

MassHealth  
Section 1115 Quarterly Report  
Demonstration Year: 24 (7/1/2020 – 6/30/2021)  
Quarter 3: (1/1/21 – 3/31/21)

## **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 three operational report for Demonstration Year 24, ending March 31, 2021.

## Enrollment Information

The enrollment activity below reflects enrollment counts for SFY 2021 Quarter 3, as of March 31, 2021.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	859,280
Base Disabled	227,266
1902(r)(2) Children	22,506
1902(r)(2) Disabled	17,705
Base Childless Adults (19- 20)	27,406
Base Childless Adults (ABP1)	40,547
Base Childless Adults (CarePlus)	334,269
BCCTP	1,151

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	32,478
e-Family Assistance	7,140
e-HIV/FA	778
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
Total Demonstration	<b>1,570,526</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 quarters ending December 31, 2020 and March 31, 2021.

<b>Plan Type</b>	<b>QE 12/20</b>	<b>QE 3/21</b>	<b>Difference</b>
MCO	210,820	213,550	2,730
PCC	100,722	106,944	6,222
MBHP*	579,868	601,215	21,347
FFS/PA**	587,268	602,010	14,742
ACO	1,055,887	1,084,264	28,377

\*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 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.

<b>Plan Type</b>	<b>QE 9/20</b>	<b>QE 12/20</b>	<b>Difference</b>
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 12,651 health insurance policies resulting in premium assistance to 24,163 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.

<b>Premium Assistance Program: Employer Sponsored Insurance</b>	<b>Disabled Members</b>	<b>Non-Disabled Members</b>	<b>Total MassHealth Enrolled Members</b>
<i>Standard</i>	1,828	10,448	12,276
<i>CommonHealth</i>	3,594	0	3,594
<i>Family Assistance</i>	16	7,710	7,726
<i>CarePlus</i>	0	567	567
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	0	0
<b>Total for Q3</b>	<b>5,438</b>	<b>18,725</b>	<b>24,163</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 1,411 Certified Application Counselors (CACs) across 269 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 1,411 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through “Assister Update” emails, five 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 and webinars 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 and webinars kept CACs informed about key topics and updates to online courses and resources this quarter, including:

- The Health Connector’s Greater Lowell Navigator Grant Opportunity and SNAP Pandemic EBT promotion
- Updates: The Federal Public Charge Rule
- System update in support of American Rescue Plan
- MA Assister Newsletter Issue 1
- American Rescue Plan was signed into law on March 11, 2021
- New Worksheet: Helping Applicants and Members Estimate Annual Income
- System Access Issues on MAhealthconnector.org
- Important COVID-19 Update
- Assister Update - Vaccination Distribution 2/17/2021
- Health Connector Open Enrollment 2021 extending through 5/23
- Health Connector and MassHealth End of Year Tax Filing Reminders
- Assister Check-in Meeting: Thursday, 2/11/2021
- Health Connector Navigator Program: Request for Information for Lowell-based Organizations
- Extension of Coronavirus Relief Funds and Income Updates
- Extension of Health Connector Open Enrollment 2021
- Updated ACA-3 and SACA-2 Application Now Available
- Health Connector Important Network Update for 2021
- Reminder: Troubleshooting Health Connector Member Problems

Assister webinar opportunities

- 1/7/21 Health Connector Troubleshooting - conference call
- 1/12/21 Health Connector and MassHealth End of Year Tax Filing
- 2/11/21 Assister COVID-19 Check-In
- 3/17/21 and 3/24/21 MassHealth REaL: Collecting Race, Ethnicity and Language (REaL) Data

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

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

### Member Education and Communication

During Q3, MassHealth continued to engage the health plans to be sure the Member Service Centers were adjusting in response to COVID-19 in order 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 to educate and train our stakeholders and organizations that support our members on health plan updates. A total of 409 individuals joined the webinars.

***Support Materials and Member Engagement.*** MassHealth used All Provider Bulletins, communications to the MTF community, 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 to enroll in a plan.

### Provider Education and Communication

The provider education and communication focus this quarter continued to be on supporting our members and providers with the latest updates and guidance from MassHealth to respond to the COVID-19 emergency, including communication to providers regarding COVID-19 vaccinations and Mass Vaccination sites. Virtual resources continue to play a key role in provider Education and Communication. These 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 emails were continuously updated with the latest policy and guidance from MassHealth.

In January, COVID-19 focused updates were presented at the virtual quarterly Provider Association Forum (PAF), and at 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
- New vaccination codes, rates, and policies
- New Mass vaccination providers through a partnership with DPH
- Provider program expansion of vaccination administration for certain current MassHealth providers
- Electronic Claims HIPAA File and Provider Online Service Center (POSC) updates
- Provider Access Improvement Grant Program (PAIGP) update
- Interpreter Services
- Payment and Care Delivery Innovation (PCDI) Year 4
- Office of Long-Term Services and Supports (OLTSS) updates

Since COVID-19 continues to impact all providers in various ways, it was important to ensure regular communication with providers. In addition, any questions and escalations surrounding these new policies were handled as priorities when needed, and providers' issues were addressed. The goal was to make sure all communications were able to support providers as they continue to serve our members during this challenging time.

## **Delivery System Reforms and DSRIP**

### **Accountable Care Organizations (ACOs)**

In Q3, MassHealth made improvements to the Integrated Performance Dashboard, which is used for ongoing monitoring and management of ACO financial, quality, and compliance performance, and continued to engage with select ACOs in this quarter, with particular focus on emergency department and inpatient utilization.

In this quarter, MassHealth delivered to the Model A and B ACOs and MCOs the most recent round of utilization reporting. MassHealth continued to work on the next round of Model B financial reporting that will provide Model B ACOs a preliminary view of their RY20 financial performance. Based on ACOs' and MCOs' responses to the ACO Reporting Survey that was sent out in February, MassHealth has begun work on the implementation of a few high priority enhancements to the member rosters and claims extracts that MassHealth sends to ACOs/MCOs each month. MassHealth is also using the results of this survey to stand up an engagement with the Model B ACOs on care coordination reporting.

In response to questions from ACOs and MCOs regarding integrated care plan requirements for CP members, MassHealth released guidance regarding ACO/MCO roles in care planning for CP enrollees and clarified that PCPs and PCP Designees may sign care plans electronically. At the beginning of the year, MassHealth also re-released ACO CP Preferred Relationships Guidance for ACOs MCOs and CPs that plan to end sub-scale relationships. Proposals were due to MassHealth in April 2021. MassHealth continued to monitor overall and ACO/MCO-specific CP program enrollment, engagement, and member assessment during Q3.

MassHealth is developing Amendment 2 to the 3rd Amended and Restated ACO/MCO Contracts, to reflect updated policies which went into effect 1/1/2021.

### Community Partners (CPs)

As of March 29, 2021, 32,562 members were actively enrolled in the BH CP Program and 9,664 members were actively enrolled in the LTSS CP Program. For the BH CP population, the cumulative Participation Form rate was 69%, meaning the CP had located the member and began working with the member on completing a Care Plan. Approximately 55% 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 67%, and 47% of LTSS CP members were "engaged."

**Operational Improvements.** In February, MassHealth introduced new functionality for the CP Program Portal, which allowed users to more easily filter and track processing statuses and export results to Excel. As of March 28, 2021, over 84,000 CP enrollments and disenrollments have been processed through the CP Program Portal. MassHealth resumed sending renewal letters to members beginning on March 21, 2021, with the ACO/MCOs receiving their first files on April 2, 2021. The MassHealth renewal letter is a pre-populated form with member eligibility information and identifies what information is outstanding and provides directions for responding. Renewal letters are sent to members that cannot be auto-renewed and when more information is necessary. While these members will not lose eligibility due to the current protections in place under the COVID-19 state of emergency, MassHealth encourages members to submit their updated information as soon as feasible to avoid complications once the COVID-19 state of emergency ends. While CPs are not responsible for maintaining members' MassHealth coverage, the CP MassHealth renewal files provide the information CPs could use to assist ACO/MCOs with connecting members to enrollment resources.

**Reporting and Performance Management Strategy Updates.** 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 was launched in December 2020, with multiple training opportunities for users. The first refresh of the report took place in February 2021. Phase II & III updates are scheduled to coincide with upcoming subsequent



quarterly refreshes. In collaboration with their MassHealth Account Managers, CPs actively utilized the quarterly reports and other data sources to launch data-driven performance improvement initiatives. CPs have already made improvements on measures such as "Days to Care Plan Complete" and "Percent of Billable Enrollees."

### 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 Quarter 3, MassHealth enrolled about 50 frontline staff members from ACOs and CPs in the January 2021 cohort of the Healthcare Fundamentals Certificate Program at Southern New Hampshire University via the Competency-Based Training Program. The goals of the program are to help members of the frontline workforce gain the skills and confidence to perform at the top of their roles and to put them on the path to higher education, if they so desire. During Quarter 3, MassHealth hosted two webinars as part of the ACO/CP Integration Learning Collaborative: "Best Practices for Integrated Case Conference Meetings" (January 2021; about 125 participants) and "Strategies that Support PCP Practice and Community Provider Collaboration" (March 2021; about 130 participants). MassHealth announced new "Opt-In TA [technical assistance] Cards," a one-time-only funding opportunity that provides an additional \$200,000 in TA Card funds for ACOs and CPs with strong track records of TA Card spending in Years 1 through 3. Twenty five ACOs and CPs were eligible. MassHealth announced expanded investments in the design and delivery of CHW advanced training curricula in behavioral health (BH), substance use disorder (SUD), and telehealth.

### 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 Q3, MassHealth and the Independent Assessor approved or requested additional information on Performance Year (PY) 4/Budget Period (BP) 4 Full Participation Plans, Budgets, and Budget Narratives for all ACOs, CPs, and CSAs. MassHealth also released guidance, and templates for PY3/BP3 Annual Progress Reports. Submissions from ACOs, CPs, and CSAs are due in Q4.

During this quarter, MassHealth's ombudsman program (called My Ombudsman (MYO)) continued to operate without disruption throughout the COVID-19 pandemic. During this quarter, the top two complaint topics from managed care members (excluding individuals

enrolled in integrated care programs serving dual members) involved requests for help accessing certain medical procedures (some being non-covered elective surgeries) and dental care providers. Outreach activities continued virtually, with MYO participating in 17 virtual outreach events, reaching nearly 700 participants in locations all over the state. MYO has also been working on developing a new, more accessible website and strengthening their overall virtual presence. Also during this quarter, MYO began offering information about the COVID-19 vaccine (and assistance with booking appointments). After members complete their initial complaint intake with MYO, they are asked to participate in a 9-question vaccine survey. Thus far, the survey has shown that most callers planned on getting vaccinated when they became eligible. For those who had already received the vaccine, only a few reported issues with access.

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 are based on services received in 2020. Specifically, this quarter's activities included: finalizing the paper PC, BH and LTSS surveys and survey materials; translating the surveys and survey materials into up to 8 languages (in addition to English); programming the PC, BH and LTSS web surveys and web survey materials; drafting the LTSS telephone survey scripts; reviewing the January test sample frame and the February final sample frame counts; compiling the PC, BH and LTSS final sample pull counts; and refreshing MassHealth member addresses for the first wave of survey invitations (to begin in the next quarter).

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in February to discuss the next Section 1115 Waiver proposal. During the March DSRIC meeting, MassHealth's Independent Assessor provided an overview of the DSRIP Midpoint Assessment results. 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 3/31/21: 1,099,276
- MCO enrollees covered by APMs that are not ACOs: 4,468
- ACO-eligible members<sup>2</sup> as of 3/31/21: 1,340,599
- Percent of ACO-eligible members enrolled in ACOs or receiving services under other APMs: 82.3%

<u>Managed Care Plan</u>	<u>Members</u>	<u>Membership percentage</u>	<u>HCP-LAN Category</u>
<u>Model A</u>	<u>650,707</u>	<u>48.54</u>	<u>Category 4C</u>
<u>Model B</u>	<u>437,481</u>	<u>32.63</u>	<u>Category 3B</u>
<u>Fee For Service (managed care eligible but not enrolled)</u>	<u>33,867</u>	<u>2.53</u>	<u>Category 1</u>
<u>Traditional MCOs (including 11K Model C members)</u>	<u>105,920</u>	<u>7.90</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>108,110</u>	<u>8.06</u>	<u>Category 1</u>
<u>MCO non-ACO APM contracts<sup>4</sup></u>	<u>4,468</u>	<u>0.33</u>	<u>Category 3A</u>

<sup>1</sup> The numerator (i.e., members receiving services under APMs) includes all ACO model types (A, B, and C), as well as MCO enrollees that are covered by APMs that are not ACOs.

<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.

## Flex Services (FS)

In January, MassHealth reviewed and issued approval for 10 new FS programs to begin serving members in CY21. This included 5 housing programs and 5 nutrition programs.

In February, MassHealth continued to analyze member-level data via the Quarterly Tracking Reports (QTR) that ACOs submitted at the end of Q4 CY2020 to develop summary reports. Additionally, MassHealth participated in the Social Services Organizations (SSO) FS Preparation Fund Virtual Learning Community webinar and shared FS policy updates and answered participant questions around FSP evaluation, and programmatic and referral systems.

In March, MassHealth began to review new and modified ACO FS program submissions for CY2021 submitted in early March. MassHealth received 11 submissions of new programs and program modifications from seven different ACOs. Three new SSOs were also introduced to the program as partners with ACOs delivering FS. Additionally, ACOs were invited to an ACO-only performance year kickoff meeting in early March where the FS program team provided an update on Year 1 of the program, updates to the CY2020 Annual Progress Report (APR) submissions, and kicked off contract management for Year 2 of the program.

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

Flexible Services Categories	# of Services Provided in Each Category		
	Q1 CY20	Q2 CY20	Q3 CY20
Pre-tenancy Individual	17	48	179
Pre-tenancy Transitional	-	4	31
Tenancy Sustaining	10	67	324
Home Modifications	-	3	71
Nutrition	28	1164	2850
# of Unique Members / \$ Spent <b>Per</b> Quarter	53 / \$161,770	1125 / \$948,794	3143 / \$2,532,791
# of Unique Members / \$ Spent <b>Across</b> Quarters	3384 / \$3,643,355		

*\*Adjustments to Q1 CY20 and Q2 CY20 have been made since last report due to data clean up. All numbers are preliminary as MassHealth is still working on data clean up with ACOs.*

## **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 Q3, 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**

None

## **Policy Developments/Issues**

During Q3, in response to the coronavirus disease (COVID-19) outbreak, MassHealth announced additional policy changes to provide greater flexibility in providing care to MassHealth members. Provider bulletins guided providers and health plans on policies including COVID-19 vaccine administration, suspension of prior authorization requirements and extension of telehealth flexibilities. Provider Bulletin can be found at: <https://www.mass.gov/lists/2021-masshealth-provider-bulletins>

During Q3, EOHHS received approval for a Medicaid Disaster State Plan Amendment that provides coverage for COVID-19 mobile testing and makes temporary updates to the payment methodologies for a number of services and provider types including inpatient and outpatient hospitals, community health centers, physicians and remote patient monitoring, for a Medicaid Disaster State Plan Amendment that makes temporary updates to the payment methodologies for the Adult Day Health and Day Habilitation services and for a Medicaid Disaster State Plan Amendment that provides one time supplemental payments to chronic disease and rehabilitation inpatient hospitals.

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

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 3 of state fiscal year (SFY) 2021 as reported through the quarter ending March 31, 2021 (QE 3/31/21).

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 – Q3. The enrollment data for the years SFY 2018, SFY 2019, SFY 2020, and SFY 2021 Q1-Q3 were updated based on actual enrollment through May 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 \$26.9 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>Jan 2021</b>	<b>Feb 2021</b>	<b>Mar 2021</b>	<b>Total for Quarter Ending 3/21</b>
<b>Base Families</b>	782,579	787,995	792,625	2,363,199
<b>Base Disabled</b>	227,322	227,233	227,455	682,010
<b>1902(r)(2) Children</b>	21,827	22,592	22,218	66,637
<b>1902(r)(2) Disabled</b>	17,906	17,724	17,663	53,293
<b>New Adult Group</b>	395,267	399,713	405,009	1,199,989
<b>BCCDP</b>	1,155	1,155	1,149	3,459
<b>CommonHealth</b>	32,506	32,523	32,390	97,419
<b>TANF/EAEDC*</b>	69,060	69,060	69,060	207,180

\*TANF/EAEDC is a subcategory of Base Families

- **For Informational Purposes Only**

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Jan 2021</b>	<b>Feb 2021</b>	<b>Mar 2021</b>	<b>Total for Quarter Ending 3/21</b>
<b>e-HIV/FA</b>	777	776	776	2,329
<b><u>Small Business Employee Premium Assistance</u></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. 10) and MassHealth flexibilities for members in response to COVID-19 (Member Education and Communication p. 6).

### **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. Managed Care entities embarked on the collection of HEDIS data for the HEDIS MY20 cycle, which reviews CY20 services. HEDIS data collection will continue into Q4, ending in mid-June with submission to NCQA via the Interactive Data Submission System (IDSS). Post submission to NCQA, MCOs will submit a copy of their IDSS to the MassHealth Quality Office (MQO) with associated patient level data for review.

Internally at MassHealth, the MassHealth Quality Office analysts continued to analyze the HEDIS data from measurement period CY19 that was submitted in SFY21 Q4, calculating

several data points that will support public performance reporting on the MassHealth website: MassHealth managed care weighted means, confidence intervals, and statistical significance. It is anticipated that the public reporting documents will be completed and posted by SFY21 Q4.

Finally, 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 Q3, all MassHealth's managed care programs initiated the planning phase for new performance improvement projects (PIPs). During this phase, plans engage in detailed project planning to develop a data-driven, evidence-based plan for interventions using quality improvement principles. Project topics included telehealth and flu vaccination with a sub-focus on health equity. During this process, MassHealth's EQRO, KEPRO offered technical assistance to support plans in project planning, conducting root cause/barrier analyses, development of driver diagrams, and population analyses. Additionally, KEPRO offered a learning collaborative facilitated by the Massachusetts General Hospital Disparities Solution Center and the Flu immunization Collaborative. Initial project plans were due to KEPRO April 1, 2021.

In addition to initiating PIPs, much of the EQRO work was focused on finalizing results of MassHealth's first Network Adequacy review and completing the technical reports that were due for submission to CMS on April 30, 2021. In Q4 KEPRO will kick-off compliance activities for the ACO and MCO programs.

### **MassHealth ACO/CP Quality Strategy**

In Quarter 3, MassHealth and CMS finalized a series of measure specifications for use in the Community Partners program. Further, with assistance from the DSRIP Quality Subcommittee, several CP measure benchmarks were proposed to CMS for consideration and approval. MassHealth continues 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. At the end of quarter 3, focus steered toward ACO level preparation (i.e., trainings, data transfer protocols) for the collection of supplemental and hybrid data needed for the calculation of CY2020 measures.



## **MassHealth Quality Committee**

In Q3, the Committee focused on activities to support the update of the Quality Strategy for 2021. The Committee confirmed key components and the timing for completed drafts, Committee review of sections, internal vetting and public comment. The Committee reviewed and supported drafted updated quality goals. The updated goals are reflective of current and future priorities and strategic initiatives. In Q3, there was also staff working on the evaluation report of the Quality Strategy, also expected for CMS submission in 2021. It is anticipated that the Committee will review the report similarly and concurrently with the update of the Quality Strategy.

## **Demonstration Evaluation**

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

The primary goals for this period involved completing acquisition and analyses of data to be included in the Independent Evaluation Interim Evaluation (IEIR) and developing initial drafts of report sections. Significant activities during this period included initial analyses of the ACO provider and CP staff surveys and continuing analyses of the ACO, CP, MCO, and MassHealth staff key informant interview (KII) data, member experience interview data, member experience surveys, hybrid quality measures, and MassHealth administrative data. UMMS integrated and synthesized data for the IEIR draft report sections and shared sections with MassHealth programmatic staff for feedback concerning correction of any factual errors regarding program history, data, or design.

During this period, UMMS continued preparation for the second wave of ACO and CP KIIs, reviewing documents and updated KII protocols, outreach documents, and interview guides. UMMS continued 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.

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 DSRIP Evaluation Updates**

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

- Prepared interim report findings for Goals 1 and 2

- Analyzed ACO provider and CP staff surveys
- Analyzed member experience surveys
- Analyzed hybrid quality measure data
- Continued coding and analysis of MassHealth administrative data
- Integrated data and drafted sections of the interim report
- Reviewed DSRIP program documentation
- Revised materials in preparation for the second round of ACO and CP KIIs

B. Evaluation components involving primary data collection:

- Continued analyzing the 4 ACO case studies and incorporated initial results in Interim Report
- Continued analyzing the 4 CP case studies and included initial results in Interim Report
- Initiated analysis of the ACO Provider Survey and incorporated initial results in Interim Report
- Initiated analysis of the CP Staff Survey and incorporated initial results in Interim Report
- Continued analyzing KII data from the first round of interviews
- Updated the ACO and CP KII materials for the next wave of 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
- Analyzed ACO financial performance for 2018 based on MassHealth reconciliation reports
- Analyzed preliminary data on the Flexible Services Program and summarized findings for the interim report
- Drafted sections for the interim report

**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 to refine and update summaries of relevant literature for each goal
- Continued research of policy developments relevant to each goal

- Refined 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 rate
- Continued communicating with data system teams about transferring MH data to UMMS for analyses
- Continued work on data compilation, analysis, and displays of data for the Massachusetts uninsurance rate and other population-based measures
- 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 reviewing and analyzing data for HEDIS based quality measures for Goal 4, in collaboration with DSRIP quantitative evaluation team
- Continued data analyses for all goals using program data and MassHealth administrative data
- Continued to develop and refine the contents of goal-specific sections of the interim report
- Continued to receive and capture updates from MassHealth about potential new Demonstration amendments
- Continued regular monthly meetings with MassHealth

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

- Completed coding and calculation of 2015-2019 claims-based measures
- Completed analysis and summarized findings for the interim report
- Completed draft interim report
- Linked Massachusetts death data with MassHealth enrollment data
- Continued monthly meetings with MassHealth program contacts

**Enclosures/Attachments**

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

**State Contact(s)**

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