

MassHealth

Section 1115 Quarterly Report

Demonstration Year: 25 (07/01/2021 – 06/30/2022)

Quarter 3: (01/01/22 – 03/31/22)

### **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 25, ending March 31, 2022.

**Enrollment Information**

The enrollment activity below reflects enrollment counts for SFY 2022 Quarter 3, as of March 31, 2022.

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
Base Families	977,922
Base Disabled	229,033
1902(r)(2) Children	27,448
1902(r)(2) Disabled	18,185
Base Childless Adults (19- 20)	25,996
Base Childless Adults (ABP1)	44,808
Base Childless Adults (CarePlus)	387,718
BCCTP	1,292

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
CommonHealth	31,696
e-Family Assistance	6,533
e-HIV/FA	861
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>1,751,492</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 2022 quarters ending December 31, 2021 and March 31, 2022.

Plan Type	QE 12/21	QE 3/22	Difference
MCO	219,395	222,334	2,939
PCC	115,909	117,633	1,724
MBHP*	642,155	652,647	10,492
FFS/PA**	672,503	695,734	23,231
ACO	1,138,885	1,165,216	26,331

\*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 11,815 health insurance policies resulting in premium assistance to 23,994 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 Employee Premium Assistance Program currently has no active participating members. The program gradually dropped in enrollments over time mainly due to either loss of private insurance, or the member was determined eligible for a richer benefit and has been transferred to a Premium Assistance benefit under another category of aid.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
Standard	1,806	11,551	13,357
CommonHealth	3,414	0	3,414
Family Assistance	17	6,490	6,507
CarePlus	0	716	716
Small Business Employee Premium Assistance (SBEPA)	0	0	0
<b>Total for Q3</b>	<b>5,237</b>	<b>18,757</b>	<b>23,994</b>

## **Outreach Activities**

### **Certified Application Counselor Training and Communication**

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,300 Certified Application Counselors (CACs) across 268 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 1,323 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 (PHE).

Assister conference calls and webinars covered topics such as updates to MassHealth Health Plans, online enrollment, MassHealth’s response to COVID-19, and Health Safety Net updates.

*Assister Update* emails this quarter, included:

- Reminder: Troubleshooting Health Connector Member Problems Webinar
- Evaluation: Troubleshooting Health Connector Member Problems Webinar
- End of Year Tax Filing for Health Connector and MassHealth Members
- Evaluation: End of Year Tax Filing for Health Connector and MassHealth Members
- Health Connector OE Ends 23<sup>rd</sup> and MassHealth’s Health Equity RFIs – deadline extended
- MA Assister Newsletter Issue 4 (Winter)
- MAhealthconnector.org System Updates Release 24.0
- Massachusetts Health Connector Notice of Grant Opportunity: Navigator Program
- Lead CAC Survey
- Health Connector and MassHealth Tax Filing Reminders and Job Opportunity
- Health Connector and Medicare Update
- System Update Impacting MassHealth and Health Connector Reasonable Compatibility Rules
- Temporary Protected Status Designation for Ukraine Immigrants
- Updates from MassHealth and Other Resources

- New Assister Portal Sign in Requirements
- New! System Update for the Online Application at [MAhealthconnector.org](https://MAhealthconnector.org)

*Assister Webinar opportunities*

- Troubleshooting Common Health Connector Member Issues
- Lead CAC Meetings (1/12/22; 1/19/22; 3/16/22; 3/23/22; 3/30/22)
- Health Connector and MassHealth Year End Tax Filing
- Lead CAC Feedback Session
- Assister Portal Multi-Factor Authentication (MFA) Webinar

MassHealth In-Person Enrollment Events & MassHealth Attended Events

Due to the COVID-19 PHE, no in-person events were held or attended this quarter. We continued to update member related materials on our 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, 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.*** The quarterly MTF held 8 meetings virtually due to the COVID-19 PHE to educate and train our stakeholders and organizations that support our members on health plan updates. A total of 714 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 and on other issues.

***Enhancements to Customer Service Support.*** The member website ([MassHealthChoices.com](https://MassHealthChoices.com)) continued to support members in understanding their managed care enrollment options, their ability to search for providers and enroll in a plan.

