

**Introduction**

The Commonwealth of Massachusetts’ current 1115 Demonstration agreement (Project Number II-W-00030/I) Extension was approved on November 4, 2016, effective July 1, 2017 through June 30, 2022. This extension seeks to transform the delivery of care for most MassHealth members and to change how that care is paid for, with the goals of improving quality and establishing greater control over spending. The Demonstration also addresses the epidemic of opioid drug use in Massachusetts. The Demonstration extension seeks to advance seven goals:

- Goal 1: Enact payment and delivery system reforms that promote integrated, coordinated care; and hold providers accountable for the quality and total cost of care
- Goal 2: Improve integration of physical, behavioral and long-term services
- Goal 3: Maintain near-universal coverage
- Goal 4: Sustainably support safety net providers to ensure continued access to care for Medicaid and low-income uninsured individuals
- Goal 5: Address the opioid addiction crisis by expanding access to a broad spectrum of recovery-oriented substance use disorder services
- Goal 6: Increase and strengthen overall coverage of former foster care youth and improve health outcomes for this population.
- Goal 7: Ensure the long-term financial sustainability of the MassHealth program through refinement of provisional eligibility and authorization for SHIP Premium Assistance

In accordance with the Special Terms and Conditions (STCs) of the Demonstration and specifically STC’s 82-84, the Massachusetts Executive Office of Health and Human Services (EOHHS) hereby submits its quarter two operational report for Demonstration Year 24, ending December 31, 2020.

**Enrollment Information**

The enrollment activity below reflects enrollment counts for SFY 2021 Quarter 2, as of December 31, 2020.

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
Base Families	838,717

Base Disabled	225,875
1902(r)(2) Children	21,588
1902(r)(2) Disabled	17,631
Base Childless Adults (19- 20)	26,794
Base Childless Adults (ABP1)	36,237
Base Childless Adults (CarePlus)	318,989
BCCTP	1,161

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
CommonHealth	32,478
e-Family Assistance	7,910
e-HIV/FA	779
SBE	0
Basic	N/A
DSHP- Health Connector Subsidies	N/A
Base Fam XXI RO	0
1902(r)(2) XXI RO	0
CommonHealth XXI	0
Fam Assist XXI	0
Asthma	N/A
TANF/EAEDC*	N/A
End of Month Coverage	N/A
<b>Total Demonstration</b>	<b>1,528,159</b>

\*TANF/EAEDC is a subcategory of Base Families

**Enrollment in Managed Care Organizations and Primary Care Clinician Plan**

The enrollment activity below reflects the average monthly enrollment counts for SFY 2021 quarter ending September 30, 2020 and December 31, 2020.

Plan Type	QE 9/20	QE 12/20	Difference
MCO	204,650	210,820	6,170
PCC	96,011	100,722	4,711
MBHP*	560,685	579,868	19,183
FFS/PA**	588,575	587,268	(1,307)
ACO	1,010,158	1,055,887	45,729

\*MBHP enrollment does not represent members unique to the plan, as there is overlap with PCC and ACO Model B enrollment.

\*\*PA included in FFS and MBHP enrollment counts

### **Enrollment in Premium Assistance and Small Business Employee Premium Assistance**

During this reporting quarter, MassHealth provided premium assistance for 13,816 health insurance policies resulting in premium assistance to 25,610 MassHealth eligible members. Note that in the delivery system enrollment numbers included in the above section, members in FFS and in MBHP may also receive premium assistance.

The Small Business Premium Assistance Program currently has no active participating members. The program gradually dropped in enrollments over time mainly due to either loss of 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: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,688	10,988	12,676
<i>CommonHealth</i>	3,755	0	3,755
<i>Family Assistance</i>	15	8,579	8,594
<i>CarePlus</i>	0	585	585
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	0	0
<b>Total for Q1</b>	<b>5,458</b>	<b>20,152</b>	<b>25,610</b>

### **Outreach/Innovative Activities**

Certified Application Counselor Training and Communication

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,301 Certified Application Counselors (CACs) across 267 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 Assisters (CACs and the Health Connector Navigators, Independent Enrollment Assisters).

This quarter, CAC outreach and educational activities focused on ensuring our 1,301 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through 20 “Assister Update” newsletters (emails), four assister conference calls and webinars, and statewide educational Massachusetts Health Care Training Forum (MTF) sessions, held virtually due to the COVID-19 public health emergency.

Monthly assister conference calls covered topics such as updates to MassHealth Health Plans, online enrollment, ACO Provider changes, MassHealth’s response to COVID-19, and Health Safety Net updates.

*Assister Update* emails kept CACs informed about key topics and updates to online courses and resources this quarter, including:

- Update: Expansion of Hospital-determined Presumptive Eligibility (HPE) for Children Eligible for CommonHealth and Family Assistance
- MassHealth's Cost Sharing Policy Updates
- MAhealthconnector.org System Update: Release 22.0
- Health Connector Redeterminations and Renewals for Open Enrollment 2021
- MassHealth's Updated Notification of Birth Process
- MassHealth COVID-19 Updates
- Changes to Hospital-Determined Presumptive Eligibility (HPE) during COVID-19
- Information about COVID-19 from the Health Connector

### **MassHealth In-Person Enrollment Events & MassHealth Attended Events during the Quarter**

Due to the COVID-19 public health emergency, no hosted events were held this quarter. We continued to update member related materials on our COVID related website.

### **Member Education and Communication**

During Q2, MassHealth continued to engage the health plans to be sure the plan websites and Member Service Centers were adjusting in response to COVID-19, to assist members with

access to care and supports. MassHealth also engaged health plans to verify each plan's population health operations had adjusted their member engagement strategies and operations to respond to COVID-19.

***Global Awareness and Education.*** Two quarterly Massachusetts Training Forums (MTF) meetings were held virtually due to the COVID-19 public health emergency to educate and train our stakeholders and organizations that support our members on health plan updates.

***Support Materials and Member Engagement.*** MassHealth used All Provider Bulletins as well as COVID-19 focused webinars to alert providers, plans and member stakeholders to the latest guidance from MassHealth in response to COVID-19.

***Enhancements to Customer Service Support.*** MassHealth printed detailed MassHealth Enrollment Guides to be mailed to newly eligible managed care members. They are also available upon request from MassHealth Customer Service. The member website ([MassHealthChoices.com](https://www.mass.gov/info-details/masshealth-choices)) continued to support members in understanding their managed care enrollment options, their ability to search for providers and enroll in a plan.

#### Provider Education and Communication

Since the public health emergency was still in effect this quarter, the provider education and communication focus continued to be on supporting our members and providers with the latest updates and guidance from MassHealth to respond to the COVID-19 emergency. Provider education and communication activities continued to use virtual tools, such as a dedicated COVID-19 webpage for providers (<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>), webinars using video conferencing tools, such as Zoom and Cisco WebEx, enhanced customer service, and provider support email were used to educate and support providers.

In October, COVID-19 focused updates were presented at a Provider Association Forum (PAF), and two virtual Mass Training Forum (MTF) sessions to help providers understand MassHealth efforts in response to COVID-19 in the following areas:

- New Provider Bulletins
- Telehealth updates
- Authorization and referral updates
- Provider enrollment flexibilities
- Electronic Data Interchange (EDI) updates
- Cost Sharing updates
- Food Insecurity Resources for members

The trainings also reviewed provider resources. Since COVID-19 continues to impact all providers in various ways, it is important to ensure regular communication with providers. The goal of these activities was to highlight the state and federal COVID-19 response to support both members and providers.

## **Delivery System Reforms and DSRIP**

### Accountable Care Organizations (ACOs)

In Q2, MassHealth released another Integrated Performance Dashboard which will be used in ongoing monitoring and management of ACO financial, quality, and compliance performance. MassHealth continued to engage with select ACOs on aspects of financial and quality performance, helping them identify areas of excess medical spend and strategies to improve quality scores. Also in this quarter, MassHealth adjusted its CY21 strategy to focus more on engaging in-depth with ACOs facing more involved challenges.

MassHealth kicked off development of another round of Model B financial reporting, which will provide an initial view of financial performance across the full RY20 performance period. In December, MassHealth completed development on the next round of utilization reporting for the ACOs, which includes a PCP and telehealth measure and is due for delivery to the Model A and B ACOs and MCOs during the next quarter.

MassHealth continued to monitor CP member enrollment levels, and calculated annual available CP “slots” for each ACO/MCO, which will be shared in early 2021. All ACOs/MCOs and CPs that requested to end relationships in 2020 successfully transitioned all shared members and effectively ended their agreements by the end of Q2 FY21.

MassHealth executed the 3rd Amended and Restated ACO/MCO Contracts, along with Amendment 1 to the 3rd Amended and Restated Contracts, to reflect updated policies and rates which went into effect 1/1/2021.

### Community Partners (CPs)

As of December 2020, 31,665 members were actively enrolled in the BH CP Program and approximately 10,136 members were actively enrolled in the LTSS CP Program. For the BH CP population, the cumulative Participation Form rate was 68%, meaning the CP had located the member and began working with the member on completing a Care Plan. Approximately 53% of BH CP members were “engaged” (i.e., had a CP Care Plan completed). For the LTSS CPs, the

cumulative Participation Form completion rate was 58%, and 39% of LTSS CP members were “engaged.”

In December 2020, the MassHealth CP Program Team hosted a virtual statewide meeting for ACO/MCOs and CPs to review updates related to enrollment and engagement data; member supports under the COVID-19 state of emergency; operational improvements; quality measures and accountability; and the reporting and performance management strategy (including metrics, report design, timelines for training and report launches).

**Operational Improvements** *CP Program Portal.* As of December 27, 2020, the CP Program Portal (Portal) received 57,250 batch file and single submissions. The CP Operations Team continuously monitors the CP Program Portal used to process enrollments and disenrollments, and aims to identify where additional guidance for CPs and ACOs/MCOs could streamline Portal processes. Starting in December, the CP Operations Team worked to develop new functionality to enable Portal users to more easily filter and track processing statuses and export results to Excel. This functionality launched in early February 2021.

**Account Management** *Capacity Cap Modifications.* In November 2020, CPs submitted proposals to increase or decrease their capacity cap in order to “right-size” their programs given the new ACO assignment policy and Service Area changes. All CPs that were over their capacity were required to submit a proposal to increase their cap. A total of 9 CPs (4 LTSS, 5 BH) submitted proposals to change their capacity cap (8 increase, 1 decrease). CPs were asked to, “include information such as the CP’s current staffing ratios and how staffing ratios would change if the request is approved, and why the CP seeks to change the cap, such as an addition of a Service Area and/or demand from an ACO.” Two Account Managers independently reviewed each request, conferred about their evaluations, and recommended each request be approved.

**Reporting and Performance Management Strategy Updates** *CP-Facing Reports.* In an effort to drive data-informed performance management and promote transparency, MassHealth is developing a series of quarterly reports over multiple phases. The Phase I report launched in December 2020, with multiple training opportunities for users. The first refresh of the report is scheduled for February 2021. Phase II & III updates are scheduled to coincide with upcoming subsequent quarterly refreshes.

**Policy Updates** *Member Supports Survey.* In October, the CP Policy Team and Health Plan Administration and Oversight Team collaborated on an integrated stakeholder outreach strategy; the CP Policy Team launched a web-based survey to gauge CPs’ efforts related to outreach, care planning, care team dynamics, care coordination, transitions of care, and health and wellness coaching under the state of emergency.

*Roll-Out of Preferred Relationships and Assignment Policies.* MassHealth continued to monitor

the impact of two new policies (effective 2020) that afford CPs and ACOs/MCOs more flexibility in identifying members and developing preferred partnerships.

*Stakeholder Engagement for Upcoming Waiver period.* MassHealth continues to engage with stakeholders around care coordination for the upcoming waiver extension request and has held four stakeholder sessions which have focused on feedback on the current state of care coordination, as well as discussion around potential proposals and policy development for future state.

### DSRIP Statewide Investments

DSRIP Statewide Investments (SWI) is a portfolio of eight investment streams designed to build and strengthen healthcare workforce capacity and delivery system infrastructure across Massachusetts, with the goal of helping ACOs, CPs, and CSAs succeed in MassHealth payment reform.

During Q2, MassHealth hosted the first (virtual) Shared Learning Event for ACOs and CPs participating in the DSRIP SWI Technical Assistance (TA) Program and also introduced a new "Off the Shelf Project" option for accessing TA. MassHealth hosted a virtual Gallery Walk to showcase the progress of ACO/CP teams participating in the ACO/CP Integration Learning Collaborative focused on joint Care Plans. Also in Q2, MassHealth delivered the final 2020 cohort of the CHW Supervisor training curriculum designed using DSRIP SWI funding. Health Resources in Action (HRiA), on behalf of MassHealth, sent 65 approved application and award letters to applicants that submitted proposals to access grant funding under the Provider Access Improvement Grant Program, which seeks to improve accessibility for individuals with disabilities or for whom English is not a primary language.

### DSRIP Operations and Implementation

The Operations and Implementation stream provides funding for staff and vendor contracts to assist in implementing and providing robust oversight of the DSRIP program.

During Q2, MassHealth and the Independent Assessor reviewed and approved all Semiannual Progress Reports. MassHealth also released funding notifications, guidance, and templates for Plan Year (PY)4/Budget Period (BP)4. Submissions from ACOs, CPs, and CSAs are due in Q3. All remaining ACO Startup/Ongoing and CP/CSA Infrastructure and Capacity Building payments for PY3/BP3 were released in Q2.

During this quarter, MassHealth's ombudsman program (called My Ombudsman (MYO)) continued to operate without disruption throughout the COVID-19 pandemic (except that walk-in services were temporarily discontinued). MYO staff continued to receive routine updates on



new and existing MassHealth policies related to COVID-19 as needed. The MYO team held 15 virtual outreach events, reaching a total of 491 participants from locations across the state. MYO attended various community events, ranging from virtual trainings (such as Americans with Disabilities Act as related to healthcare) to celebratory events. In this quarter, MYO and MassHealth worked together to distribute an outreach email (one of the first of its kind) to all managed care members for whom MassHealth had valid email addresses. Messaging in the email focused on two points: informing members about the availability of MYO services and reminding members about the new MassHealth webpage with information on COVID-19 policy-related updates and information. Emails were sent in batches from September 30<sup>th</sup> to October 4<sup>th</sup>. Preliminary numbers indicate that MYO experienced an increase in inquiry and concern volume following the email, but MassHealth is still in the process of finalizing analytics. MassHealth expects to have more to report in the next quarter and will continue to evaluate the efficacy of email for future outreach and communication efforts to members. The MYO program director continues to check in weekly with the MassHealth contract manager to relay information on any urgent access to care cases, including COVID-related cases, and to discuss any updates or questions related to COVID-19 policies. Over this quarter, the top topics for managed care (excluding individuals enrolled in integrated care programs serving dual members) included questions/concerns from members about their providers (for inadequate care or lack of follow-through), requests for assistance finding a PCP or specialist, reports about difficulty accessing medications (due to denials or problems with the Prior Authorization process), and requests for assistance disputing bills from providers.

During this quarter, the Member Experience Survey (MES) Vendor, Massachusetts Health Quality Partners (MHQP), continued preparations for the fielding of the 2021 MassHealth adult and child Primary Care (PC), Behavioral Health (BH) and Long Term Services and Supports (LTSS) Member Experience Surveys that will be based on services received in 2020. Specifically, this quarter's activities included: updating and finalizing the content of survey materials (cover letters, email invitations, survey web pages); managing the review/approval process of formatted survey materials; finalizing Survey Fact Sheets and the Pre-notification Toolkit for ACOs; cognitively testing new survey items (e.g., telehealth questions) with MassHealth members; and finalizing PC, BH and LTSS survey content. In addition, MHQP updated the 2020-2021 MHQP MES workplan; worked with MassHealth to finalize the PC, BH and LTSS sampling criteria; provided summary statistics on the November member test sample frames; and worked with ACOs to adjust/revise the practices in their medical groupings for the PC survey, based on November test sample frame counts.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in November to discuss Peer Supports, Recovery Principles, and Independent Living Philosophy. The following meeting took place in December when MassHealth provided a one year update on the Flexible Services program. The DSRIC plan for the next calendar year was also discussed in this meeting. MassHealth continued to provide updated key statistics such as ACO and CP

member enrollment.

**MassHealth ACO/APM Adoption Rate**

- **ACO members<sup>1</sup> as of 12/31/20: 1,060,384**
- **MCO enrollees covered by APMs that are not ACOs: 4,472**
- **ACO-eligible members<sup>2</sup> as of 9/30/19: 1,308,415**
- **Percent of ACO-eligible members enrolled in ACOs: 82.2%**

<b><u>Managed Care Plan</u></b>	<b><u>Members</u></b>	<b><u>Membership percentage</u></b>	<b><u>HCP-LAN Category</u></b>
<u>Model A</u>	<u>637,032</u>	<u>48.69</u>	<u>Category 4C</u>
<u>Model B</u>	<u>423,352</u>	<u>32.36</u>	<u>Category 3B</u>
<u>Fee For Service (managed care eligible but not enrolled)</u>	<u>36,232</u>	<u>2.77</u>	<u>Category 1</u>
<u>Traditional MCOs (including 10K Model C members)</u>	<u>105,867</u>	<u>8.09</u>	<u>Traditional MCO: Category 4N<sup>3</sup> (between State and MCO)</u>  <u>Model C: Category 3B (between MCO and Model C)</u>
<u>Primary Care Clinician (PCC) Plan</u>	<u>97,872</u>	<u>7.70</u>	<u>Category 1</u>
<u>MCO non-ACO APM contracts<sup>4</sup></u>	<u>4,472</u>	<u>0.34</u>	<u>Category 3A</u>

**Flex Services (FS)**

In October, MassHealth conducted a rigorous review process for ACOs that submitted plans and budgets in September for CY21 programs. Additionally, MassHealth conducted quality checks on member-level data files for Q2 CY2020, as well as progress reports submitted at the end of August.

<sup>1</sup> The numerator (i.e., ACO members) includes all ACO model types (A, B, and C).

<sup>2</sup> The denominator (i.e., ACO-eligible members) includes all ACO enrollees (Model A, B, C) as well as members enrolled in the PCC Plan, our traditional MCO program, and a subset of FFS members who are managed care-eligible but not enrolled. This includes Department of Children and Family (DCF) children and others who are eligible for managed care but either between plans or not subject to mandatory enrollment.

<sup>3</sup> The traditional MCO program has a quality measure slate and an option to implement a performance incentive withhold on capitation rates. As of present day, MassHealth has not implemented the performance incentive withhold.

<sup>4</sup> Shared Savings Arrangement that an MCO has with its contracted providers other than ACOs.

In November, MassHealth finalized a comprehensive data analysis approach and began analyzing Q2 member-level data and progress reports. Some notable findings included that 1,337 total members received Flexible Services (FS) in CY20 Q1 and Q2 (members receiving services in both Q1 and Q2 were counted twice), representing 74% of all members screened for FS. Among 1,226 unique members screened, 92% of screened members were referred for FS and 87% of referred members received FS.

In December, MassHealth reviewed and issued approval for 67 FS programs for CY21. This included 37 housing, 29 nutrition, and 1 combined housing/nutrition program. Four new Social Service Organizations (SSOs) were also introduced to the program as partners with ACOs delivering FS. Additionally, ACOs and SSOs were invited to an SSO FS Preparation Fund Virtual Learning Community webinar that included breakout discussions on the housing landscape relative to the eviction moratorium and housing crisis, evaluation review, and a preview of the 2021 schedule for future webinars.

Please note that the Quarterly Tracking Report Summary of Services Provided will be included in the next Section 1115 Progress Report. MassHealth is working with ACOs to clean up their most recent data submissions, as they did not conform to the specifications provided.

### **Infrastructure and Capacity Building**

As previously reported, MassHealth released \$4.6 million (ICB Round 2 Installment 1) for SFY 2017, and an additional \$9.5 million for SFY 2018 (ICB Round 2 Installment 2). ICB Round 2 provides eligible acute care hospitals with funding to complete independent financial and operational audits and to implement recommendations from the audits. The audits and resulting projects focus on enhancing sustainability and efficiency and improving or continuing health care services that benefit the uninsured, underinsured, and MassHealth populations.

During Q2, MassHealth continued to connect with awardees to collect final reports for ICB Round 2 Installment 2 and continued the review of the submitted reports.

### **Operational/Issues**

During Q2, in response to the coronavirus disease (COVID-19) outbreak, MassHealth announced certain policy changes to provide greater flexibility in providing care to MassHealth members. The following bulletins guide health plans on:

- COVID-related flexibilities for evaluating the need for and providing hearing aids to MassHealth members: Temporary COVID-19 Flexibilities for the Dispensing of Hearing Aids for Members Age 18 and Older: <https://www.mass.gov/doc/managed-care-entity-bulletin-45-temporary-covid-19-flexibilities-for-the-dispensing-of-0/download>

- Updated MassHealth Telehealth Policy <https://www.mass.gov/doc/managed-care-entity-bulletin-46-updated-masshealth-telehealth-policy-0/download>
- Flu Vaccine Access and Birth Control Supply Flexibility <https://www.mass.gov/doc/managed-care-entity-bulletin-49-flu-vaccine-access-and-birth-control-supply-flexibility-0/download>
- Coverage and Payment for Coronavirus Disease 2019 (COVID-19) Vaccine Administration, Testing, and Monoclonal Antibody Product Infusion <https://www.mass.gov/doc/managed-care-entity-bulletin-50-coverage-and-payment-for-coronavirus-disease-2019-covid-19-0/download>

### **Policy Developments/Issues**

During Q2, EOHHS continued to focus on policy changes in response to the COVID-19 pandemic. EOHHS received approval for a CHIP Disaster State Plan Amendment that authorizes continuous coverage for certain factors for separate CHIP, allows for self-attestation of eligibility factors other than citizenship/immigration status, allows up to 2 Hospital Presumptive Eligibility periods within a 12 month period; and waives premiums and/or premium balance to reactivate coverage following a termination due to non-payment of premiums for those who apply for a hardship waiver. EOHHS also received approval for a Medicaid Disaster State Plan Amendment that authorized temporary increases to acute and psychiatric inpatient hospital rates and responded to questions from CMS on pending Disaster SPAs.

During the quarter EOHHS received approval for a 1135 waiver request allowing for clinic services to be provided in the clinic practitioner's home and the state's COVID-19 isolation and recovery sites. In addition, during the quarter EOHHS received approval for an Emergency 1115 Demonstration, which provided waiver and expenditure authority to support mobile testing, Telehealth Network Providers and retainer payments to Adult Day Health and Day Habilitation providers, all designed to support the state's response to the COVID-19 pandemic. Finally, towards the end of the quarter, MassHealth developed its policies around coverage and payment rates for COVID-19 vaccine administration and began to pay eligible providers for administration of the vaccines.

### **Financial/Budget Neutrality Development/Issues**

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 2 of state fiscal year (SFY) 2021 as reported through the quarter ending December 31, 2020 (QE 12/31/20).

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2018, SFY 2019, SFY 2020, and SFY 2021 Q2. The enrollment data for the years SFY 2018, SFY 2019, SFY 2020, and SFY 2021 Q1 were updated based on

actual enrollment through February 2021.

**Safety Net Care Pool (SNCP)**

The five-year SNCP target is based on projected expenditures for SFY 2018-2022. The changes for SFY 2018-2022 will continue to be updated as the fiscal year progresses.

**Budget neutrality - summary**

In sum, the total projected budget neutrality cushion is \$5 billion for the period SFY 2018 through SFY 2022 and \$17.1 billion for the period SFY 2016 through SFY 2022. We will continue to update CMS through quarterly reports as updated information is available.

**Member Month Reporting**

Enter the member months for each of the EGs for the quarter.

**A. For Use in Budget Neutrality Calculations**

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Oct 2020</b>	<b>Nov 2020</b>	<b>Dec 2020</b>	<b>Total for Quarter Ending 12/20</b>
<b>Base Families</b>	772,151	777,152	782,626	2,331,929
<b>Base Disabled</b>	226,480	226,288	226,257	679,025
<b>1902(r)(2) Children</b>	20,708	21,608	21,705	64,021
<b>1902(r)(2) Disabled</b>	17,904	17,875	17,743	53,522
<b>New Adult Group</b>	371,978	379,427	387,578	1,138,983
<b>BCCDP</b>	1,163	1,165	1,162	3,490
<b>CommonHealth</b>	32,543	32,583	32,536	97,662
<b>TANF/EAEDC*</b>	61,483	60,109	61,173	182,765

\*TANF/EAEDC is a subcategory of Base Families

- **For Informational Purposes Only**

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Oct 2020</b>	<b>Nov 2020</b>	<b>Dec 2020</b>	<b>Total for Quarter Ending 12/20</b>
<b>e-HIV/FA</b>	773	781	777	2,331
<b>Small Business Employee Premium Assistance</b>	0	0	0	0

<b><u>DSHP- Health Connector Subsidies</u></b>	N/A	N/A	N/A	N/A
<b>Base Fam XXI RO</b>	0	0	0	0
<b>1902(r)(2) RO</b>	0	0	0	0
<b>CommonHealth XXI</b>	0	0	0	0
<b>Fam Assist XXI</b>	0	0	0	0

**Consumer Issues**

Please see the sections above related to ombudsman issues (DSRIP Operations and Implementation p. 9) and MassHealth flexibilities for members in response to COVID-19 (Member Education and Communication p.5).

**Quality Assurance/Monitoring Activity**

**Managed Care Quality Activities**

**Managed Care Program (under 65, non-disabled)**

The MassHealth Managed Care (MCO) Program continued to engage in quality-related activities focused primarily on quality measurement and improvement. During Quarter 2, the MassHealth Quality Office (MQO) used the MCO HEDIS rates to calculate the CMS Adult and Child Core Sets. MassHealth worked with the CMS technical assistance vendor to determine how to best handle the mixed data (2019 and 2020 rates) submitted by the plans due to COVID-19 challenges. MassHealth calculated rates for 29 of the 33 Adult Core Measures and 21 of the 24 Child Core Measures. All rates were submitted prior to the December 31<sup>st</sup> deadline. With the Core Measure reporting completed, the MQO efforts will focus on developing the 2020 public report for quality performance across managed care plans. Per federal regulations, this report compares managed care plan performance on state-selected quality performance indicators at the plan level. MassHealth anticipates that the Managed Care Quality Performance Report will be completed and posted to the MassHealth website in Q4.

In addition to quality measurement activities, managed care plans embarked on their next quality improvement cycle (see EQR activities) and engaged with MassHealth and MassHealth’s External Quality Review vendor on new QIP topics for 2021.

**External Quality Review (EQR) Activities**

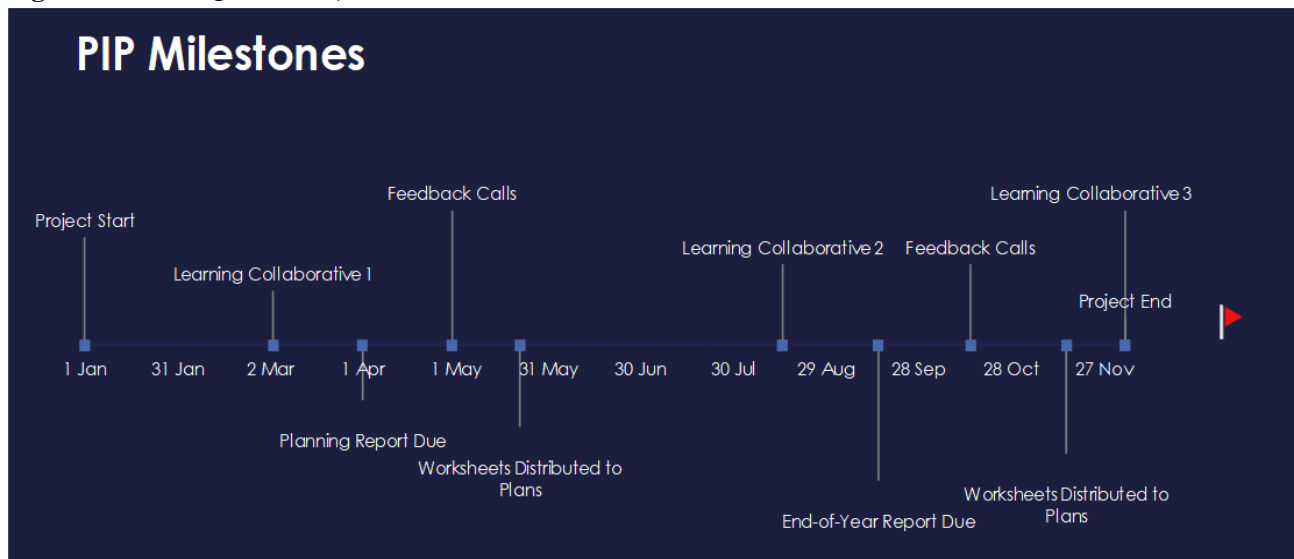
During Q2, MassHealth’s External Quality Review Organization (EQRO) worked collaboratively with MassHealth to identify new topics for the new Performance Improvement Project (PIP) cycle. Except for MassHealth’s behavioral health carve out plan, all managed care

programs will focus on the same PIP topics for the next PIP cycle: 1) Flu vaccinations with a focus on identifying and reducing areas of health inequities; and 2) increasing access to telehealth. Table 1 and Figure 1 highlight key PIP dates and activities for 2021.

**TABLE 1: QI GOAL IMPLEMENTATION BASELINE PERIOD AND ASSOCIATED ACTIVITIES**

<p><b>Baseline/Initial Implementation Period: January 1, 2021 – December 31, 2021</b></p>	<ul style="list-style-type: none"> <li>• <u>Planning Phase: January 2021-March 2021</u> ACOs engage in detailed project planning to develop a data-driven, evidence-based plan for interventions using quality improvement principles. Project topics are subject to EOHHS approval before detailed planning begins. Project planning tasks include but are not limited to the development of a problem statement, a review of evidence-based literature, and interventions to address the problem, and completion of quality improvement tools and activities that support project planning including root causes analyses, barrier analyses, development of driver diagrams, population analyses.</li> <li>• <u>Learning Collaboratives: ACOs participate in quality improvement workshops facilitated by EQRO or its designee (January 2021, March 2021, December 2021)</u></li> <li>• <u>Quality Improvement Plan Submission: April 2021</u> ACOs submit QI proposals to the MassHealth or its designee for review and approval. Proposals will describe planned activities and data collection plans for initial implementation.</li> <li>• <u>Initial Implementation: March 2019-December 2019</u> ACOs modify QI plans for year 1 based on feedback received from EOHHS. ACOs may focus on developing stakeholder engagement, process mapping and implementation of small test of change to inform initial Implementation. <b>In September 2021</b>, ACOs submit progress report detailing <b>baseline year data as directed by EOHHS or the EQRO</b>, a description of activities currently underway, and plans for Mid-cycle Implementation.</li> </ul>
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**Figure 1: ACO QI Goals 2, Baseline Period Timeline:**



In addition to the performance improvement projects, the EQRO initiated activities for validating the network adequacy of MassHealth Managed Care Plans. This is a new mandatory activity for EQR and will be the first cycle that addresses network adequacy. The EQRO has partnered with Quest Analytics to facilitate this work. Much of the Q2 was focused on understanding and clarifying network standards across the various managed care programs.

**MassHealth Quality Committee**

In Q2, the Committee convened and completed several activities. The Committee 1) reviewed priorities and the process for MassHealth managed care plan PIPs in 2021, 2) provided guidance on quality measures and populations to consider in the strategic development of key performance indicators to address health equity, and 3) reviewed and discussed EOHHS’ performance on 2020 Adult and Child Core Measures that were then finalized and reported to CMS.

**MassHealth ACO/CP Quality Strategy**

In Quarter 2, MassHealth finalized supplemental and hybrid data collection for applicable ACO performance measures. This was a large and effective undertaking between MassHealth and all 17 ACOs. Further, an external audit of a subset this hybrid data was conducted in the fall, resulting in a passing score for all health plans. In addition, MassHealth reached alignment with CMS on a set of methodologies for calculating ACO and CP CY2020 quality scores, with a focus on accounting for impacts due to COVID-19. These methodologies were shared with ACOs and CPs across several formats and learning sessions. Lastly, MassHealth continued to work with CMS on finalization of several measure specifications, most notably that of Community Tenure, which is a risk adjusted EOHHS developed metric for assessing number of days at risk members remain outside of inpatient settings.



## **Demonstration Evaluation**

### **Independent Evaluator (UMass Medical School (UMMS))**

Major goals for this period included completing the administration of the ACO provider and CP staff surveys which had been delayed due to the COVID-19 public health emergency and conducting interviews for the in-depth case studies with representatives from 4 ACOs and 4 CPs. Other key activities included analyzing ACO, CP, MCO, and MassHealth staff key informant interview (KII) data, member experience interview data, member experience surveys, hybrid quality measures, DSRIP related documentation, and MassHealth administrative data. UMMS began integrating findings from various data sources in the process of drafting sections of the interim report.

During this quarter, UMMS conducted interviews for case studies to better understand how ACOs and CPs addressed change throughout their organizations under DSRIP to support delivery system transformation. The case studies focused on innovation, governance structure, providers and members engagement, member care and experience, care planning and coordination, service integration and HIT, and sustainability, quality, and financing. UMMS conducted 22 interviews with 124 participants from 4 ACOs and 19 interviews with 75 participants from 4 CPs.

The fieldwork associated with the CP staff survey was concluded in October 2020 and the ACO provider survey in December 2020. UMMS began analyzing data from both surveys shortly after fieldwork concluded and expects to incorporate results of the surveys into the interim report. The Independent Evaluator (UMMS) continued to coordinate efforts with the Independent Assessor (PCG) as needed. UMMS continues to hold recurring meetings with MassHealth to coordinate work-streams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to data required for the evaluation.

#### **I. Goals 1 and 2 DSRIP Evaluation Updates**

##### **A. Overall**

- Integrated data and drafted sections of the interim report
- Conducted case studies
- Fielded CP staff survey
- Concluded ACO provider survey fieldwork
- Began analyses of ACO and CP survey results
- Analysis of member experience survey data
- Continued coding and analysis of MassHealth administrative data

##### **B. Evaluation components involving primary data collection:**

- Completion of 4 ACOs case studies and initiation of analysis
- Completion of 4 CPs case studies and initiation of analysis
- Completion of ACO Provider Survey (phase 2) fieldwork and initiation of analysis
- Completion of CP Staff Survey fieldwork and initiation of analysis
- Continued analyzing ACO and CP KIIs and member experience interviews

C. Quantitative Evaluation of administrative and other secondary data sources:

- Coordinated with MassHealth to facilitate availability and transfer of data needed for the evaluation
- Coded and analyzed measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2019
- Performed analyses for hybrid quality measures
- Performed analyses for member experience surveys
- Began analyses of ACO financial performance for 2018 based on MassHealth reconciliation reports

**II. Goals 3-7 Non-DSRIP Evaluation Updates**

A. Goals 3, 4, 6, 7 – MassHealth Program updates for universal coverage, Student Health Insurance Program, sustaining safety net hospitals, covering former foster care youth, and updated provisional eligibility requirements

- Continued search and review of literature related to these goals
- Continued to refine and update summaries of relevant literature for each goal
- Continued research of policy developments relevant to each goal
- Developed timeline and work plan for interim report planning
- Continued to collaborate with MassHealth and other entities to acquire data for population-based measures related to Massachusetts uninsurance
- Continued work on data compilation, analysis, and displays of data for the Massachusetts uninsurance rate and other population-based measures
- Completed Massachusetts Medicaid churning analysis
- Continued analyses of uninsurance rate for each comparison state
- Continued work on data compilation, analysis, and displays of data for uncompensated care cost measures
- Continued review of and data compilation from cost reports related to safety-net hospitals
- Continued coordinating with DSRIP quantitative evaluation team on quality measures
- Continued communicating with data system teams about transferring MH data to UMMS for analyses
- Continued to receive updates from MassHealth about potential new waiver amendments
- Continued regular monthly meetings with MassHealth

**B. Goal 5 – Expanding Substance Use Disorder (SUD) services:**

- Continued coding claims-based measures using MassHealth data
- Continued summarizing findings for the interim report
- Began preparing the draft interim report
- Continued monthly meetings with MassHealth program contacts

**Independent Assessor (Public Consulting Group (PCG))**

In this quarter, the IA conducted a stakeholder comment period. Each ACO and CP received their Midpoint Assessment Report and was provided with a form and instructions for providing comments. In addition, the statewide investment vendors were offered the opportunity to review the statewide investment section of the report. Following the close of the comment period, the IA compiled the comments received and provided MassHealth with a report outlining the nature of the comments and any actions taken in response to the comment. The ACO and CP comments were attached to the reports as an appendix, where applicable. Finally, the Statewide and individual ACO and CP Midpoint Assessment Reports were provided to MassHealth, for subsequent submission to CMS (completed 12/4/2020).

**Enclosures/Attachments**

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

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