

Overall section 1115 demonstration	
<b>State</b>	<i>Massachusetts</i>
<b>Demonstration name</b>	<i>11-W-00030/1 and 21-W-00071/1</i>
<b>Approval period for section 1115 demonstration</b>	<i>October 1, 2022 - December 31, 2027</i>
<b>Reporting period</b>	<i>July 1, 2023 – September 30, 2023</i>
<b>Demonstration goals and objectives</b>	<ul style="list-style-type: none"> <li>• <i>Continue the path of restructuring and reaffirm accountable, value-based care – increasing expectations for how ACOs improve care and trend management, and refining the model;</i></li> <li>• <i>Make reforms and investments in primary care, behavioral health, and pediatric care that expand access and move the delivery system away from siloed, fee-for-service health care;</i></li> <li>• <i>Continue to improve access to and quality and equity of care, with a focus on initiatives addressing health-related social needs and specific improvement areas relating to health quality and equity, including maternal health and health care for justice-involved individuals who are in the community;</i></li> <li>• <i>Support the Commonwealth’s safety net, including ongoing, predictable funding for safety net providers, with a continued linkage to accountable care; and</i></li> <li>• <i>Maintain near-universal coverage including updates to eligibility policies to support coverage and equity.</i></li> </ul>

**Enrollment in Premium Assistance (STC 16.5.b.v.)**

During this reporting quarter, MassHealth provided premium assistance for 12,217 health insurance policies resulting in premium assistance to 24,085 MassHealth eligible members. The value of the third-party payments made by MassHealth during this reporting quarter was \$18,838,635.

<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>	2,047	10,526	12,573
<i>CommonHealth</i>	3,795	0	3,795
<i>Family Assistance</i>	9	7,073	7,043

<i>CarePlus</i>	0	674	743
<b>Total for 7/1/23-9/30/23</b>	<b>5,851</b>	<b>18,234</b>	<b>24,085</b>

**Premium Assistance Disenrollment Rate** During this reporting quarter, MassHealth provided premium assistance for 12,217 health insurance policies. Of these, 558 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 4.6%. Please note that losing Premium Assistance does not impact a member’s MassHealth eligibility status. Members disenrolled from Premium Assistance can continue to receive care from within the MassHealth network, assuming they remain eligible for MassHealth. Many of the policies who are disenrolled for failure to provide updated policy information when their plan year ends have their Premium Assistance reinstated once they do provide that information.

<b>Premium Assistance Program: Employer Sponsored Insurance</b>	<b>Total Premium Assistance Policies</b>	<b>Total Policies Disenrolled from Premium Assistance</b>	<b>Premium Assistance Disenrollment Rate</b>
<b>Total for 7/1/23-9/30/23</b>	<b>12,217</b>	<b>558</b>	<b>4.6%</b>

**ACO, CP, HRSN Infrastructure Operational Updates (STC 16.5.a)**

**HRSN Infrastructure:** MassHealth determined several HRSN Infrastructure policies in preparation for a procurement to provide funds for Social Service Organizations (SSOs) and Specialized Community Support Program Providers (CSPs). This procurement will enable SSOs and CSPs to prepare for HRSN Services in 2025. Additionally, MassHealth prepared a procurement for a managing vendor. This managing vendor will support the procurement for SSOs and CSPs funding as well as support learning collaboratives and webinars. MassHealth also prepared an 1115 amendment in which we requested an additional \$17M in HRSN infrastructure funding to appropriately support SSOs and CSPs in successful provision of HRSN services.

**ACOs:** ACOs successfully navigated the transition out of the continuity of care period following the start of the new contracts on April 1, 2023. As a result of the data exchanges that occurred prior to the contract go-live date, ACOs were able to use the 90 day continuity of care period to transition members into in-network providers and we did not experience significant escalations or grievances after the continuity of care period ended. The ACOs have also been able to successfully implement capitated payments for their

primary care providers and have been generally timely in reporting on payments and member assignments. MassHealth will continue to work closely with the ACOs to build on the initial successes. ACOs have also been meeting their regular reporting requirements in a timely fashion and MassHealth has not identified any concerning trends.

MassHealth reviewed all of the ACO's network adequacy reports and has reached out to plans to address areas of non-compliance and develop mitigation strategies where needed.

ACOs continue to partner with MassHealth to assist members in completing renewals and have been innovative and effective in their member outreach.

