecessary readmissions. The grantee developed a multi-stakeholder Cross Continuum Transition Team and focused on targeted interventions such as medication reconciliation and outreach, post-acute care navigation services, and discharge education (Project C4; see below). The grantee has taken an innovative, multi-disciplinary approach to care transitions, enlisting resources in nutrition, medicine, financial coordination, occupational therapy, social services, mental health, and churches to support discharged patients in the community. As a result, the provider has developed realistic and achievable plans for meeting the needs of patients at high-risk for readmission.

Thirty-two grantees, who did not request extensions, submitted their final reports on June 30, 2016 as required.¹ EOHHS will compile an internal team to review the final reports once the majority of extension final reports are submitted.

The FY2015 ICB grant program centered on aligning ICB funding with EOHHS' payment reform goals. ICB awardees were approved to conduct projects in the following specific categories:

A. Enhanced Data Integration, Clinical Informatics, and Population-Based Analytics:

¹ One grantee was provided additional time to submit the report for medical reasons.

1. Data integration and analytics across the continuum of care: The goal of Project A1 is to develop concrete analytic and data-sharing capabilities and resources that directly enable and support integrated and patient-centered care across providers. Responses proposing Project A1 were required to focus on at least one of the following: a) Population-level analytics; b) Population Disease Registry; or c) Provider Dashboards capable of interacting with EMR systems and integrating medical and behavioral health information and data across the continuum of care.

2. Data Warehousing and Reporting: The goal of Project A2 is to enhance data warehouse and reporting capabilities that directly enable and support alternative payment methodologies (APMs), including but not limited to pay-for-quality, prospective payment, capitation, shared savings and risk arrangements, and utilization-driven pay-for-performance. Responses proposing Project A2 were required to focus on at least one of the following: a) Data Warehouse purchase, design, or implement new data warehouse functionality; b) Analytics capabilities that support financial management and APMs; or c) Reporting infrastructure for internal and payer-facing reporting capabilities compatible with APMs.

3. Mass Hlway Connection and Utilization: The goal of Project A3 is to improve providers' capability to enroll in and connect to the Mass Hlway and to use the Mass Hlway Direct Messaging and Query and Retrieve services. Responses proposing Project A3 were required to include a plan to enable the bidder (and any team members) to sign a Mass Hlway Participation Agreement and/or connect to and use the Mass Hlway for secure medical record exchange through Direct Messaging and/or Query and Retrieve services.

B. Shared Governance and Enhanced Organizational Integration: The goal of Project B is to develop, expand, or enhance shared governance structures and organizational integration strategies linking providers across the continuum of care. Awardees will pursue shared governance structures and organizational integration strategies necessary for the formation of accountable care organizations (ACOs). Funding for Project B will support, for instance, developing the necessary articles and bylaws to establish ACOs and the requisite governing bodies, developing contracts between providers governing the distribution of funds and responsibilities under APM contracts, developing APM contracts between providers and payers, reorganizing medical staff, identifying new roles and responsibilities for senior staff, and hiring new staff dedicated to project management and coordination of clinical and financial initiatives under ACO contracts.

C. Enhanced Clinical Integration:

1. Implement Primary Care Based System of Complex Care Management for High-Risk Population(s): The goal of Project C1 is to develop and implement a Primary Care-based system of complex Care Management to improve patient health and reduce unnecessary costs for patients determined to be at high risk. Primary care-based care management or complex care management teams funded under Project C1 will provide complex care management of medical conditions and behavioral health conditions as well as coordinate a range of social service

supports such as effective patient engagement, housing, transportation, nutrition. These teams will also coordinate with inpatient, emergency department (ED), and post-acute Care Management systems to facilitate a seamless care transition experience for patients.