### Provider Education and Communication

As with the previous quarter, the provider education and communication continued its support of our members and providers with the latest updates and guidance regarding MassHealth's response to the COVID-19 emergency, including communication to providers regarding COVID-19 vaccinations, boosters, and telehealth. Virtual resources continued 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 Microsoft Teams, enhanced customer service, and provider support emails were continuously updated with the latest policy and guidance from MassHealth.

In January and February, COVID-19 focused updates were presented at the virtual quarterly Provider Association Forum (PAF), and at two virtual MTF sessions to help providers and their trade associations understand MassHealth efforts in response to COVID-19, as well as additional updates in the following areas:

- New Provider Bulletins
- Services available through MassHealth Business Services and Supports (BSS) vendor
- MassHealth Provider Access Improvement Grant Program updates
- Office of Long-Term Services and Supports (OLTSS) updates
- Medicaid and CHIP Managed Care Final Rule updates
- Payment Error Rate Measurement (PERM) RY 2023
- MassHealth User ID/MMIS Access updates
- Transportation program changes–revalidation updates

COVID-19 continues to impact all providers in various ways. Any information that MassHealth can provide will help ease administrative burden and delays in payment. Questions and escalations surrounding new policies in response to COVID-19 were handled as priorities when needed, and providers' issues were addressed. In addition, MassHealth continues to move forward with usual business initiatives and program enhancements. Provider Education and Communication is also actively planning for any unwinding activities that may be needed when the public health emergency ends.

## **Delivery System Reforms and DSRIP**

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

MassHealth has continued performance management discussions with a set of individual ACOs to identify opportunities for improvement, align on trend drivers, and develop plan-driven interventions. In Q3, MassHealth delivered to the ACOs/MCOs the most recent round of utilization reporting. This round of reporting included plans' utilization rates during an Observation Period (7/1/2020 – 6/30/2021) and a Comparison Period (7/1/2019 – 6/30/2020) on measures including: Inpatient, Outpatient, Substance Use Disorder (SUD), Behavioral Health (BH), Emergency Department, Primary Care, and Telehealth. The report also includes market rates for the Observation Period and Comparison Period, as well as a ranking column indicating a plan's utilization relative to the other market plans. The market is comprised of all MassHealth Managed Care Eligible Plans (ACO, MCO, PCCP).

In Q3, MassHealth continued to monitor overall and ACO/MCO-specific Community Partners (CP) program enrollment and engagement. This informed performance calls with a subset of ACOs/MCOs who were not meeting minimum expectations for CP enrollment. In February, MassHealth issued the Preferred Relationships Guidance for 2022, which allowed ACOs/MCOs and CPs to propose to terminate relationships for reasons other than for-cause. Proposals were due in early March; no proposals were received. During this quarter, MassHealth released the March CP Enrollment and Activities Reports to all ACOs/MCOs, as well as an updated version of the CP Program Portal Enrollment and Disenrollment Guidance to ACOs/MCOs and CPs.

MassHealth began development of Amendment 2 to the 4<sup>th</sup> Amended and Restated Contracts to reflect updated policies to be effective in 2022.

In Q3, MassHealth reviewed and approved 27 Performance Remediation Plans (PRPs) submitted by 17 ACOs participating in ACO PRP Cycle 2. Cycle 2 combines CY21 and CY22 remediation opportunities into one process; the implementation period will last until November 30, 2022. Also during this quarter, MassHealth received initial proposals from 25 CPs participating in the CP PRP cycle that combines CY20, CY21, and CY22 and initiated the review process.

### **Community Partners (CPs)**

As of February 28, 2022, 30,891 members were actively enrolled in the Behavioral Health (BH) CP Program, and 8,861 members were actively enrolled in the Long-Term Services and Supports (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 58% of BH CP members were “engaged” (i.e., had a Care Plan completed and signed). For the LTSS CPs, the cumulative Participation Form completion rate was 63%. 45% of LTSS CP members were “engaged.” Engagement rates reflect CPs’ increasing ability to locate, outreach, and establish strong relationships with members. Many CPs have adopted unique and creative strategies to help successfully find members such as creating dedicated outreach teams to locate and work with hard-to-reach members. As a result of these strategies, CPs have demonstrated their value to ACOs and MCOs by contacting and engaging some of MassHealth’s most vulnerable and least connected members.

**Operational Updates.** As of March 27, 2022, over 209,000 CP enrollments and disenrollment have been processed through the CP Program Portal. MassHealth engaged in a clean-up of ACO/MCO-CP enrollments; reassigning Department of Mental Health (DMH) Adult Community Clinical Services (ACCS) members who were incorrectly enrolled in the wrong assignment plans; and disenrolling DMH Program of Assertive Community Treatment (PACT) members who were improperly enrolled in the CP program. This clean-up is in preparation for launching the addition of PACT and ACCS flags in MMIS in Spring 2022.

**Reporting and Performance Management Strategy.** CP-facing Quarterly Reports were refreshed in March. These reports did not include any new measures but rather refined the measures currently available in response to survey feedback provided by the CPs. The most notable of these refinements was enhanced documentation and labeling to clarify certain measures and ensure understanding. Additional stratification of the measures was also added to some reports. One of these reports was the Summary Report, which can now be stratified by ACO to easily allow the CPs to discuss their shared members with ACOs. The following reports will be produced in a steady state with no further enhancements at this time. In collaboration with MassHealth, CPs actively utilized the quarterly reports and other data sources to launch data-driven performance improvement initiatives. CPs have improved on measures such as “Days to Care Plan Complete” and “Percent of members with No QA Submitted in the First 92 Days” – an indicator of programmatic reach and financial viability. This was the first report refresh where there were CPs who met the benchmark of averaging 122 days to “Care Plan Complete”.

MassHealth continued to monitor market-wide and individual CP performance. In response to market-wide performance improvement and performance trends, MassHealth further refined internal performance management tools and strategies. MassHealth identified and engaged several CPs that performed below the market in multiple key performance indicators this quarter.

### 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 Community Service Agencies (CSAs) succeed in MassHealth payment reform.

During Quarter 3, the six-episode “Reimagining Primary Care: Innovation After Disruption” series was launched and made publicly available on Spotify, Apple, and Amazon Music. As part of the final cycle of the DSRIP-funded student loan repayment program, 94 awardees’ contracts were executed. These included providers in community health centers and community-based behavioral health (BH) provider organizations. The team continued to review and process applications as part of the MA Technical Assistance program, which is in its fifth and final year. As of March 2022, almost 500 applications have been submitted by ACOs and CPs. In calendar year 2022, MassHealth processed 25 new TA applications and 28 statements of work and budgets.

MassHealth provided DSRIP Statewide Investment funding to the Center for Health Impact (CHI) to develop and deliver advanced trainings for Community Health Workers (CHWs) in the areas of telehealth, mental health, and substance use disorders. CHI has completed the development of the telehealth training, which aims to better educate CHWs about the unique benefits and challenges of telehealth delivery, as well as how to develop strategies to better communicate with the patients they serve. The training received a tremendous amount of initial interest, with over 100 CHWs applying for 75 available slots. The three training cohorts will be implemented from April-June 2022. The Mental Health and Substance Use Disorders training curricula are in their final stages of development.

Health Resources in Action (HRiA) and EOHHS continued to work with awardees as they navigate through issues related to COVID-19. Awardees have been challenged with submitting required and acceptable documentation for processing invoices and completing the Provider Access Improvement Grant Program (PAIGP) final reporting due to supply chain issues, as an example. Some awardees are waiting longer than anticipated to receive equipment and/or resources. Since January 2022, HRiA and EOHHS received three additional requests from awardees to extend the deadlines to submit invoices, receive and install equipment and/or resources, and complete final reporting requirements. As a result, EOHHS has shifted the deadlines for these awardees to May 2022.

### DSRIP Operations and Implementation

During Q3, MassHealth and the Independent Assessor (IA) reviewed all initial CY22 budget, budget narrative, and full participation plan submissions. MassHealth and the IA approved six ACO submissions, as well as 16 CP submissions and 15 CSA submissions. First quarterly payments for CY22 were released for these approved ACOs, and CY22 first-half payments were released for these approved CPs and CSAs. MassHealth also released CY22 Annual and Semiannual Report guidance documents to ACOs, CPs, and CSAs.

After the previous quarter's surge of COVID-19 cases both statewide and nationally, during Q3, MassHealth's ombudsman program, My Ombudsman (MYO), resumed conducting all outreach activities virtually. MYO took part in 18 outreach events, reaching more than 270 participants, with a particular focus on building new partnerships with organizations in more geographically isolated areas such as Western Massachusetts and with organizations that serve populations who may face disparities with access to care, including organizations serving Deaf and Hard of Hearing members. As part of these efforts, MYO has also been working to update and customize its posters and flyers to be more accessible to these populations, including for Deaf and Hard of Hearing members and for individuals with Limited English Proficiency. In addition, MYO's director met with leaders and members of some of the managed care plans' Patient and Family Advisory Committees (PFACs) to discuss potential ombudsman presentations at upcoming meetings, as well as distribution of outreach materials. Finally, MYO also launched a series of advertisements on bus lines throughout the Commonwealth and began using paid Facebook ads to promote their Facebook page and website. Next quarter, MYO will analyze the effect of these ads on website traffic and program call volume and anticipates returning to more in-person outreach activities.

MYO's top complaint topics from managed care members (excluding individuals enrolled in integrated care programs serving dual members) this quarter involved dissatisfaction with their providers and issues with accessing medications. Other complaints were about poor or rude treatment from their providers and/or their staff. In both types of provider-related cases, MYO helped members try to mediate with their providers or reviewed their options for filing grievances with their plans or their doctor's offices.

During this quarter, the Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP), began fielding the fourth year (2022) of the MassHealth Primary Care (PC), Behavioral Health (BH), and Long-Term Services and Supports (LTSS) adult and child surveys. Survey invitations were sent in waves, beginning with email invitations in early February for the Tier 1 member population. The email invitations were followed by mailed surveys in mid-February. LTSS survey phone interviews began in late March. During this phase of the survey

cycle, MHQP monitored survey response rates, issued bi-weekly response rate reports across all surveys, and held a mid-fielding After Action Review meeting at the end of March to review the survey preparation activities and initial fielding phases.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in March 2022 to provide an overview of the current Member Engagement initiatives on the ACO/MCO, CP, and MassHealth level. 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 3/31/22:** 1,180,260
- **MCO enrollees covered by APMs that are not ACOs:** 4,635
- **ACO-eligible members<sup>2</sup> as of 3/31/22:** 1,446,970
- **Percent of ACO-eligible members enrolled in ACOs:** 81.9%

Managed Care Plan	Members	Membership Percentage	HCP-LAN Category
Model A	694,318	47.98	Category 4C
Model B	473,563	32.73	Category 3B
Fee for Service (not managed care)	45,501	3.14	Category 1
Traditional MCOs (including 11,500 Model C members)	110,571	7.64	Traditional MCO: Category 4N <sup>3</sup> (between State and MCO) Model C: Category 3B (between MCO and Model C)
Primary Care Clinician (PCC) Plan	118,212	8.17	Category 1
MCO Non-ACO APM Contracts	4,635	0.32	Category 3A

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

<sup>2</sup> The denominator (i.e., ACO-eligible members) includes all ACO enrollees and attributed members (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 in an ACO, MCO, or the PCC Plan. This includes members not subject to mandatory managed care enrollment and members who were between plans at the time of the snapshot.

<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.

Flexible Services (FS)

MassHealth’s Flexible Services Program (FSP) is testing whether MassHealth 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 January 2022, ACOs continued their 81 existing programs and launched four new Flexible Services programs for CY22, which includes at least one program for each of the 17 ACOs. The 85 programs include 42 nutrition programs, 41 tenancy programs, and two nutrition and tenancy programs. One additional nutrition program continues to be discussed for potential approval. MassHealth provided initial feedback to the ACOs on their CY2021 Q3 Quarterly Tracking Reports. Via the Social Services Organizations (SSOs) Preparation Fund, MassHealth and the Department of Public Health (DPH) convened the housing SSOs to discuss best practices and areas for improvement.

In February, ACOs resubmitted CY2021 Q3 Quarterly Tracking Reports based on feedback from MassHealth. MassHealth has begun analyzing CY2021 Q3 data. MassHealth has also released the CY2021 Annual Progress Report template and instructions.

In March, MassHealth hosted multiple informational sessions for ACOs. First, MassHealth hosted a convening of ACOs to discuss best practices in member engagement, workflow development, and referral processes. Second, MassHealth met with ACOs to provide additional guidance on completing the CY2021 Annual Progress Report. Later in the month, ACOs submitted their PY4 Annual Progress Reports, Expenditures, and CY2021 Q4 Quarterly Tracking Reports for review.

FS Program Quarterly Progress Report Summary of Services Provided*										
Flexible Services Category	# of Services Provided in Each Category									
	Q1 CY20	Q2 CY20	Q3 CY20	Q4 CY20	Total CY20	Q1 CY21	Q2 CY21	Q3 CY21	Q4 CY21	Total CY21
Pre-Tenancy Individual	17	61	225	377	480	583	821	860	894	2,209
Pre-Tenancy Transitional	0	6	66	62	104	123	123	197	161	527

<b>Tenancy Sustainin g</b>	10	79	293	378	584	387	481	642	679	1,286
<b>Home Modificati ons</b>	0	3	68	109	176	103	96	172	145	495
<b>Nutrition</b>	29	1,228	2,683	3,980	5,450	2,453	2,962	3,913	5,053	8,075
<b># of Unique Members / \$ Spent</b>	42 / \$161,770	1,310 / \$948,794	3,040 / \$2,532,792	4,533 / \$3,130,035	6,134 / \$6,773,390	3,275 / \$3,410,093	3,915 / \$4,756,724	4,995 / \$7,322,413	6,148 / \$7,129,917	10,466 / \$22,618,697
<b># of Unique Members / \$ Spent Across All Quarters</b>	14,397 / \$29,392,087.04									
	*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.									

**Infrastructure and Capacity Building (ICB)**

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 review the submitted ICB Round 2 Installment 1 and 2 reports and connected with select awardees to request revisions of the submitted documents.

**Operational/Issues**

During Q3, in response to COVID-19, MassHealth announced certain policy changes to provide greater flexibility in providing care to MassHealth members. The following bulletins were released to guide health plans:

- In order to promote access to SARS-CoV-2-related testing, MassHealth is requiring that managed care entities cover over-the-counter diagnostic antigen tests for SARS-CoV-2 when accessed through a pharmacy. <https://www.mass.gov/doc/managed-care-entity-bulletin-80-coverage-of-over-the-counter-diagnostic-antigen-tests-for-sars-cov-2-0/download>
- In response to the COVID-19 emergency, MassHealth is requiring managed care entities to implement a temporary per diem rate increase for up to 14 days when a member is admitted for inpatient mental health services or receives administratively necessary day services immediately following inpatient mental health services, is confirmed positive for COVID-19 at the time of admission or within 96 hours of admission, and is not suspected of having become COVID-19 positive after admission due to exposure occurring within the admitting hospital. <https://www.mass.gov/doc/managed-care-entity-bulletin-83-provides-rate-increase-guidance-to-specific-mces-for-covid-19-positive-members-covering-behavioral-health-services-and-to-temporarily-suspend-concurrent-review-for-ccs-services-0/download>
- Due to a shortage of specialty formula, MassHealth is requiring that managed care entities provide coverage of pediatric enteral special formula and thickening agents as a pharmacy benefit to help address supply chain concerns. <https://www.mass.gov/doc/managed-care-entity-bulletin-85-coverage-of-pediatric-enteral-special-formula-and-thickening-agents-as-a-pharmacy-benefit-0/download>

### **Policy Developments/Issues**

- The [Governor's FY23 Budget](#) was released on Wednesday, January 26<sup>th</sup>. The [total budget of \\$48.5 billion](#) supports economic growth across Massachusetts and sustains efforts to address the COVID-19 pandemic, and also makes key investments in other critical areas.
- [MassHealth's programmatic budget](#) is funded at \$17.811 billion gross / \$7.169 billion net.
- MassHealth's budget maintains sustainability for the program without reducing eligibility or benefits. Key priorities include:
  - Maintaining support for MassHealth members and providers as part of the Commonwealth's response to the COVID-19 pandemic
  - Ensuring comprehensive, high quality, equitable, and affordable coverage for all members, including expanding access to affordable health coverage for older adults
  - Continuing implementation of MassHealth's delivery system restructuring via the 1115 waiver renewal for 2022-2027, with a focus on accountable care, health equity, and sustainability of the Commonwealth's safety net

- Reducing prescription drug prices through direct negotiations with drug manufacturers
- Expanding access to mental health and addiction treatment services through the Administration's Roadmap for Behavioral Health Reform
- Supporting the strengthening of home and community-based services and behavioral health services with enhanced funding through the American Rescue Plan Act (ARPA)
- Ensuring that members are redetermined into the appropriate coverage through a smooth process once federal maintenance of Medicaid coverage ends and routine redeterminations resume

Activities during the quarter related to the Roadmap for Behavioral Health Reform:

- On 2/1/22 the behavioral health vendor for EOHHS released a [request for proposals](#) for a network of community behavioral health centers to coordinate and integrate mental health and substance use disorder treatment for MassHealth members. Responses were due on May 6, awards will be announced by June 30, and implementation is anticipated for January 1, 2023.
- Starting in February (although MassHealth launched this program via managed care in December 2021), Behavioral Health Urgent Care services began to be offered at 11 locations across the Commonwealth (expanding in coming months) to provide same or next day appointments with evening and weekend hours.
- On 3/17/22 MassHealth and the Department of Mental Health [released a joint procurement](#) for a **24/7 Behavioral Health Help Line and MassHealth managed behavioral health vendor**. This vendor will manage behavioral health networks and services for a subset of MassHealth members and will help implement key components of the Roadmap for Behavioral Health Reform, including operating a 24/7 Help Line and providing oversight for Community Behavioral Health Centers (CBHCs), behavioral health urgent care, and community and mobile crisis intervention. Procurement of a single vendor will help enable seamless coordination among all of these providers and services. Responses were due May 19.

Also, during the quarter discussions with CMS on the Demonstration extension began in mid-February and EOHHS and CMS will continue to meet at least weekly through summer.

**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) 2022 as reported through the quarter ending March 31, 2022 (QE 3/31/22).

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2018, SFY 2019, SFY 2020, SFY 2021, and SFY 2022 Q1 – Q3. The enrollment data for the years SFY 2019, SFY 2020, SFY 2021, and SFY 2022 Q1 – Q3 were updated based on actual enrollment through March 2022.

**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 \$5.8 billion for the period SFY 2018 through SFY 2022 and \$27.7 billion for the period SFY 2013 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.

For Use in Budget Neutrality Calculations

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Jan 2022</b>	<b>Feb 2022</b>	<b>Mar 2022</b>	<b>Total for Quarter Ending 3/22</b>
Base Families	981,725	987,894	989,051	2,958,670
Base Disabled	228,828	228,700	227,735	685,263
1902(r)(2) Children	27,311	27,841	28,926	84,078
1902(r)(2) Disabled	18,592	18,646	18,308	55,546
New Adult Group	460,288	463,651	463,474	1,387,413
BCCDP	1,296	1,312	1,328	3,936
CommonHealth	31,439	31,440	31,468	94,347
TANF/EAEDC*	388	420	405	1,213

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

For Informational Purposes Only

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Jan 2022</b>	<b>Feb 2022</b>	<b>Mar 2022</b>	<b>Total for Quarter Ending 3/22</b>
e-HIV/FA	865	878	882	2,625
Small Business Employee Premium Assistance	0	0	0	0
DSHP- Health Connector Subsidies	N/A	N/A	N/A	N/A
Base Fam XXI RO	0	0	0	0
1902(r)(2) RO	0	0	0	0
CommonHealth XXI	0	0	0	0
Fam Assist XXI	0	0	0	0

**Consumer Issues**

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

**Quality Assurance/Monitoring Activity**

Managed Care Program (under 65, non-disabled)

The MassHealth MCO Program continued to engage in quality-related activities focused primarily on quality measurement and improvement. During Quarter 3, the MassHealth Quality Office finalized the drafting of the annual MassHealth Performance Measure Report which reports MCO contract-level results for Measure Year (MY) 2020 on select performance measures. The final draft was posted to the MassHealth website in March 2022:

<https://www.mass.gov/info-details/masshealth-quality-reports-and-resources>.

In Q3, the MCOs kicked-off National Committee for Quality Assurance (NCQA) MY2021 HEDIS data collection efforts. Measure rates will be completed and submitted to MassHealth in Q4. In addition to the measure results, the MCOs will submit member level data, including race, ethnicity, and language (REL) data, for review and further analysis. Quarter 3 also marked the start of the first pay-for-performance year applicable to the MCO program. Specifically, MCOs are now subject to meeting performance and improvement targets on a set of 6 NCQA-HEDIS quality measures.

### External Quality Review (EQR) Activities

EQR activities in Q3 represented the beginning of a new performance improvement plan (PIP) cycle. The EQR vendor updated PIP reporting documents and provided Plans with guidance pertaining to the updated PIP topics:

- Health Equity: Reducing or eliminating health disparities with the goal of attaining the highest level of health for all people. Plans may select to focus their PIPs on the following disparity-sensitive measures:
  - Controlling High Blood Pressure
  - Comprehensive Diabetes Care
  - Initiation and Engagement in Treatment
  - Childhood Immunization Status
  - Prenatal and Postpartum Care.
- Prevention and Wellness: Reducing the occurrence and complexity of disease while improving level of functioning and quality of life.
  - Increasing vaccinations rates with at least one specific intervention focused on reducing health inequities.
- Access to Care: Ensuring the timeliness and availability of health care services to achieve optimal health outcomes.
  - Reducing barriers to accessing telehealth services for either behavioral or physical health.

Managed Care Plans will be submitting their planning documents for new and reoccurring PIPs in Q4.

In addition to conducting the required EQR activities, MassHealth initiated the re-procurement process for an EQR vendor. MassHealth posted the RFR in March with responses due back to MassHealth in Q4. MassHealth hopes to have a finalized contract in place by July 1, 2022.

### MassHealth Quality Committee

The MassHealth Quality Committee is a collaborative forum that serves to discuss and develop recommendations on key topics and issues to support leadership and program managers across MassHealth in driving quality strategy. The Committee is inclusive of programs, departments and functions that intersect and are involved in quality program development, measurement, improvement and evaluation activities.

In Q3, the Committee focused its energies on finalizing the comprehensive quality strategy for submission to CMS. In March the finalized draft strategy was sent for legal review and executive

sign off. In Q4, the draft quality strategy will be posted to the MassHealth website for public comment. Once those additional comments are integrated into the strategy, a final version will be sent to CMS for review.

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

In Quarter 3, MassHealth delivered to CMS a final set of recommendations related to expanded COVID-based performance allowances applicable to PY2021-2022 of the ACO program. These allowances primarily focus on performance target reductions informed directly from quality data collected during PY2020. Reduction targets were also reviewed and advised by members of the DSRIP Quality Subcommittee. Also in Q3, ACOs continued implementation efforts related to 2 Performance Remediation Plan cycles (applicable to PY2019-2020 and PY2021-2022), providing opportunities to earn back DSRIP Accountability based funding not initially earned via the application of their Quality Scores.

### **Demonstration Evaluation**

#### **Independent Evaluator University of Massachusetts Chan Medical School (UMass Chan), formerly “UMass Medical School”**

The primary goals for this period included responding to CMS comments on the Independent Evaluation Interim Report (IEIR), disseminating key findings from the IEIR, continuing the second wave of qualitative data collection activities, beginning qualitative data analysis, preparing for the second round of the ACO provider and CP staff surveys, and secondary data acquisition.

Qualitative data-related activities during this period included completion of ACO, MCO, and CP key informant interviews (KIIs). These interviews were transcribed, and all transcripts were moved into the qualitative data management software. In addition, an ACO, MCO, and CP interview data analysis plan was prepared, and coding of ACO transcripts was completed. The team revised the member experience interview guides for adults and parents of pediatric ACO members. Recruitment materials were revised and used to outreach to stakeholders and solicit nominations of MassHealth members for interviews. The team is contracting with Collective Insight, LLC to conduct the interviews under the oversight of the project team. Finally, interview guides were revised for the MassHealth staff KIIs. The team is collaborating with MassHealth to identify appropriate interviewees in preparation for scheduling.

The team revised the ACO provider and CP staff survey instruments in preparation for the second wave of administration. The team coordinated with MassHealth to communicate with ACOs, their practice sites, and CPs regarding the upcoming surveys and to collect contact

information for survey respondents. Respondent contact information was completed for the CP staff, and preparation of the survey sample has begun. The team continued to analyze data from various sources, including the practice site administrator survey, first wave of ACO provider and CP staff surveys, member experience surveys, KIIs with various stakeholders, MassHealth administrative data, clinical quality measures, and MassHealth financial reconciliation reports for the ACOs. The team is continuing to develop dissemination materials, such as conference presentations and peer-reviewed journal manuscripts.

UMass Chan continues to hold recurring meetings with MassHealth to coordinate workstreams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to data required. During this period, UMass Chan presented the key findings from the IEIR to health policy-oriented faculty, staff, and students at Brandeis University.

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

#### Goals 1 and 2 and DSRIP Evaluation Updates

##### A. Overall

- Began preparations for administration of wave two of the ACO provider and CP staff surveys
- Completed interviews for the second wave of ACO, MCO, and CP KIIs
- Began analysis of ACO wave two KII data
- Revised instruments and prepared to conduct MassHealth staff and MassHealth member KIIs
- Continued coding and analysis of MassHealth administrative data
- Analyzed ACO provider and CP staff surveys
- Analyzed member experience surveys
- Analyzed hybrid quality measure data
- Reviewed DSRIP program documentation

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

- Revised ACO provider and CP staff survey instruments
- Prepared to administer wave two of the ACO provider and CP staff surveys
- Conducted remaining KII interviews with ACOs and CPs
- Conducted KII interviews with MCOs

- Sent remaining wave two ACO, MCO, and CP KII data for transcription, integrated available transcripts into qualitative data management software, and continued to analyze available data
- Revised the member experience interview guides for adults and parents of pediatric ACO members
- Continued to plan and recruit for KIIs with MassHealth members
- Revised interview guides and began planning for the MassHealth staff key informant interviews
- Continued analysis of the first wave of data previously collected
- Continued preparation of manuscripts for submission to peer-reviewed journals

#### 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 research of policy developments relevant to each goal
  - Continued communicating with data system teams about compiling and transferring MH data to UMass Chan for Goal 7 analyses
  - Continued reviewing and analyzing data for HEDIS based quality measures for Goal 4, particularly reviewing the results for fee-for-service population
  - Continued to revise the Interim Evaluation Report in response to CMS comments
  - Continued to support MassHealth with activities related to waiver amendments and upcoming waiver extension request
  - Continued to receive and capture updates from MassHealth about pending waiver amendments
  - Continue to develop and refine topics for peer-reviewed dissemination  
Continued regular monthly meetings with MassHealth
- B. Goal 5 – Expanding Substance Use Disorder (SUD) services:
- Responded to CMS comments on interim report and revised Goal 5 report section
  - Continued data analyses MassHealth administrative data
  - Met with MassHealth SUD program contacts regularly to ensure objectives of Goal 5 evaluation are being met

**Enclosures/Attachments**

In addition to this narrative report, we are submitting:

- Budget Neutrality **Workbook**

**Commented [KK(1)]:** The BN workbook will be submitted once it is finalized

**State Contact(s)**

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