**Community Partners:** Overall, CPs, ACOs, and MCOs built on early successes in implementing CP operational and payment requirements during this reporting period and all CPs were successfully paid, on time, by their ACO/MCO partners. Significant operational challenges were identified and addressed with two ACOs including poor roster management due to errors in roster reconciliation practices and lack of provision of required payment reporting to CPs. Another operational challenge was identified with one CP due to improper roster reconciliation and is currently being addressed on an individual basis with that CP.

During this quarter, MassHealth received and conducted review of all LTSS Infrastructure deliverables for Contract Year 1 (CY1, 4/1/23 through 12/31/23).

As of September 30, 2023, 27,670 members were enrolled in BH CPs and 10,258 members were enrolled in LTSS CPs.

The CP Continuity of care period ended on June 30, 2023 and CPs and ACOs/MCOs focused on rightsizing enrollment and roster management to adjust to new programmatic enrollment requirements.

**Impact of Beneficiaries Outcomes of Care, Quality and cost of care, access to care, results of beneficiary satisfaction surveys (STC. 16.5.b)**

Annually, MassHealth calculates several measures from the CMS Child and Adult Core sets to assess beneficiary outcomes, quality, and experience of care. During Q3, MassHealth utilized data submitted by MassHealth managed care plans (MCPs) and MassHealth's comprehensive quality vendor (CQMV), to analyze MCP and overall MassHealth performance through the production of MassHealth weighted means (MHW). In Q4, MassHealth will compare MHWs to prior performance and national benchmarks to identify performance trends as well as potential topics for performance management/improvement.

In addition, MassHealth evaluates beneficiary access to care through its External Quality Review (EQR) Network Adequacy Validation process which included geo-mapping analyses and provider directory

validation. During Q3, MassHealth’s EQR vendor finalized 2023 analyses with results being available in Q4.

*Quality and Outcome Data*

2023 Adult Core Set Results (MY2022)

Measure Name	Acronym	NQF #	MY 2022 Rate
<b>Asthma Medication Ratio</b>	AMR	1800	56.9%
<b>Controlling High Blood Pressure</b>	CBP	0018	68.7%
<b>Hemoglobin A1c Control for Patients with Diabetes (Poor Control – Lower Rate is Better)</b>	HBD	0059	33.4%
<b>Follow-Up After Emergency Department Visit for Substance Use - 7 days</b>	FUA	3488	43.1%
<b>Follow-Up After Emergency Department Visit for Substance Use - 30 days</b>	FUA	3488	56.1%
<b>Follow-Up After Hospitalization for Mental Illness - 7 days</b>	FUH	0576	40.3%
<b>Follow-Up After Hospitalization for Mental Illness - 30 days</b>	FUH	0576	62.7%
<b>Follow-Up After Emergency Department Visit for Mental Illness - 7 days</b>	FUM	3489	72.9%
<b>Follow-Up After Emergency Department Visit for Mental Illness - 30 days</b>	FUM	3489	79.7%
<b>Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment (Total)</b>	IET	0004	48.3%
<b>Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment (Total)</b>	IET	0004	18.3%
<b>Plan All-Cause Readmission</b>	PCR	1768	1.1750
<b>Prenatal and Postpartum Care: Postpartum Care</b>	PPC	1517	83.8%

2023 Child Core Set Results (MY2022)

Measure Name	Acronym	NQF #	MY 2022 Rate
<b>Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase</b>	ADD	0108	46.4%
<b>Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase</b>	ADD	0108	54.4%
<b>Asthma Medication Ratio</b>	AMR	1800	64.1%
<b>Childhood Immunization Status (Combination 10)</b>	CIS	0038	49.2%

<b>Follow-Up After Emergency Department Visit for Substance Use - 7 days</b>	FUA	3488	36.8%
<b>Follow-Up After Emergency Department Visit for Substance Use - 30 days</b>	FUA	3488	47.4%
<b>Follow-Up After Hospitalization For Mental Illness - 7 days</b>	FUH	0576	57.2%
<b>Follow-Up After Hospitalization For Mental Illness - 30 days</b>	FUH	0576	80.4%
<b>Follow-Up After Emergency Department Visit for Mental Illness - 7 days</b>	FUM	3489	87.1%
<b>Follow-Up After Emergency Department Visit for Mental Illness - 30 days</b>	FUM	3489	91.1%
<b>Immunizations for Adolescents (Combination 2)</b>	IMA	1407	48.1%
<b>Well-Child Visits in the First 30 Months of Life (First 15 Months)</b>	W30	1392	72.8%
<b>Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)</b>	W30	N/A	79.3%
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total)</b>	WCC	0024	81.4%
<b>Child and Adolescent Well-Care Visits (Total)</b>	WCV	N/A	65.6%

