

MassHealth

Section 1115 Quarterly Report

Demonstration Year: 24 (7/1/2020 – 6/30/2021)

Quarter 1: (7/01/20 – 9/30/20)

## **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 one operational report for Demonstration Year 24, ending September 30, 2020.

## **Enrollment Information**

The enrollment activity below reflects enrollment counts for SFY 2021 Quarter 1, as of September 30, 2020.

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
Base Families	830,971
Base Disabled	226,027
1902(r)(2) Children	19,968
1902(r)(2) Disabled	17,605
Base Childless Adults (19- 20)	26,830
Base Childless Adults (ABP1)	33,243
Base Childless Adults (CarePlus)	307,548
BCCTP	1,148

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
CommonHealth	32,444
e-Family Assistance	7,866
e-HIV/FA	763
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>1,504,413</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 2020

quarter ending June 30, 2020 and SFY 2021 quarter ending September 30, 2020.

Plan Type	QE 6/20	QE 9/20	Difference
MCO	200,107	206,887	6,780
PCC	91,243	98,323	7,080
MBHP*	539,572	567,061	27,489
FFS/PA**	586,830	584,949	-1,881
ACO	965,564	1,030,352	64,788

\*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 13,661 health insurance policies resulting in premium assistance to 27,152 MassHealth eligible members. The decrease in the number of premium assistance policies over the course of the last quarter can be attributed to the Student Health Insurance Plan (SHIP) Premium Assistance (PA) Program ending (as described below). 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.

MassHealth sunsetted the Student Health Insurance Plan (SHIP) Premium Assistance (PA) Program at the end of the 2019-2020 academic year, in order to prevent all students receiving health care coverage through their school's SHIP from experiencing untenable premium increases. While the SHIP PA Program generated significant savings for the Commonwealth since its inception in academic year 2016-2017, those savings eroded due to increasing SHIP premiums.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1940	11,382	13,322
<i>CommonHealth</i>	3,896	0	3,896
<i>Family Assistance</i>	17	8,333	8,350
<i>CarePlus</i>	0	584	584
<i>Small Business Employee</i>	0	0	0

<i>Premium Assistance (SBEPA)</i>			
<b>Total for Q1</b>	<b>5,853</b>	<b>20,299</b>	<b>26,152</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 1,399 Certified Application Counselors (CACs) across 263 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).

CAC training and certification starts with successful completion of seven online, comprehensive certification training courses (over 850 pages) and one certification exam, to prepare CACs to assist consumers in obtaining MassHealth/health insurance per Affordable Care Act (ACA) regulations. The training covers 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 mandatory online training that covers MassHealth updates and initiatives, as well as educational Assister emails, conference calls, webinars, meetings, and other outreach activities. All CACs must also take and pass a comprehensive assessment each spring to meet annual recertification requirements, as well as a compulsory series of four advanced courses in order to maintain their certification.

Frequent email communications are distributed to all enrollment Assisters on a wide variety of MassHealth eligibility and related topics, as well as refreshers, in order to help Assisters assist MassHealth applicants/members/consumers effectively and thorough communications and trainings are provided for all application changes and the Health Insurance Exchange (HIX) system releases. Regular one-hour conference call training sessions are also provided for the Assisters, providing a more in-depth explanation and include detailed question and answer sessions with subject matter experts. Certain training is considered mandatory and CACs are required to complete the training within a specific time period in order to maintain CAC certification. Mandatory events cover key topics such as policy or process updates, certification course updates, and other eligibility/enrollment activities.

This quarter, CAC outreach and educational activities focused on ensuring our 1,399 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 four statewide educational Massachusetts Health Care Training Forum (MTF) sessions, held virtually due to the COVID-19 public health emergency .

A series of 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:

- MassHealth's Cost Sharing Policy Updates
- MassHealth verbal acceptance of ARD I and PSI form completion
- Update to federal Public Charge Rule
- Update on New Assister Portal
- Medicare Savings Program (MassHealth Buy-In) Update
- Changes to the Temporary Hardship Waiver of MassHealth Income Deductible
- The Health Resources and Services Administration (HRSA) extension of the Provider Relief Fund
- Updates to Learning Management System (LMS) Resource Documents
- 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**

### Member Education and Communication

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.

### Provider Education and Communication

During 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. Also, 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 July, a special COVID-19 focused Provider Association Forum (PAF), and two virtual Mass Training Forum (MTF) sessions were conducted to review provider resources and to help providers understand MassHealth efforts in response to COVID-19 in the following areas:

- New Provider Bulletins
- Remote patient monitoring
- Expansion of telehealth
- Authorization and referral updates
- Provider enrollment flexibilities
- Cost Sharing updates
- Long term services and supports (LTSS)

Since COVID-19 continues to impact all providers in various ways, it is important to ensure regular communication with providers. The goal of these forums 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)**

During SFY21 Q1 the EOHHS began planning the enhancements and release of the SFY21 Q2 version of the internal ACO Integrated Performance Dashboard, as well as the development of an external version of the internal dashboard. The Performance team also approved population health management program evaluation strategies submitted by ACOs, allowing the ACOs to begin executing evaluations. Discussions with specific plans regarding performance opportunities related to quality, member experience, inappropriate utilization, and cost are ongoing.

In July, MassHealth delivered to ACOs a third round of utilization reporting which showed ACOs their 2019 performance compared to a market comprised of the other MassHealth managed care eligible plans (ACO, MCO, PCCP) across a variety of high-value and actionable metrics. This latest round included new utilization measures jointly prioritized for inclusion by ACO stakeholders and MassHealth. In August, MassHealth began developing the next round of Model B financial reporting which was delivered to Model B ACOs in October. This round of reports provides the Model B ACOs with an initial view of financial performance across the first half of the RY20 performance period. Throughout September, MassHealth continued to finalize development on the next round of utilization reporting for the ACOs, focusing on incorporating both a PCP measure and a telehealth measure.

As part of a renewed focus on CP Program performance, MassHealth plans to share data more regularly with ACOs/MCOs and CPs to foster integration and encourage joint process improvement. The ACO/MCO CP Care Plan Learning Collaborative was underway during SFY21 Q1 (July-September 2020); ACO/MCO CP Change Teams began meeting 1:1 for virtual Technical Assistance sessions with subject matter experts.

MassHealth is incorporating programmatic policy and rate updates, some of which are in response to the COVID-19 Pandemic, into the ACO and MCO contracts and will execute them as Amendment 3 to the Second Amended and Restated ACO Contracts, retroactively effective January 1, 2021. MassHealth is also incorporating other programmatic policy and rate updates into the ACO and MCO contracts to be executed as the 3rd Amended and Restated ACO/MCO Contracts, along with an Amendment 1 to the 3rd Amended and Restated ACO/MCO Contracts to reflect the new rates. These contract updates will also be effective January 1, 2021.

### Community Partners (CPs)

At the end of the quarter, 31,628 members were enrolled in the Behavioral Health (BH) CP Program and 10,689 members were enrolled in the Long Term Services and Supports (LTSS) CP Program. For the BH CP population, 66% of members had a Participation Form completed, meaning the CP had located the member and was working with the member on completing a Care Plan. 51% of BH CP members were “engaged” (i.e., had a CP Care Plan completed). For the LTSS CPs, the Participation Form completion rate was 52%, and 36% of LTSS CP members were “engaged.”

In August 2020, the MassHealth CP Program Team hosted a virtual statewide meeting for ACO/MCOs and CPs to review SFY21 Q1 cross-entity programmatic updates and forthcoming SFY21 Q2 activities.

### **Operational Improvements**

*CP Program Portal.* CP Operations completed all goals outlined on the CP roadmap culminating in the launch of the CP Program Portal ("Portal") on August 7, 2020. As of September 29, the CP Program Portal (Portal) received almost 24,000 batch file and single submissions. The CP Operations Team continuously monitors the Portal processing volume and timeframes, particularly for those Portal submissions that require follow up by the Customer Service Center. The CP Operations Team aims to identify where additional guidance for CPs and ACO/MCOs could streamline the Portal submission process.

*CP Daily 834 File.* The Daily 834 file, which rolled out in March 2020, is an automated enrollment file in HIPAA standard transaction format that is sent to ACOs/MCOs, and CPs. This

transaction file may be used to track CP enrollment, disenrollment, and member changes (e.g., mailing address). The file also provides data for direct import into enrollment systems. With the release of daily enrollment functionality in March 2020, CPs' and ACOs/MCOs' ability to track changes on a daily basis and confirm enrollments/disenrollments made in the new Portal became increasingly important.

As of August 2020, all 27 CPs have access to the Daily 834 to assist in confirming enrollments and disenrollments along with member information changes. The Portal Open Submission period ran from August 7 to September 2, and as of September 3, all submitters are required to submit enrollments and disenrollments directly to the Portal.

### **Account Management**

*Service Area Modifications.* This calendar year, for the first time, CPs could propose to add new service areas or to remove current service areas with approval from MassHealth through an annual process. There were 19 Service Area change requests in total; 6 CPs requested to add a Service Area (3 BH CPs, 3 LTSS CPs) and 2 CPs requested to drop a Service Area. Those CPs that applied to expand their Service Areas did so in response to requests from ACOs/MCOs and existing connections held by CP parent organizations in particular Service Areas. Those CPs that requested to remove a Service Area did so because there was a nominal level of membership in the Service Area, which was not conducive to sustain efficient staffing levels; all Enrollees were transferred to another eligible CP, as appropriate. MassHealth approved all of the service modification requests, and they went into effect on August 1, 2020. Approved CPs must provide periodic updates as they implement the approved member transition plans, staffing adjustment plans, and any other activities related to adding or removing the Service Area. EOHHS may request, and the CP must provide, additional information throughout this process.

*Assignment/Enrollment Monitoring.* Beginning in 2020, ACO/MCOs were given the flexibility to assign members to CPs based on member lists developed by MassHealth, referrals, or ACO/MCO-developed identification algorithms. Given the added flexibility for ACOs and MCOs related to assigning members to CPs, MassHealth began to closely monitor changes in enrollment (i.e., new assignments and disenrollments) both by ACO/MCO and by CP, as well as program-wide. MassHealth compared 2019 and 2020 CP program enrollment data and determined that the roll-out of the new identification and assignment policy was successful overall. MassHealth continues to monitor enrollment, assignment, and engagement data and will work with ACO, MCO, and CP performance outliers.

### **Reporting and Performance Management Strategy Updates**

In an effort to drive data-informed performance management and promote transparency, MassHealth, with technical assistance from Mathematica Policy Research, Inc., plans to develop



a series of quarterly reports over multiple phases. These reports will detail individual CP performance (with comparisons to the market average) over time and focus on key member populations.

The CP quarterly reports are an important part of MassHealth's performance management and accountability strategy for the CP program. The goal of the strategy is to drive member-focused, high-quality, and cost-efficient service delivery through program design, operational improvement, landmark investment, data transparency, and programmatic improvement strategies. MassHealth plans to develop internal and external communication plans with the primary goal to include as many touchpoints with CPs as possible.

## **Policy Updates**

*Care Coordination Strategy.* During the quarter the CP Team was immersed in ongoing policy analysis and development to align with MassHealth's broader ACO/MCO/CP care coordination strategy across the LTSS, behavioral, and health-related social needs sub-workgroups.

Discussion topics include policy, programmatic, and financial levers, as well as opportunities to streamline administrative functions across MassHealth and the Commonwealth to reduce unmet need and administrative complexities across diverse member populations.

*Qualifying Activities Modifiers and Qualifying Activities Manual.* The CP Team continued to discuss administrative flexibilities for CPs under the COVID-19 state of emergency, using a framework that defines each flexibility by procedure code and outlines potential guardrails. The CP Team continued to review and further clarify current modifiers to the Qualifying Activities procedure codes and to identify new modifiers which will be reflected in the forthcoming revised Qualifying Activities Manual.

## **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 Q1, MassHealth received and reviewed 100 proposals from 33 separate entities in response to a second Request For Proposals to procure additional TA Vendors for the TA Program. Decisions will be announced in Q2. MassHealth also hosted (via Abt Associates and in partnership with the nonprofit Health Care for All) a virtual MA DSRIP SWI Pop Up Event: Spotlight on Medical-Oral Health Integration on Sept. 16, 2020. 76% of ACOs and 41% of CPs participated. MassHealth announced the first (virtual) Shared Learning Event for ACOs and CPs participating in the DSRIP TA Program, which took place (via Abt Associates) on Nov. 19,

2020. The Center for Health Impact (CHI), which is funded (via Commonwealth Corporation) to deliver the CHW Supervisor training curriculum designed using DSRIP funds, delivered two training cohorts; a third cohort is planned for December. Both cohorts had waitlists for the training. Lastly, MassHealth released (via Commonwealth Corporation) applications for the Competency-Based Training Program, which makes the Healthcare Management Fundamentals Certificate Program at Southern New Hampshire University (SNHU) available to frontline healthcare workers in ACOs, CPs, and affiliated provider entities. The goals of the program are to help members of the frontline workforce gain the confidence and skills needed to perform at the top of their roles and to put them on the path to higher education, if they so desire.

Health Resources in Action (HRiA), on behalf of MassHealth, reviewed 123 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. HRiA compiled the results of the review and made funding recommendations to EOHHS on July 31, 2020. EOHHS completed an internal review of the approved applications and award/declination letters were sent to the applicants in October. More information will be included in the Q2 report.

### 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 Q1, ACOs, CPs, and CSAs submitted their Performance Year (PY)3/ Budget Period (BP)3 Semiannual Progress Reports. MassHealth and the Independent Assessor (IA) approved all remaining PY2/BP2 Annual Reports. MassHealth disbursed additional ACO Startup/Ongoing and CP/CSA Infrastructure and Capacity Building payments. The IA continued to work on the Midpoint Assessment. For additional details, please see the evaluation section of this report.

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

My Ombudsman (MYO) participated in 27 virtual outreach events, reaching a total of 2,542 participants in locations all over the state. In collaboration with the Massachusetts Executive Office of Elder Affairs and MassHealth, MYO planned 5 trainings for staff from Aging and Disability Resource Consortia (ADRCs) across the state. SHINE (Serving the Health Insurance Needs of Everyone) program, Elder Services, Aging Services Access Points (ASAPs), and Independent Living Centers (ILCs) staff attended these events. MYO also presented to 80 staff members, including Long-Term Supports Coordinators (LTS Coordinators), from the Northeast Independent Living Program. Other notable events included the virtual celebration of the 30th

anniversary of the Americans with Disabilities Act ADA, a discussion forum held by DAAHR (Disability Advocates Advancing Human Rights), and other discussion groups held by the National Council on Aging and the Mass Law Reform Institute.

In this quarter, MYO and MassHealth worked together to distribute an outreach email 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. The first batch of emails was sent on September 30, 2020. Analysis of the emails will be provided in the next quarterly report.

MYO created a new department within the program dedicated to the needs of the Deaf community. The Deaf and Hard of Hearing Ombudsman has been promoted to lead this department as Director of Deaf Services. MYO's Operations Manager was named as Acting Director (July 7th) after the former Director left to pursue other opportunities. Hiring for the Operations Manager (re-named to Deputy Director) vacancy is underway. Staff continued to receive routine updates on new and existing MassHealth policies related to COVID-19 as needed.

The 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 complaint topics for managed care (excluding individuals enrolled in integrated care programs serving dual members) included complaints about providers (i.e. dissatisfaction with their treatment or their provider office's services), durable medical equipment, and benefits and access (mostly around difficulties finding access to in-network providers.)

During this quarter, the Member Experience Survey (MES) Vendor, Massachusetts Health Quality Partners (MHQP), completed fielding of the 2020 MassHealth Primary Care (PC), BH, and LTSS surveys for adult and child members based on services received in 2019. This quarter's activities included MHQP aggregating the survey data and submitting the 2020 Analysis Report to EOHHS, preparing and submitting the survey datasets to EOHHS, holding an After Action Implementation Review meeting with EOHHS and completing the 2020 Recommendation Report for surveying in 2021. The quarter also included EHS review of the analysis and internal vetting of 2020 results, drafting the 2021 survey cycle workplan, and updating and revising survey outreach materials. EOHHS also worked with its vendor in convening a workgroup to consider questions to include in the surveys to learn more about members experience or perceptions around telehealth, as it was used increasingly in 2020.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in July to discuss ongoing health equity-related efforts. Also in this meeting, the DSRIC Health Equity

Subcommittee provided updates on its work to date, including recommendations on incorporating health equity in the ACO/MCO/CP programs. In September, another meeting was held to provide a Year 2 review of the Community Partners program. 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 9/30/20: 1,036,582**
- **ACO-eligible members<sup>2</sup> as of 9/30/19: 1,270,395**
- **Percent of ACO-eligible members enrolled in ACOs: 81.6%**

Note that the numerator of the percentage does not currently include MCO enrollees that are covered by APMs that are not ACOs<sup>3</sup>. The State is working to gather this information.

<u>Managed Care Plan</u>	<u>Members</u>	<u>Membership percentage</u>	<u>HCP-LAN Category</u>
<u>Model A</u>	<u>616,871</u>	<u>48.56</u>	<u>Category 4C</u>
<u>Model B</u>	<u>409,361</u>	<u>32.22</u>	<u>Category 3B</u>
<u>Fee For Service (managed care eligible but not enrolled)</u>	<u>38,084</u>	<u>3.00</u>	<u>Category 1</u>
<u>Traditional MCOs (including 10K Model C members)</u>	<u>108,204</u>	<u>8.52</u>	<u>Traditional MCO: Category 4N<sup>4</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>

Flex Services

<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> MassHealth MCOs may also have APM contracts with their contracted providers other than the ACOs. These members would not be currently captured in the numerator. MassHealth is working to gather this information from the MCOs.

<sup>4</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.

MassHealth’s Flexible Services Program is testing whether MassHealth Accountable Care Organizations (ACOs) can reduce the cost of care and improve their members’ health outcomes by paying for certain nutrition and housing supports through implementing targeted evidence-based programs for certain members.

In July 2020, MassHealth released Version 2.0 of the Flexible Services (FS) Guidance document and hosted a public meeting on July 22nd for all FS stakeholders to provide an update on the FS program, discuss key components of FS guidance, and review upcoming programmatic deadlines relevant to ACOs and SSOs.

In August, MassHealth revised policies related to the design of FS, including a new health equity requirement. The health equity policy outlines strategies for identifying potential disparities in access to FS programs by comparing to non-FS data sources, and strategies/approaches that ACOs can employ to address the identified disparities. MassHealth also held office hours for ACOs and SSOs on August 10th and August 17th to provide an overview of this policy. On August 31st, ACOs submitted Q2 CY2020 Quarterly Tracking Reports (QTRs) and Semi-Annual/Annual Progress Reports (SPRs) to MassHealth.

On September 14th, ACOs submitted plans and budgets to MassHealth for potential FS programs in CY21. Of these programs, 55 are continuing programs from CY20, and 14 are new programs. Finally, on September 30th, ACOs and SSOs were invited to an SSO FS Preparation Fund Virtual Learning Community webinar that included breakout discussions on technology and a racial and health equity re-framing exercise.

**FS Program Quarterly Progress Report Summary of Services Provided\***

Flexible Services Categories	# of Services Provided in Each Category		\$ Spent	
	Q1 CY20	Q2 CY20	Q1 CY20	Q2 CY20
Pre-tenancy Individual	17	48	\$50,607.05	\$104,714.89
Pre-tenancy Transitional	-	4	\$0.00	\$2,329.21
Tenancy Sustaining	10	67	\$31,821.73	\$74,811.56
Home Modifications	-	2	\$0.00	\$566.86
Nutrition	28	1161	\$79,285.31	\$766,442.50
# of Unique Members / \$ Spent per Quarter	53	1222	\$161,770.34	\$948,865.02

# of Unique Members / \$ Spent Across Quarters	1226	\$1,110,635.36
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*\*Note: this data is based on Semi-Annual Progress Report and Q2 Quarterly Tracking Reports submitted by ACOs in August 2020 and is preliminary pending final revisions by ACOs.*

### **Infrastructure and Capacity Building**

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 Q1, 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 Q1, Maximus answered 581,956 calls (an average of 8,953 per day) and maintained an average abandonment rate of 10.57%. In addition to this, Maximus:

- continued planning the second part of the phased implementation approach for ACA Cost Sharing requirements which will be implemented in 2021
- shared a draft with approaches for implementing new provider Electronic Data Interchange (EDI) testing- still awaiting decision on approach for implementation
- is working to split the HIX reinstatement file based on the referral reason. The result will be two files, one for cases to be redetermined and the other for cases to not be redetermine - Maximus has gathered the business requirements to split the file and is reviewing
- sent a high-level change request to begin Acupuncture enrollments once EOHHS has promulgated regulations for the new provider type
- is working with Premium Assistance team to identify members who have received an ESI-1 notice and refer them to PA. PA will also send Maximus a file each week with notices that have been sent
- is streamlining the under 65 process to consolidate the RFI and report a change work items into one work item. Maximus will make the work item “smarter” by adding more fields and developing enhanced data capture capabilities to ensure required fields are

completed by CSRs

- is implementing MassServe modifications to streamline the HIPAA Caller Verification Process and to improve the customer experience

Also, changes are being made to MMIS which will impact the EDI file transactions that providers use for submitting claims and receiving payment. The 270/271 changes were to be implemented on January 1, 2021 initially, but have been delayed until July, 2021.

Additionally, a Domestic Violence Escalation Process has been developed to allow for MH applicants/members that are experiencing domestic violence or have identified themselves as a victim to be specially assisted. This was approved in August and Maximus will implement once EOHHS has finalized the details of the process.

Due to the end of the SHIP PA program (discussed earlier in the Premium Assistance section), EOHHS has asked that Maximus outreach to approximately 75 school-based clinics that previously serviced SHIP students, and gauge their interest in becoming MH providers, if MH were to begin a formal enrollment program for their organization type.

Finally, MassHealth is creating a new provider type for Urgent Care Centers. Maximus received approval on the change request and is currently awaiting further instructions.

### **Policy Developments/Issues**

During Q1 EOHHS continued to focus on policy changes in response to the COVID-19 pandemic. During the 1st quarter EOHHS received approval for Medicaid Disaster State Plan Amendments that authorized temporary increases to certain behavioral health and SUD rates; temporary adjustments to the dispensing fee for home-delivered drugs and certain exceptions to the preferred drug list if shortages occur; and flexibilities for Hospital Presumptive Eligibility for certain individuals 65 and older and the elimination of copays on acute inpatient hospital stays for all members. During the quarter EOHHS also submitted a fourth 1135 waiver request to permit the state to make payments for clinic services delivered via telehealth or in other non-clinic locations and continued to work with CMS regarding the pending Medicaid and CHIP Disaster SPAs, 1135 requests and Emergency COVID-19 1115.

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

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 1 of state fiscal year (SFY) 2021 as reported through the quarter ending September 30, 2020 (QE 09/30/20).

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 Q1. The enrollment data for the years SFY 2018, SFY 2019, SFY 2020, and SFY 2021 Q1 were updated based on actual enrollment through November 2020.

### 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 \$4 billion for the period SFY 2018 through SFY 2022 and \$16.1 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

Expenditure and Eligibility Group (EG) Reporting	Jul 2020	Aug 2020	Sep 2020	Total for Quarter Ending 09/20
Base Families	737,644	749,170	754,951	2,241,765
Base Disabled	226,689	226,348	226,098	679,135
1902(r)(2) Children	16,525	18,011	19,339	53,875
1902(r)(2) Disabled	17,617	17,581	17,559	52,757
New Adult Group	349,442	356,080	363,190	1,068,712
BCCDP	1,123	1,134	1,137	3,394
CommonHealth	32,491	32,461	32,436	97,388
TANF/EAEDC*	71,941	69,692	72,713	214,346

\*TANF/EAEDC is a subcategory of Base Families

- For Informational Purposes Only

Expenditure and Eligibility Group (EG) Reporting	Jul 2020	Aug 2020	Sep 2020	Total for Quarter Ending 09/20
e-HIV/FA	724	737	748	2,209



<b>Small Business Employee Premium Assistance</b>	0	0	0	0
<b>DSHP- Health Connector Subsidies</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 complaints and MassHealth flexibilities for members in response to COVID-19.

**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 1, the MassHealth Quality Office (MQO) initiated its review of managed care performance on the 2020 HEDIS measure slate and began comparing individual MCO and overall MassHealth performance to regional and national benchmarks. COVID-19 created unique challenges for our plans in terms of measure calculation this year. The National Committee on Quality Assurance (NCQA), the body that governs HEDIS measurement, recognized the potential challenges that COVID-19 posed to hybrid measure calculation, specifically regarding the collection and abstraction of medical records in the Spring of 2020. Therefore, NCQA allowed plans to either submit new 2020 rates or resubmit 2019 rates for their hybrid measures. Individual MassHealth plans elected to handle the hybrid measures differently, resulting in a mix of 2020 and 2019 data being submitted to MassHealth. MassHealth is considering how to handle this mixed-year data when developing weighted means as well as for Q2 calculations of the CMS Adult and Child Core sets.

In addition to quality measurement activities, managed care plans wrapped on their 3-year quality improvement cycles (see EQR activities) and submitted contract-required quality improvement plans to MassHealth for review.

**External Quality Review (EQR) Activities**

During Q1, MassHealth’s External Quality Review Organization (EQRO) began reviewing Performance Improvement Project (PIP) materials submitted in Q1 by all MassHealth Managed Care Plans including MCOs, Accountable Care Partnership Plan ACOs, Senior Care Organizations, One Care Plans, and the Massachusetts Behavioral Health Partnership. The year-end reports submitted in September represent the final deliverable for PIP 3-year cycle. PIPs focused on a range of topics:

<b>Managed Care Program</b>	<b>Behavioral Health Domain</b>	<b>Population and Community Needs Assessment Domain</b>	<b>Other</b>
<b>ACO</b>	<ul style="list-style-type: none"> <li>Increasing rates of follow-up visits for members hospitalized for mental illness with</li> <li>Increasing depression screening and follow up rates for members</li> <li>Increase treatment rates for members with episode of alcohol or drug abuse dependence (AOD)</li> </ul>	<ul style="list-style-type: none"> <li>Increasing asthma medication compliance.</li> <li>Increasing rates of health-related social needs screening.</li> <li>Improving diabetes testing and outcomes.</li> <li>Increasing HPV immunizations rate for adolescent members.</li> <li>Improving blood pressure control.</li> </ul>	
<b>MCO</b>	<ul style="list-style-type: none"> <li>Increasing rates of follow-up visits for members hospitalized for mental illness with</li> <li>Increasing behavioral health screening in adolescents</li> </ul>	<ul style="list-style-type: none"> <li>Increasing asthma medication compliance.</li> <li>Increasing rates of health-related social needs screening.</li> </ul>	
<b>SCO</b>	<ul style="list-style-type: none"> <li>Improving antidepressant medication management.</li> <li>Improving access to behavioral health services,</li> <li>Increasing the rates of follow-up after hospitalization for mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>Improving Diabetes outcomes:</li> <li>Increasing rates of preventative dental care.</li> <li>Recognizing early memory impairment and needs assessment for dementia.</li> <li>Improving secondary disease management of adult members diagnosed with hypertension and/or CVD.</li> </ul>	
<b>One Care</b>	<ul style="list-style-type: none"> <li>Increasing therapy visit rates for members with depression</li> </ul>	<ul style="list-style-type: none"> <li>Cardiovascular disease (CVD) Prevention in One Care Members</li> </ul>	<ul style="list-style-type: none"> <li>Reducing ED utilization</li> <li>Improving rates of cervical cancer screening among One Care members.</li> </ul>
<b>MBHP</b>	<ul style="list-style-type: none"> <li>Improving care coordination and continuity of care post inpatient hospitalization discharge.</li> <li>Increasing the rate of initiation and engagement in alcohol and other drug treatment specifically for members diagnosed in</li> </ul>		

	medical, rather than behavioral health facilities.		
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The EQRO facilitated phone calls with the plans to discuss PIP scoring, allowing plans to respond to any outstanding questions. During the next quarter, the EQRO will finalize PIP scoring worksheets and PIP performance summaries and will work with MassHealth to establish new PIP topics for the next 3-year cycle.

In addition to the performance improvement projects, the EQRO continued its triennial compliance audit of the SCO and One Care plans as well as MBHP. Q1 compliance activities primarily consisted of reviewing documentation submitted by plans and assessing the extent of plan compliance with federal standards and state contractual requirements. The EQRO will draft preliminary findings and share those findings with MassHealth and plans in Q2.

**MassHealth Quality Committee**

In Q1, the Committee convened monthly (over the summer) and focused on 1) continued monitoring of the impact of COVID-19 on quality data collection (including survey data) and program reporting, 2) review of member experience analysis/results across demographics and other member characteristics, 3) continued work on the Quality Strategy which included review of CMS feedback to the current strategy and identification of content areas to be updated or added, and 4) review of annual CMS core measure updates and NCQA updates to assess impact on EHS and program specific reporting requirements.

**MassHealth ACO/CP Quality Strategy**

In Quarter 1, MassHealth commenced both supplemental and hybrid data collection for applicable ACO performance measures. A series of trainings were hosted by MassHealth regarding these collection efforts whereby ACOs were provided technical support by the State’s quality analytics vendor, Telligen. Furthermore, MassHealth continued to collaborate with CMS on COVID-based measurement proposals applicable to performance year 2020. Proposals consist of a series of alternative scoring mechanisms by which to fairly and equitably hold ACOs accountable during the public health emergency. Updates regarding these proposals were frequently shared with ACOs as well as the DSRIP Quality Subcommittee. MassHealth shared these proposals with CMS and is waiting for feedback.

**Demonstration Evaluation**

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

Major goals for this period included completion of key informant interviews (KIIs) with MassHealth staff and MCO leadership, launching the ACO provider survey, launching the CP staff survey, and developing case study protocols for 4 ACOs and 4 CPs. Additional activities included analyzing ACO and CP KII data, analyzing member experience interview data, and synthesizing data and analyses for integration into the interim report.

During this quarter, UMMS conducted 9 key informant interviews with 18 MassHealth staff to better understand state actions under DSRIP to support delivery system transformation, including the Statewide Investments program. The team also developed interview guides and conducted KIIs with the 2 MCOs. The team developed 4 ACO and 4 CP case study interview guides for the selected sites. The ACO and CP site interviews are planned for SFY21 Q2. In addition, UMMS launched the CP staff survey in August 2020 and the second phase of the ACO provider survey in September 2020. The field work/survey administration is expected to continue into SFY21 Q2, and the initial analysis is expected by SFY21 Q3. Additionally, UMMS performed analyses of data from several sources including member experience interviews, MassHealth administrative data, member experience surveys, and hybrid quality measures.

UMMS continued to engage with the Independent Assessor (PCG) on a limited basis and was able to review the draft mid-point assessment reports. UMMS continues to hold recurring meetings with MassHealth to coordinate work-streams and deliverables, to communicate updates with potential impact on the evaluation, and to assure access to data required for the evaluation.

COVID-19 continues to impact evaluation activities, most notably delaying data collection efforts. The ACO and CP case studies were rescheduled from SFY21 Q1 to Q2. In addition to delays in the prior quarter associated with suspension of survey related activities to reduce demands on front-line providers and staff, in the present quarter UMMS revised the ACO provider and CP survey instruments to add questions that seek to improve understanding of changes to the healthcare system related to the pandemic. As a result, the ACO provider survey (phase 2) and CP staff survey field work was rescheduled to begin at the end of SFY21 Q1. Additionally, collection of clinical data from ACOs by MassHealth and its partners to support calculation of hybrid quality measure results was delayed by several months.

The following sections provide updates by Demonstration Goal aligned with the 1115 Demonstration Waiver and the approved Evaluation Design Document.

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

**A. Overall**

- a. Synthesis of initial data for interim report
- b. Launched the ACO provider survey

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

### **Activities Completed in this Quarter**

- Completion of 8 MassHealth leadership staff KIIs.
- Completion of ACO site selection for case studies, creation of guides and scheduling.
- Completion of CP site selection for case studies and creation of guides.
- Launch of ACO Provider Survey (phase 2)
- Launch of CP Staff Survey
- Continued analyzing ACOs and CPs KIIs and member experience interviews

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

#### **Activities Completed in this Quarter**

- Coordinated with MassHealth to facilitate availability and transfer of data needed for the evaluation
- Received and prepared MassHealth administrative data for calendar year 2019
- 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

## **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**

#### **Activities Completed in this Quarter**

- Continued search and review of literature related to these goals
- Developed summaries of relevant literature for each goal
- Continued research of policy developments relevant to each goal
- Continued development and refinement of timeline and workplan for interim report planning
- Continued to collaborate with MassHealth and other entities to acquire data for population-based measures related to Massachusetts uninsurance rate
- Continued work on data compilation, analysis and displays of data for the Massachusetts uninsurance rate and other population-based measures
- Continued conducting 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 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 1115 demonstration waiver amendments
- Continued regular monthly meetings with MassHealth

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

**Activities Completed in this Quarter**

- Completed preliminary analyses using CDC Wonder data to examine opioid overdoses in Massachusetts relative to comparison group states
- Currently in the process of obtaining the Public Health Dataset (current iteration of the former Chapter 55 data set) for analysis.
- Obtained data from Massachusetts Vital Statistics; currently preparing to use data to analyze overdose deaths
- Continued coding claims-based measures using MassHealth data
- Began summarizing findings for interim report
- Continued monthly meetings with MassHealth program contacts

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

In this quarter the IA finalized the ACO and CP Midpoint Assessment Reports and submitted the final draft of the Statewide Report to MassHealth. The IA prepared a Midpoint Assessment “briefing deck” which MassHealth staff used to brief leadership on the findings. In addition, the IA provided two webinars, one for ACOs and one for CPs, which included an overview of the Midpoint Assessment purpose and methodology. The IA also developed a process and template for eliciting stakeholder comment.

**Enclosures/Attachments**

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

**State Contact(s)**

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