2. Redirect Non-emergent Emergency Department (ED) Visits (Hospitals only): The goal of Project C2 is to design, conduct, and evaluate projects to redirect individuals who visit a Hospital's ED with non-emergent conditions to nearby CHCs and community based primary care. These projects will include the formation or enhancement of relationships with CHCs and other community based primary care within the hospital's immediate service area, as well as a focus on frequent ED users for medical and behavioral health (substance abuse conditions).

3. Reduce Variations in Inpatient Care for Patients with High-Risk Conditions: The goal of Project C3 is to develop and implement evidence-based clinical care pathways to reduce variations in inpatient care, improve health outcomes, and engage patients in disease management.

4. Implement Improvements in Care Transitions: The goal of Project C4 is to implement improvements in care transitions and coordination of care from inpatient to outpatient, post-acute care, and home care settings in order to prevent increased health care costs and hospital readmissions.

5. Develop Clinical Integrated Acute and Post-Acute Network Across the Continuum of Care: The goal of Project C5 is to integrate patient care between acute and post-acute care settings to enhance coordination of care, improve the quality of care transitions, reduce readmissions, and develop a fully integrated delivery system capable of providing care in the most effective setting.

6. Design and Implement a Practice Support Center: The goal of Project C6 is to design and implement a dedicated practice support call center to improve the patient experience in the primary care setting, improve patient satisfaction, reduce "no-show" appointments, and provide critical primary care practice support to clinicians. Funding for this project will support technology and staff to develop scheduling protocols and work flows, improve appointment scheduling and efficient incoming call triage, and support care coordination and perform outreach functions for patients.

D. Outreach and Enrollment: The goal of Project D is to design, implement, and document enrollment, outreach and health care access projects for individuals who may be eligible for public subsidized and non-subsidized health insurance programs and who may require individualized support due to geography, ethnicity, race, culture, immigration, disability, or disease status. Funding for this project will support outreach and marketing, information and education, and screening and enrolling or referring patients to appropriate programs, and assisting applicants and current enrollees to gather and submit all necessary verifications or requests for information during the application and annual review/annual open enrollment processes.

E. Catalyst Grants for Integration: The goal of Project E is to facilitate planning for providers who wish to engage other providers and to prepare for APMs through eventual completion of projects like those described in Projects A, B, and C. Funding for this project will support specific planning activities and the projects such planning might facilitate. Such planning activities may include, for example, facilitating meetings, developing integrated work plans, and drafting memoranda of understanding.

Operational Issues

During this quarter, MassHealth implemented logic in the HIX system to conduct annual renewals for MassHealth members. The HIX system will perform an auto renewal for households who have information that is reasonably compatible with electronic data sources, and based upon the information all members will either remain in existing benefits or will be upgraded. For households who cannot be auto renewed because either data is not available or the information would result in downgrade or termination of benefits, a pre-populated renewal form will be sent. The household has 45 days to respond and report any changes. If a household does not respond within the deadline, MassHealth will re-determine eligibility based upon information available from electronic data sources.

In addition, MassHealth also continued to work with the Massachusetts Health Connector and our systems integration vendor to enhance functionality in the HIX system, including enhancements to logic for correct triggering for Request for Information (RFI) notices and full implementation of verification timeclocks expiration rules.

Also during the quarter MassHealth continued to finalize requirements for the Asset Verification System to conduct checks of financial institutions for members subject to an asset test for eligibility and plan for implementation in early fall 2016. Otherwise, MassHealth operations for the Traditional Medicaid population (Aged, Blind, Disabled) continued as normal during this quarter.

Policy Development/Issues

During this quarter, considerable policy development efforts place. Most importantly, Massachusetts posted our proposed 1115 Waiver for public comment on June 15, 2016. After the posting of the Waiver, we held two public listening sessions in June for stakeholders and the public.