*Experience of Care Data*

Health Plan CAHPS 2023 – Adult Survey

<b>Composite</b>	<b>Response Categories</b>	<b>MHWM (MH Weighted Mean)</b>
<b>Getting Care Quickly</b>	Usually + always	80.00%
<b>Getting Needed Care</b>	Usually + always	80.50%
<b>How Well Doctors Communicate</b>	Usually + always	94.00%
<b>Customer Service</b>	Usually + always	90.70%

Health Plan CAHPS 2023 – Child Survey

<b>Composite or Question</b>	<b>Response Categories</b>	<b>MHWM (MH Weighted Mean)</b>
<b>Getting Care Quickly</b>	Usually + always	81.70%
<b>Getting Needed Care</b>	Usually + always	79.00%

<b>How Well Doctors Communicate</b>	Usually + always	93.90%
<b>Customer Service</b>	Usually + always	82.40%

**Waiver Evaluation (STC 16.5.d)**

**2017-2022 Waiver Evaluation Activities – DSRIP Goals 1&2**

Quantitative Activities

- Continued secondary data acquisition
- Continued data preparation and analyses of MassHealth administrative claims and encounter data, hybrid quality measures, member experience surveys, Flexible Services data, MassHealth and other program data, ACO financial reconciliation data, and CP staff and ACO provider surveys
- Continued data acquisition from MassHealth SWI Vendors to obtain information for cost analyses and completed costing analyses for DSRIP ACO investments
- Began preparing content for the Independent Evaluation Summative Report
- Continued preparation of manuscripts for submission to peer-reviewed journals

Qualitative Activities

- Completed analysis of member interviews wave two data
- Completed analysis of SSO case study wave two interview data
- Completed analysis of ACO case study wave two interview data
- Began analysis of CP case study wave two interview data
- Planned analysis of the MassHealth staff wave two interview data
- Continued review of ACO and CP program documents
- Continued integration and synthesis of data over time and across sites
- Continued planning for Summative Report writing, including mapping of primary and secondary data to Research Questions and outlining content
- Developed a writing timeline and established writing teams
- Continued preparation of manuscripts for submission to peer-reviewed journals

**2017-2022 Waiver Evaluation Activities - Goals 3, 4, 6, 7**

- Continued updating descriptive statistics of program data and updating coding for claims data analysis for Goal 3
- Continued reviewing and analyzing data for HEDIS-based quality measures and reviewing the results for fee-for-service population analyses for Goal 4
- Continued updating analyses for Goal 6

- Continued communicating with data system teams about compiling and transferring MH data to the Independent Evaluator for Goal 7 analyses
- Continued reviewing and comparing data from two sources (DDE and MMIS) for Goal 7 analyses to determine the best source
- Began planning to share with MassHealth the results of analysis comparing two data sources for Goal 7 and to offer a suggestion for preferred source
- Continued regular monthly meetings with MassHealth to ensure tasks are on track and to discuss issues as they arise.
- Continued research of policy developments relevant to each goal
- Began preparation of a manuscript for submission to a peer-reviewed journal

#### **2017-2022 Waiver Evaluation Activities – Goal 5**

- Obtained updated CDC WONDER data
- Built analytic dataset for interrupted time series analysis
- Continued to meet with MassHealth SUD program contacts to ensure the objectives of the evaluation are being met
- Continued to identify cost data for return on investment analysis

#### **2017-2022 Waiver Evaluation Activities – Publications and Presentations**

##### Accepted Abstract:

Sabatino MJ, Hager K, Nicholson J, Alcusky MJ. Housing and Nutritional Supports to Address Health-Related Social Needs of Medicaid ACO Enrollees: Implementation Experiences and Utilization Trends in the Massachusetts Flexible Services Program. State University Partnership Learning Network (SUPLN) of Academy Health, Annual Meeting. November 17, 2023

##### Accepted/Published Papers:

Sabatino MJ, Mick EO, Ash AS, Himmelstein J, Alcusky MJ. Changes in Healthcare Utilization During the First Two Years of Massachusetts Medicaid Accountable Care Organizations. Population Health Management (Accepted, in Press)