Financial/Budget Neutrality Development/Issues

The attached budget neutrality (BN) statement includes actual expenditures and member months through state fiscal year (SFY) 2016 as reported through the quarter ending June 30, 2016 (QE 06/30/16). SFY 2017 expenditures and member months are projected by annualizing actual data from quarters 1-4, as reported through the quarter ending June 30, 2016 (QE 06/30/16). These data are combined with the MassHealth budget forecast as of June 30, 2016 for SFY 2016-2017 and Commonwealth Care and Health Safety Net (HSN) information provided by the state agencies that manage those programs.

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2014, SFY 2015, and SFY 2016. The enrollment data for the years SFY 2010 through SFY 2016 were updated based on actual enrollment through mid-August 2016.

Safety Net Care Pool (SNCP)

The three-year SNCP target is based on projected expenditures for SFY 2016-2019. The changes for SFY 2016 will continue to be updated as the fiscal year progresses.

Budget neutrality - summary

In sum, the total projected budget neutrality cushion is \$36.1 billion for the period SFY 2015 through SFY 2019 and \$48.0 billion for the period SFY 2009 through SFY 2019. We will continue to update CMS through quarterly reports as updated information is available.

Consumer Issues

MassHealth In-Person Enrollment Events

MassHealth began holding its own enrollment events in March and April, 2015, mainly for the purpose of continuing to help those in “Temporary” MassHealth coverage through the renewal/reapplication process. Members were assisted through the enrollment process from beginning to end, and provided the same services that MassHealth Enrollment Centers would provide, including assistance with applications for those age 65 and over.

In June 2015, MassHealth, working with each of the four MassHealth Enrollment Centers (MECs), as well as MassHealth’s Central Processing Unit (CPU), began to coordinate and hold renewal/enrollment events with community partners throughout the Commonwealth.

April - June 2016

- During May 2016, MassHealth held a series of five enrollment events to assist those receiving 2016 MassHealth renewal notices submit their renewals and those who wished to apply for health coverage.

- These MassHealth events were held throughout the Commonwealth, with each MEC and the CPU leading an event with assistance from Community Health Centers, enrollment Assisters, Navigators and others. MassHealth staff provided identity proofing support, account lookups/unlocks, and generally offered the same services that a member could find at a MassHealth Enrollment center, (including assistance with coverage for those age 65 and over) as well as assisting individuals through the online application process.
- Responsibility for publicizing events was split between MassHealth and the partnering Community Health Center. MassHealth developed individual event fliers and posters (in Spanish, English and other additional languages) containing all pertinent information for each event, as well as the logo of the partnering facility, and distributed them to the MEC/CPU offices. From there, they were distributed throughout as much of the event area as possible, including posting at the MEC/CPU offices. These documents were included as an informational flyer (in Spanish and English), listing all event dates and locations, in the MassHealth renewal mailing packets that are mailed to members. These documents also were posted on the MassHealth website.
- A link to our website was included in the Health Connector and University of Massachusetts Medical School websites, with UMass publicizing the events at the quarterly MassHealth Training Forums, held throughout the Commonwealth.
- Additionally, the social media communications plan, mentioned in the last quarterly report, was implemented for the first time, tweeting the events statewide. This included pre-event tweets, reminder tweets and tweet blogs during event series interims, as well live tweeting during the events. Though not yet implemented, it is still planned to prepare event press releases for distribution to local community newspapers, to be distributed in both hardcopy and digital media.
- The community partners publicized the events as well, mentioning the events to their walk-ins/patients, and through e-mails, local television and radio, as well as distributing flyers to homeless shelters, hospitals and any other applicable facility.
- MassHealth enrollment events will continue through calendar years 2016/17 and beyond, roughly every quarter, in conjunction with the mailing of renewal notices, and as the need arises outside the quarterly series. In addition, we are also participating in various interim event activities throughout the state, in partnership with regional community health centers.

Quality Assurance/Monitoring Activity

Quality activities for the quarter ending December 31, 2015 cover the following topics:

- Managed care quality monitoring activities
 - One Care Program quality monitoring activities
 - Managed Care Program quality monitoring activities
 - Senior Care Options (SCO) Program quality monitoring activities
 - External Quality Review Organization (EQRO) Activities

- Payment Reform Quality Activities
 - Primary Care Payment Reform quality monitoring activities
 - MassHealth Quality Committee
 - Accountable Care Organization (ACO) Quality Workgroup
- CMS Quality Grant activities
 - CMS Adult Medicaid Quality grant
 - Contraceptive Use grant

Managed Care Quality Activities

Managed Care Program (under 65, non-disabled)

The MCO plans have been working an extended cycle for the QI goal requirement and will be submitting information to MassHealth about their continued interventions and associated QI activities in the Fall (2016).

Plans began the process of gathering data for the 2016 External Quality Review cycle and received a request for information from the EQRO in May 2016. Additionally, the EQRO scheduled site visits and telephone calls to discuss the performance measure validation and performance improvement project validation respectively. The site visits will be happening throughout the summer and early fall.

One Care Program (under 65, disabled)

On an ongoing basis, quality and other performance measures continue to be addressed with plans on the bi-weekly contract management check-in calls. These phone calls allow MassHealth and CMS contract managers to touch frequently on quality related questions, and provide targeted guidance to the individual plan. Ongoing activities often discussed on the bi-weekly contract management phone calls include HEDIS submissions, CAHPS surveys, state specific measures, CORE measures, appeals, and grievance activities.

One Care Plans received their annual external quality review reports from the EQRO. These reports help plans prepare for subsequent QI cycles, and provide guidance on how to improve future performance. Additionally, plans have received a request for information from the EQRO and are working to pull together the requested information for review slated to occur in the Fall (2016).

SCO Program (65 and over)

SCO plans began the process of gathering data for the 2016 External Quality Review cycle. Plans received a request for information from the External Quality Review Organization (EQRO) in May 2016. Additionally the EQRO scheduled site visits and telephone calls to discuss the performance measure validation and performance improvement project validation respectively. The site visits will be happening throughout the summer and early fall.

External Quality Review Activities

The One Care EQR technical reports were finalized in April and distributed to the individual plans. Plans were given the opportunity to participate in phone calls and provide feedback on the technical reports to the EQR vendor prior to the reports being finalized. Additionally, the EQRO held a kick off meeting for the 2016 EQR review cycle in May. Additionally, the EQRO sent out a request for information to all plans. Submissions from MCO and SCO plans are due in July 2016 and submissions from One Care plans are due in September 2016.

Payment Reform Activities

Primary Care Payment Reform (PCPR)

There were 24 practices that received targeted Technical Assistance in order to improve their compliance with the contract milestones related to Multidisciplinary Care teams and Behavioral Health integration. As of June 2016, 100% of the practices achieved 93% compliance in the identified milestones reaching the PCPR benchmark of 93% for contract compliance.

The Member Experience Survey for Cycle 2 was completed (12/ 2015 – 4/ 2016) and the performance reports were distributed to the practices. The survey sample included over 28,000 adults and children from 61 PCPR practices and had a response rate of 35%. There were 3 Adult and 3 Child P4Q measures that showed significant improvements from baseline Cycle 1 (2015).

Pay for Quality Update: Pay for Reporting increased by 15% between Year 1 and Year 2 with 81% of practicing reporting >90% of the measures in Year 1 and 93% of the practices reporting >90% of the measures in Year 2.

Pay for Quality showed significant improvement in 11 of 18 (61%) record-based quality measures from Q4 2014 to Q4 2015. The measures with significant improvement included 5 Adult measures and 6 Child measures.

MassHealth Quality Committee

The MassHealth Quality Committee was suspended six months ago to free up staff time to support the Assistant Secretary's work on ACO development. As small subset of the committee continues to meet to ensure that quality related activities are aligned across programs. The MassHealth Quality Committee is slated to restart in October 2016.