Kachoria, AG, Sefton, L, Miller, F, Leary, A, Goff, SL, Nicholson, J, Himmelstein, J and Alcusky, M., 2023. Facilitators and Barriers to Care Coordination Between Medicaid Accountable Care Organizations and Community Partners: Early Lessons From Massachusetts. Medical care research and review,

#### **2022-2027 Waiver Evaluation Activities**

During this quarter, the Independent Evaluator (IE) continued planning and organizing team activities for the new waiver period, formalizing the project governance structure, reviewing lessons learned from the previous 2017-2022 1115 Demonstration Independent Evaluation, and preparing the minimum necessary documentation (MND) form for data access. The IE drafted a timeline for responding to CMS' feedback on the evaluation design in collaboration with MassHealth. In addition, the IE continued to review updated policies being developed by MassHealth and relevant literature. The IE has also been reviewing the literature to support the development of interview guides and surveys. The IE expects CMS comments on the 2022-2027 Waiver Evaluation Design Document in the next quarter.

**Beneficiary Support System (STC 8.10)**

	2023		
AHS	July	August	September
Eligibility	86,901	114,150	119,951
Health Plan	32,336	38,790	32,724
<b>Grand Total</b>	<b>119,237</b>	<b>152,940</b>	<b>152,675</b>
MAXIMUS			
Eligibility	37,419	42,077	32,291
Health Plan	3,595	1,002	56
Specialty	10,238	10,919	7,836
<b>Grand Total</b>	<b>51,252</b>	<b>53,998</b>	<b>40,183</b>

**ACO and CP Delivery System Reform Incentive Payment (DSRIP) (STC 12.9)**

The DSRIP program ended on 3/31/2023, but MassHealth continued to engage in DSRIP close-out activities during Q3. MassHealth and the Independent Assessor completed the review of ACOs’ final deliverables for DSRIP Budget Period 5 (1/1/2022-3/31/2023), including budgets, budget narratives, and annual progress reports. The majority of ACOs fully expended their DSRIP funds by the end of Budget Period 5, while four ACOs reported underspending of a total of ~\$755K. MassHealth is working on recouping these unspent funds. CP and CSA Budget Period 5 final deliverables were still under review. Also during this quarter, MassHealth completed and submitted to CMS the DSRIP-specific portion of the 1115 Demonstration Close-out Report, which incorporated a summary of takeaways from the DSRIP program reported by ACOs and CPs in the Budget Period 5 annual progress reports. MassHealth did not disburse any DSRIP payments during Q3.

**Flexible Services Program**

During DY28 Q3, ACOs had all successfully transitioned from DSRIP Flexible Services into the new contract year and began to provide services to members. In July, MassHealth reviewed ACOs PY5 Flexible Services Annual Progress Reports and provided feedback to ACOs. By the end of August, all PY5 Annual Progress Reports were approved.



Please see below for **Flexible Services Program Quarterly Progress Report Summary of Services Provided** tables.

Health Related Social Needs Updates

- Non-DSRIP Flexible Services Program Updates
  - In DY28 Q3, all ACOs continued providing Flexible Services via their new contract totaling 112 approved Flexible Services Programs
  - In August, ACOs submitted their Q1 Quarterly Tracking Reports (April – June 2023) and MassHealth began review of their data.
  - MassHealth released updated ACO guidance for DY29 including information on budget submissions and modifications to programs.
- Specialized CSP
  - Specialized CSP services went into effective in DY28Q2, in April 2023. In the following months, MassHealth provided guidance and support to managed care plans and Specialized CSP providers to implement and operationalize these services.

**Enrollment Information**

The enrollment activity below reflects enrollment counts for CY 2023 Quarter 3, as of September 30, 2023.

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
Base Families	1,081,781
Base Disabled	233,691
1902(r)(2) Children	33,619
1902(r)(2) Disabled	16,521
Base Childless Adults (19- 20)	24,311
Base Childless Adults (ABP1)	53,560
Base Childless Adults (CarePlus)	391,806
BCCTP	1,293

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
CommonHealth	34,093

e-Family Assistance	7,174
e-HIV/FA	645
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
1,878,494	<b>1,878,494</b>

\* TANF is reported under Base Families

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

The enrollment activity below reflects the average monthly enrollment counts for the quarters ending June 30, 2023 and September 30, 2023.

Plan Type	QE 6/23	QE 9/23	Difference
MCO	200,890	198,124	(2,766)
PCC	68,856	65,204	(3,652)
MBHP*	497,372	482,352	(15,020)
FFS/PA**	817,317	807,520	(9,797)
ACO	1,348,850	1,318,167	(30,683)

\*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

**Member Month Reporting**

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

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

<b><u>Expenditure and Eligibility Group (EG) Reporting</u></b>	<b><u>Jul 2023</u></b>	<b><u>Aug 2023</u></b>	<b><u>Sep 2023</u></b>	<b><u>Total for Quarter Ending 9/23</u></b>
<b>Base Families</b>	1,084,464	1,081,712	1,078,378	3,244,554
<b>Base Disabled</b>	234,407	234,331	232,869	701,607
<b>1902(r)(2) Children</b>	35,063	33,973	32,623	101,659
<b>1902(r)(2) Disabled</b>	18,072	16,471	16,195	50,738
<b>New Adult Group</b>	493,889	467,583	453,217	1,414,689
<b>BCCDP</b>	1,320	1,283	1,269	3,872
<b>CommonHealth</b>	34,351	34,531	33,334	102,216
<b>TANF/EAEDC</b>	1,124	1,252	1,946	4,322

\*This line shows EAEDC member months. TANF member months are included with Base Families.

- For Informational Purposes Only**

<b><u>Expenditure and Eligibility Group (EG) Reporting</u></b>	<b><u>Jul 2023</u></b>	<b><u>Aug 2023</u></b>	<b><u>Sep 2023</u></b>	<b><u>Total for Quarter Ending 9/23</u></b>
<b>e-HIV/FA</b>	694	631	599	1,924
<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

**FS Program CY23 Q2 Quarterly Progress Report Summary of Services Provided\***

Q2 CY23	Nutrition	Home Modifications	Tenancy Sustaining	Pre-Tenancy – Individual	Pre-Tenancy – Transitional	Total Unduplicated Members***	Total Spend (in millions)
Atrius	124	0	72	12	#	208	\$220K
BACO	1,267	15	154	221	52	1,565	\$1.352M
BCH	817	#	35	#	#	850	\$346K
Be Healthy Care Alliance	83	31	0	0	0	112	\$257K
Berkshire	242	0	13	#	0	260	\$218K
BILH	200	#	93	47	#	281	\$303K
CCC	2,066	39	236	192	32	2,257	\$1.460M
CHA	1,266	0	34	110	#	1,338	\$431K
East Boston	220	0	#	#	#	230	\$124K
Mercy	86	#	29	18	0	115	\$107K
MGB	1,978	13	28	169	25	2,147	\$1.414M
Reliant	93	0	12	30	#	145	\$158K
Signature	51	0	19	39	#	95	\$94K
Southcoast	151	0	#	#	0	171	\$162K
Steward**	0	0	0	0	0	230	\$790K
Tufts Medicine	43	0	60	92	#	160	\$168K
UMass	0	0	26	14	12	53	\$196K
<b>Total</b>	<b>8,686</b>	<b>107</b>	<b>823</b>	<b>974</b>	<b>173</b>	<b>10,214</b>	<b>\$7.803M</b>

\*All numbers are preliminary as MassHealth is still working on data clean up with ACOs. Adjustments may be made in future reports as data is verified. The total amount served is the total served in DY28. We have excluded previous quarters given the new demonstration.

\*\*Each service provided per ACO per category represents 1 member. Non-zero numeric references less than 11 and related complimentary data fields have been masked (#) to protect confidentiality. \*\*\*Members may receive services across multiple categories, in these cases, member may be included for the count of for multiple categories of services (e.g., Nutrition and Home Modification) but only count towards one in the “Total Members” column. This leads to the “Total Members” appearing to be smaller than the sum of the five category columns.

<b>FS Program Quarterly Progress Report Summary of Services Provided*</b>		
<b>Flexible Services Categories</b>	<b>CY23 Q2</b>	
	<b># of Services Provided in Each Category</b>	<b>Total Spend (in millions) in Each Category</b>
<b>Pre-Tenancy Individual</b>	974	\$1.3M
<b>Pre-Tenancy Transitional</b>	173	\$681K
<b>Tenancy Sustaining</b>	823	\$799K
<b>Home Modifications</b>	107	\$68K
<b>Nutrition</b>	8,686	\$4.953M
<b># of Unique Members / \$ Spent</b>	10,214	\$7.803M
*All numbers are preliminary as MassHealth is still working on data clean up with ACOs. Adjustments may be made in future reports as data is verified.		