ACO Quality Workgroup

As mentioned in the previous quarterly report, the ACO quality workgroup, which consisted of 40 external stakeholders, continued to meet through early 2016. The focus of this workgroup was to:

- Identify a Quality Improvement Performance measurement approach for ACO quality of care;
- Coordinate with multi-payers around ACO metrics, and
- Improve standardization of ACO reporting.

The workgroup made significant recommendations with regard to the optimal measurement for accountability and payment for ACOs and developed a draft ACO measure slate.

CMS Grant Activities

CMS Adult Core Quality Grant

All activities related to Aims 1 and 2 were completed in December 2015. Work on Aim 3 continued into this quarter and focused on building capacity and infrastructure at MassHealth to gather and use data.

Results for the adult and child core measure sets which were voluntarily calculated by MassHealth were reviewed and approved by CMS.

Contraceptive Use Grant

Work on the qualitative component of the grant, interviewing Title X family planning sites about their billing practices, was initiated. In total 5 sites were interviewed. Data was coded and analyzed using Atlas ti., a qualitative data analysis software. Results will be reported to the grant management team in September 2016. Additionally, a data request was submitted to obtain data from the regional Title X family planning database. This data will be used to calculate the contraceptive measure and its associated sub-measure. The rates calculated from the Title X database will then be compared rates calculated using MassHealth claims data to determine the most accurate way calculate the measures.

State Contact

For any questions or comments regarding this quarterly report, please contact:

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Date Submitted to CMS

August 29, 2016

Federal Budget Neutrality Summary

Room Under the Budget Neutrality Cap \$ 47,942,346,130

State Fiscal Year	Total			
	Date of Service Budget Neutrality Ceiling	CMS 64 Waiver Date of Service Expenditures	SNCP Expenditures	Variance
Third Waiver Extension Period				
SFY09 Actual	\$ 6,777,034,966	\$ 4,811,977,227		\$ 1,965,057,740
SFY10 Actual	\$ 7,753,610,499	\$ 4,066,467,383		\$ 3,687,143,116
SFY11 Actual	\$ 8,752,471,380	\$ 4,858,589,932		\$ 3,893,881,449
SFY09-11 SNCP			\$ 4,750,359,454	\$ (4,750,359,454)
	\$ 23,283,116,845	\$ 13,737,034,541	\$ 4,750,359,454	\$ 4,795,722,851
Fourth Waiver Extension Period				
SFY12 Actual	\$ 9,367,766,216	\$ 6,149,878,281		\$ 3,217,887,934
SFY13 Actual	\$ 10,066,274,983	\$ 6,157,848,070		\$ 3,908,426,914
SFY14 Actual	\$ 11,279,005,231	\$ 7,029,004,988		\$ 4,250,000,243
SFY12-14 SNCP			\$ 4,341,113,333	\$ (4,341,113,333)
	\$ 30,713,046,430	\$ 19,336,731,339	\$ 4,341,113,333	\$ 7,035,201,758
Fifth Waiver Extension Period				
SFY15 Actual	\$ 13,351,734,850	\$ 6,988,140,713		\$ 6,363,594,137
SFY16 Actual	\$ 14,723,967,718	\$ 7,168,054,221		\$ 7,555,913,497
SFY17 Projected	\$ 15,724,063,796	\$ 7,529,413,031		\$ 8,194,650,765
SFY18 Projected	\$ 16,787,607,022	\$ 7,827,100,461		\$ 8,960,506,561
SFY19 Projected	\$ 17,943,551,827	\$ 8,212,169,666		\$ 9,731,382,161
SFY15-19 SNCP			\$ 4,694,625,600	\$ (4,694,625,600)
	\$ 78,530,925,212	\$ 37,724,878,092	\$ 4,694,625,600	\$ 36,111,421,521
Total	\$ 132,527,088,488	\$ 70,798,643,972	\$ 13,786,098,386	\$ 47,942,346,130

Note: