

MassHealth

Section 1115 Quarterly & Annual Report

Demonstration Year: 21 (7/1/2017 – 6/30/2018)

Quarter 4: (04/01/18-06/30/18); Annual: (7/1/2017 – 6/30/2018)

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 six 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.

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 four and annual operational report for Demonstration Year 21, ending June 30, 2018.

Enrollment Information

Q4 Update

The enrollment activity below reflects enrollment counts for SFY 2018 Quarter 4, as of June 30, 2018.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
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Base Families	813,381
Base Disabled	234,747
1902(r)(2) Children	15,712
1902(r)(2) Disabled	17,476
Base Childless Adults (19-20)	27,051
Base Childless Adults (ABP1)	31,890
Base Childless Adults (CarePlus)	285,651
BCCTP	1,241

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	28,755
e-Family Assistance	8,221
e-HIV/FA	683
SBE	21
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	1,464,829

*TANF/EAEDC is a subcategory of Base Families

Annual Summary

The enrollment activity below reflects enrollment counts for SFY 2018 Quarter 4 and the entirety of SFYs 2017 and 2018. The full SFY information was included to meet the requirement of the annual report.

- Current Enrollees (to date) represents the average monthly enrollment for the quarter ending June 30, 2018
- SFY 2017 and SFY 2018 represent the average monthly enrollment for the entirety of the SFYs.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>	<u>SFY 2017</u>	<u>SFY 2018</u>
Base Families	813,381	829,039	808,695
Base Disabled	234,747	227,605	226,720
1902(r)(2) Children	15,712	30,532	17,383

1902(r)(2) Disabled	17,476	18,270	16,593
Base Childless Adults (19- 20)	27,051	27,152	27,149
Base Childless Adults (ABP1)	31,890	25,636	30,588
Base Childless Adults (CarePlus)	285,651	311,732	281,952
BCCTP	1,241	1,159	1,229

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>	<u>SFY 2017</u>	<u>SFY 2018</u>
CommonHealth	28,755	23,004	26,920
e-Family Assistance	8,221	8,168	8,414
e-HIV/FA	683	649	665
SBE	21	62	23
Basic	N/A	N/A	N/A
DSHP- Health Connector Subsidies	N/A	N/A	N/A
Base Fam XXI RO	0	0	0
1902(r)(2) XXI RO	0	0	0
CommonHealth XXI	0	0	0
Fam Assist XXI	0	0	0
Asthma	N/A	N/A	N/A
TANF/EAEDC*	N/A	N/A	N/A
End of Month Coverage	N/A	N/A	N/A
Total Demonstration	1,464,829	1,503,008	1,446,331

*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 the SFY 2018 Quarters ending March 31, 2018 and June 30, 2018.

Plan Type	QE 03/18	QE 6/18	Difference
MCO	637,742	281,037	-356,705
PCC	310,094	123,658	-186,436
MBHP*	499,411	537,227	37,816
FFS/PA**	609,388	584,650	-24,738
ACO	275,166***	859,280	584,114

*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

***ACO enrollment began in March 2018. Enrollment for March was 825,497. The enrollment count shown for the quarter reflects 0 members enrolled in January and February.

Enrollment in Premium Assistance and Small Business Employee Premium Assistance

Q4 Update

During this reporting quarter, MassHealth provided premium assistance for 44,195 health insurance policies (including Student Health Insurance Plan policies), resulting in premium assistance to 56,205 MassHealth eligible members. The notable increase in the number of premium assistance policies over the course of the Demonstration Year (July 1, 2017- June 30, 2018) can be attributed to the implementation of a more streamlined approach to gathering employer sponsored insurance information as well as the requirement that any full-time student at participating colleges and universities enrolled on MassHealth must enroll in a SHIP plan. Note that in the delivery system enrollment numbers above, members in FFS and in MBHP may receive also premium assistance.

The Small Business Premium Assistance Program is still operating and the enrollment numbers remained the same since the last reporting period. During the quarter, we had an average monthly enrollment of 13 members in the SBEPA program. The gradual drop in enrollments over time continues to be mainly due to either loss of private insurance, or the member was determined eligible for a richer benefit and has been transferred to a Premium Assistance benefit under another category of aid.

MassHealth implemented a new premium assistance project in fall of 2016 called Student Health Insurance Plan Premium Assistance (SHIP PA). This project allows current MassHealth members who are full-time college students and have access to SHIP through their college or university to enroll in their schools' SHIPs and receive MassHealth Premium Assistance. MassHealth eligible college students were previously able to waive out of electing SHIP but on November 4, 2016, MassHealth received approval through the 1115 demonstration to require that any full-time student enrolled on MassHealth must enroll in the SHIP plan, if available. As of June 2018, 31,882 students were enrolled in the program, which exceeded expectations for the project.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,998	10,131	12,129
<i>CommonHealth</i>	3,509	0	3,509
<i>Family Assistance</i>	22	8,131	8,153

<i>CarePlus</i>	0	519	519
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	13	13
Total for Q4	5,529	18,794	24,323

Annual Summary for SFY18

	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
SHIP Premium Assistance Program (SHIP PA)			
<i>Standard</i>	1,174	19,971	21,145
<i>CommonHealth</i>	55	0	55
<i>Family Assistance</i>	2	2,307	2,309
<i>CarePlus</i>	0	8,373	8,373
Total for DY 7/1/17-6/31/18	1,231	30,651	31,882

	Disabled Members Average Q1-Q4	Non-Disabled Members Average Q1-Q4	Total MassHealth Enrolled Members Average Q1-Q4
Premium Assistance Program: Employer Sponsored Insurance			
<i>Standard</i>	1,905	9,732	11,637
<i>CommonHealth</i>	3,229	0	3,229
<i>Family Assistance</i>	20	7,838	7,858
<i>CarePlus</i>	0	488	488
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	14	14
Total Average Q1-4	5,154	18,072	23,226

Outreach/Innovative Activities

Certified Application Counselor Training and Communication

Q4 Update

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,400 Certified Application Counselors (CACs) across 270 CAC hospitals, community health centers, and community service organizations. Collaboration with the Massachusetts Health Connector on these activities provides timely, uniform knowledge and messaging across all enrollment Assisters (CACs and the Health Connector Navigators, Independent Enrollment Assisters).

CAC training and certification starts with successful completion of ten online, comprehensive certification training courses (over 850 pages) to prepare CACs to assist consumers in obtaining MassHealth or other health insurance per ACA regulations, covering all aspects of MassHealth, subsidized and unsubsidized health coverage, as well as instruction on utilizing the paper and online applications in the most effective and efficient way. Learning for CACs continues throughout the year in the form of mandatory online trainings covering updates and MassHealth initiatives, Assister emails, conference calls, webinars, meetings, and other outreach activities. All CACs must also take and pass a comprehensive assessment each fall to meet annual recertification requirements.

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

The CAC Training team's primary focus this quarter continued to be on activities in support of the new MassHealth health plan options and introduction of Accountable Care Organizations (ACOs) that went into effect March 1, 2018. With MassHealth member mailings sent to all MassHealth managed care eligible members last fall with personalized information about changes to their health plan enrollment effective March 1, timely and ongoing communications and updates for the CACs throughout the launch and plan selection period was central to a smooth transition for members.

“Assister Update” newsletters and conference calls continued in earnest throughout the quarter to provide opportunities for CACs to support members who started in their new health plans on March 1, 2018, and those who wished to change plans during the “Plan Selection Period” (the time when members can change plans for any reason, rather than only for an exception reason). Assister emails and conference calls were key vehicles for getting the word out quickly to the CAC community about updates and changes that took place throughout the quarter. Some of these key changes included:

- The service area exception process (where members can request, for certain reasons, to enroll in a health plan that is outside of the plan’s geographical service area)
- Updates to the online enrollment form to support the above-mentioned service area exception process
- Tips to help ensure a member doesn’t experience a gap in their eligibility (e.g., helping to ensure they respond to requests for information/documentation, respond to annual renewals)
- Extension of the Plan Selection Period (extended from June 1, 2018, to July 1, 2018)
- Extension of the Continuity of Care period

In response to these important changes and the volume and types of questions from members and CACs, the MassHealth training team extended bi-weekly check-in calls—held starting in the fall of 2017— through mid-July. The calls, hosted by MassHealth policy experts, reviewed the above changes as well as options to enroll in a new plan or change Primary Care Providers (PCPs) during the Plan Selection Period (by 7/1), clarification on health plan enrollment effective dates by health plan type, walk-in enrollment events where MassHealth customer service and enrollment center staff was available to help members, and preparing for the end of the Plan Selection Period and start of the Fixed Enrollment Period (where members can only change plans if they meet an exception reason).

The calls reflected MassHealth’s commitment to working with all relevant parties to ensure a smooth transition and continuity of care for the many members who moved to or wished to switch to new plans, whether they were going to or from an ACO Partnership Plan, a Primary Care ACO, an MCO, or the Primary Care Clinician (PCC) Plan.

Each of the calls included a generous open question and answer period for the CACs. Questions and feedback from the calls were tracked and shared with internal operations and program staff for research, clarification, and follow up with vendors, health plans, or operational staff, if needed. Follow up and issue resolution was provided to individual CACs or all CACs as appropriate. Topics were also covered in “Assister Update” emails.

The 27 CAC touchpoints—emails/calls/meetings—this quarter, also included CAC support and learning opportunities via presentations at the quarterly Massachusetts Health Care Training

Forums (MTF), and updated job aids to help navigate health plans and the MasshealthChoices website and provider directories.

In addition to information about the new MassHealth Health plan options, other key CAC activities for the Training and Communications team this quarter included:

- Mandatory online training and an Assister conference call covering important changes to MassHealth Provisional Eligibility requirements for certain individuals age 21 and older with unverified household income
- System (HIX) Update including changes to the Employer Sponsored Insurance (ESI) calculation, the Employer Sponsored Insurance (ESI) calculation, IRS Authorization, and other system updates and improvements
- Updates to the ACA-3 Application

Annual Summary

Focus during this demonstration year for the MassHealth CAC training and communications team was on supporting the new MassHealth Health Plan options that went into effect on March 1, 2018. Preparations began in Q1 with planning for and content development of the CAC educational materials and events. This included a new, mandatory online training course in MassHealth Health Plans, multiple job aids, webinars covering the new MassHealth Choices website, and bi-weekly calls that would start in September and continue through July of 2018.

Educational activities for CACs around the new MassHealth Health Plans kicked off in earnest starting late October, 2017, with Assister Update newsletters announcing the upcoming changes and training requirements.

In November, CACs completed intensive, mandatory online training that provided detailed explanations of the new health plan options, ACOs, timelines, member movement, and required member actions or options. Our new eLearning tools were utilized in developing the new course which includes interactive and audio components to improve comprehension of this complex topic. Support materials such as sample member mailing packets and a job aid showing a table of letter types by audience along with a timeline of key dates and actions for members were included in the training and available as resources in the Learning Management System (LMS), where all CAC training, communications and tools are stored and accessed by CACs.

After completing the comprehensive training, CACs participated in bi-weekly Assister conference calls with MassHealth policy experts, attended webinars, and joined additional presentations at the quarterly Massachusetts Health Care Training Forums (MTF) to help them better support MassHealth members throughout the health plan transition.

“Assister Update” newsletters and conference calls also continued in earnest throughout the third and fourth quarters around the new MassHealth health plan options to help ensure CACs were kept up to date about changes, their impact on members, and to share information learned from frequently asked questions coming into customer service.

Bi-weekly CAC check-in calls hosted by MassHealth policy experts focused at first on the new health plans, managed care eligible member transition, and continuity of care after March 1st and included an open question and answer period for the CACs. Questions and feedback from the calls were tracked and shared with internal operations and program staff for research, clarification, and follow up with vendors, health plans, or operational staff as needed. Follow up and issue resolution was provided to individual CACs or all CACs as appropriate. The MassHealth training team then extended the bi-weekly check-in calls through mid-July to support key changes in Q4 pertaining to an extension of the continuity of care period, an extended Plan Selection Period, and the enrollment exception process.

In addition to the rollout of the new MassHealth Health plans, the CAC Training and Communications team’s efforts this year included over 140 CAC touchpoints (emails, conference calls, webinars, in-person meetings) that focused on supporting new and ongoing activities including:

- Health Connector Open Enrollment
- Rollout of updates to MassHealth Provisional Eligibility
- System (HIX) updates
- Mandatory trainings (e.g., MassHealth and Health Connector End of Year Tax Filing Process, annual CAC recertification, Provisional Eligibility updates, Health Connector Open Enrollment)
- MassHealth Hurricane Evacuee support process

Member Education and Communication

Q4 Update

As noted above, on March 1, 2018, MassHealth rolled out new health plan options to support the state’s Payment and Care Delivery Innovation Initiative (PCDI). This rollout impacted roughly 1.2M MassHealth managed care eligible members.

MassHealth developed and implemented a multi-prong member support strategy to rollout this effort. That approach covered three categories and each focused on different strategic goals and reaching different populations. The approaches were to create global awareness and education, support materials and member engagement, and enhancements to customer service support. During this quarter, MassHealth continued to implement those strategies.

1. Global Awareness and Education

The first category, creating a global awareness and education approach provided training, created communications and member friendly materials that shared broad information to mass audiences, educating members and our stakeholder communities on the new health plan options available to managed care eligible members. During the quarterly Massachusetts Training Forums (MTF) in-person meetings (total of 4 meetings reaching 4 regions statewide), we educated and trained our stakeholders, hospital staff, health center staff, the provider community and organizations that support our members, to help them understand available resources and timelines relevant to these health plan changes. In addition to the in-person meetings, additional webinars and conference calls were held to update our stakeholders and offered opportunities for training and information to those that weren't able to attend the in-person meetings. During this quarter, the April 2018 MTF session, in total over 501 individuals participated and were trained. To provide additional support and trainings, additional in-service trainings were held to support inter-agency Executive Office of Health and Human and Services (EOHHS) staff, community-based organization and other stakeholder's over 120 staff members participated. These in-service trainings provided additional information related to member impact, addressed specific information that would impact the populations they work with, and answered questions.

2. Support Materials and Member Engagement

The second category is creating materials and engaging directly with our members during this transition. MassHealth created member-friendly materials and began to hold special events to support member enrollment choices and assist with any eligibility issues they were experiencing.

A new member website was launched in late 2017 called MassHealthChoices.com. It was created as an interactive way for members to Learn, Compare, and Enroll in their desired health plan. During this quarter, the website experienced an average of 4,850 external visits per week.

During the quarter MassHealth outreach staff held additional enrollment events to help members complete renewals and health plan selection. Enrollment events are opportunities for new applicants and current members to meet with MassHealth staff to ask questions about their coverage, and seek assistance in understanding how to use their health care. During April through June of 2018, MassHealth held 4 enrollment events across Massachusetts targeting diverse communities with high access needs and continued high under insurance rates. These events are to reach individuals where they are and conduct services and provide assistance in a way that meets the individual's needs. Language and American Sign Language interpreters are available at all events to assist consumers who are in need of those services. In total, approximately 49 members attended and were helped at these events.

3. Enhancements to Customer Service Support

During this quarter, MassHealth continued to work to improve customer service support to members, however there are no specific updates at this time.

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1. Global Awareness and Education

The first category, creating a global awareness and education approach provided training, created communications and member friendly materials that shared broad information to mass audiences, educating members and our stakeholder communities on the new health plan options available to managed care eligible members. During the quarterly Massachusetts Training Forums (MTF) in-person meetings (total of 4 meetings reaching 4 regions statewide), we educated and trained our stakeholders, hospital staff, health center staff, the provider community and organizations that support our members, to help them understand available resources and timelines relevant to these health plan changes. In addition to the in-person meetings, additional webinars and conference calls were held to update our stakeholders and offered opportunities for training and information to those that weren't able to attend the in-person meetings. For the MTF sessions, in total over 2,158 individuals participated and were trained. To provide additional support and trainings, additional in-service trainings were held to support inter-agency Executive Office of Health and Human and Services (EOHHS) staff, community-based organization and other stakeholders and over 385 staff members participated. These in-service trainings provided additional information related to member impact, addressed specific information that would impact the populations they work with, and answered questions.

2. Support Materials and Member Engagement

The second category was creating materials and engaging directly with our members during this transition. MassHealth created member-friendly materials and began to hold special events to support member enrollment choices and assist with any eligibility issues they were experiencing.

In October – December 2017, MassHealth developed member-friendly letters to inform members of their new health plan choices. In order to maintain important provider relationships and ease continuity of care, if a member's primary care provider (PCP) was moving into a new health plan, they received a letter informing them that they would be following their PCP into a new health plan on March 1st, if they did not make another decision. Heads of household also received a new MassHealth Health Plan Enrollment Guide, which provided them with information about all the MassHealth health plans available. All materials were written in plain language, using infographics, and were translated into English and Spanish. Member materials were focused tested with individuals who work directly with members to ensure readability and

clarity. All materials are available online for download or print.

Materials were made available, upon request, in other languages. All member notices were sent in either English or Spanish, depending on the preferred language indicated by the member. In addition, all notices included a standard Babel sheet, with information consistent with requirements of ACA Section 1557 on how to access the information in 15 other languages as well as alternative formats such as braille and large print, and the availability of a language line offered by our customer service vendor and translators to support requested needs.

A new member website was launched in late 2017 called MassHealthChoices.com. It was created as an interactive way for members to Learn, Compare, and Enroll in their desired health plan. The website is available in English and Spanish. Since January 1, 2018, the website has averaged over 7,900 external visits per week, reaching upwards of 22,800 visits during the first week of March. Additional materials, from tools to understand how to select a health plan and a PCP who is appropriate for the member, to understand the new ACO models and some of the benefits for members, to an animation that explained the importance of and how to select a health plan and PCP, along with easy to read and understand new health plan web content, were developed and distributed broadly to our provider community, community agencies, stakeholders, and made available on the MassHealth website.

MassHealth outreach staff held additional enrollment events to help members complete renewals and health plan selection. Enrollment events are opportunities for new applicants and current members to meet with MassHealth staff to ask questions about their coverage and seek assistance in understanding how to use their health care. MassHealth held in total 11 enrollment events across Massachusetts targeting diverse communities with high access needs and continued high under insurance rates. These events are to reach individuals where they are and conduct services and provide assistance in a way that meets the individual's needs. Language and American Sign Language interpreters were available at all events to assist consumers who were in need of those services. In total, approximately 347 members attended and were helped at these events.

3. Enhancements to Customer Service Support

And lastly, MassHealth continued throughout the year to make enhancements to the customer service center to provide effective customer service support to members by answering questions, providing resources, and resolving member issues. This was accomplished by increasing customer service staff numbers and training all customer service staff on health plan changes. In addition, in an effort to address member information in a timely manner, updates were made to our member messaging system and a special line was set up to directly provide members with particular health plan enrollment information. Specific teams were developed at the customer service center to address specific health plan questions. A reporting strategy and a triage process were established to escalate cases, with enhanced communication processes between the health

plans and our customer support managers. An escalation team was also created to handle specific urgent medical and pharmacy needs for members during the transition to new health plans.

Provider Education and Communication

Annual Summary

This past year, MassHealth developed and delivered a multi-pronged approach focused on creating awareness, addressing operational needs and targeting community partners to educate and communicate changes in the delivery system to all MassHealth providers.

MassHealth launched a series of webinars and in-person events, delivered in three phases, available to all 68,000 MassHealth providers that started during the Fall 2017 and continued through Spring 2018. During the first two phases, provider in-person sessions were aligned with member enrollment events across the state.

Phase 1:

- Providing an overview of the MassHealth ACO/MCO structure
- Educating providers on frequently used terms and acronyms
- Informing providers of member notices and the MassHealth Choices website
- Making providers aware of changes to eligibility and claim submission processes

Phase 2:

- Overview of PCDI Communication and Education strategy
- Changes to the Eligibility Verification System (EVS)
- Plan-specific administrative and operational functionality
- Continuity of care policy
- Overview of member resources

Phase 3:

- Overview of the MassHealth Community Partners (CP) care model
- How CPs promote care integration
- What the CP Program means for providers
- How members access this program
- Additional resources available to providers and their staff

The past year, MassHealth has held a total of 63 webinars with a total of 1700 attendees and a

total of 27 in-person sessions with a total of 1200 attendees.

Additionally, MassHealth developed six fact-sheets this year, each targeted at a specific type of provider (PCPs, specialists, hospitals, behavioral health providers, long term services and other covered services) to educate providers about the basics of PCDI, how to communicate these changes with their patients, and how these changes influence important aspects of their practice such as networks, billing, and prior authorizations. A Community Partners fact sheet is currently in development.

MassHealth also released two new All-Provider Bulletins related to PCDI during the year. One bulletin provided a deeper dive to the concepts introduced in the fact sheets as well as detailed contact information for all available health plans. The second bulletin lists the Eligibility Verification System (EVS) restrictive message codes and text for MassHealth managed care health plans. A third bulletin is currently being developed to provide more information regarding provider exclusivity based on provider feedback.

MassHealth developed a dedicated webpage, <https://www.mass.gov/lists/pcdi-resources-for-providers>, to be a landing page for these provider resources and activities to serve as a streamlined access point for providers to access these materials and learn more about PCDI activities. During the year, the page was updated with materials as they became available. During the year, in addition to the activities described above, MassHealth conducted Provider Association Forum (PAF) meetings, presented at MassHealth Training Forum (MTF) events, created non-PCDI related Provider Bulletins, created provider reference materials and enhanced MassHealth provider webpages on [Mass.gov](https://www.mass.gov). Additionally, MassHealth continued to work with external stakeholders such as Provider Associations, Sister Agencies, and ACO health plans. These activities were all a part of MassHealth's approach to provide education to all 68,000 MassHealth providers during the past year.

Delivery System Reforms and DSRIP

Accountable Care Organizations (ACOs)

Q4 Update

During this quarter, MassHealth continued to provide guidance to members and providers about the continuity of care process for members. The ACOs provided MassHealth with updates about their continuity of care efforts related to network and member access. In addition, MassHealth extended members' plan selection period to June 30, 2018, allowing members more time to make changes to their plans if necessary.

During this quarter, MassHealth continued to provide robust guidance and support to

ACOs and MCOs regarding the Community Partners (CP) program in anticipation of the CP Program launch on July 1, 2018. MassHealth held joint meetings with the ACOs, MCOs, and CPs to share important milestones and concepts and provide a forum for constructive feedback. Additionally, MassHealth provided support for the development of operational processes to be shared by the entities, and continued working on data sharing arrangements across entities. MassHealth staff also conducted site visits to ACOs and held meetings at the staff and executive level in order to better understand their approach to implementation of the CP Program.

In this quarter, MassHealth approved the majority of the ACOs' Full Participation Plans, through which the ACOs provided detailed information about how they plan to use DSRIP dollars to provide better, more integrated care to members. MassHealth also disbursed Performance Year 1/Q2 DSRIP payments to most of the ACOs. During this time period, MassHealth reviewed and approved ACOs' PY0 Progress Reports in which the ACOs reported out on the expenditure of their PY0 DSRIP funding.

In May, MassHealth issued guidance to ACOs on member access to Medication-Assisted Treatment (MAT) providers and continuity of care as well as on coverage of home health services. In June, MassHealth issued the Primary Care Provider Additions process through which ACOs could request approval of the addition of new primary care providers (PCPs) to their list of participating PCPs. During this quarter, MassHealth continued to work with and support ACOs, including by offering weekly Office Hours for all ACOs to provide support generally and to focus on specific areas including Quality and Reporting.

Annual Update

Q1

- In July 2017, EOHHS selected 18 ACOs to enter into contract negotiations.
- In August, 2017, EOHHS executed contracts with 17 ACOs that together will serve more than 850,000 MassHealth members. They include:
 - 13 Partnership Plans,
 - 3 Primary Care ACOs, and
 - 1 MCO-Administered ACO
- MassHealth held one-on-one meetings with the ACOs about the contracting process and specific contracting priorities, office hours related to rates and Total Cost of Care benchmarks, and other meetings with the ACOs on such topics as readiness review and Community Partners.
- ACOs submitted Preliminary Participation Plans, along with Budgets, and Budget Narratives for their Preparation Budget Period (August to December

2017). The State reviewed and approved the majority of these plan by the end of Q1 disbursing \$39.1M in Delivery System Reform Incentive Payments (DSRIP) funds.

Q2

- Began a monthly series of joint meetings with the ACOs, MCOs, and CPs to share important milestones and concepts and provide a forum for constructive feedback.
- In December, MassHealth received and evaluated work plans from the ACOs and MCOs for how each entity plans to effectively partner with their CPs prior to the launch of the CP program.
- Updated the DSRIP Guidance Document which outlines all of the requirements and deliverables the ACOs are responsible for in Performance Year 1 of the DSRIP program.
- During this quarter, EOHHS received and evaluated robust documentation from the ACOs and MCOs as a part of the “Readiness Review” process, including documentation on care delivery, care management, network adequacy, administrative functions, and a host of other topics. EOHHS provided detailed feedback to ACOs where any changes were required.
- Approved the remaining Preliminary Participation Plans and disbursed approximately \$83M in DSRIP funds corresponding to the 17 Preliminary Participation Plans, Preparation Budget Period (Prep BP) Budgets, and Prep BP Budget Narratives.

Q3

- In preparation for the official March launch, MassHealth held public meetings across the state and met with dozens of provider and other stakeholder groups to discuss the ACO program in January and February. MassHealth also worked to ensure that all health plans exchanged important information, such as authorization for services and prescriptions, for members who were changing plans as a result of the launch of the program.
- MassHealth launched its ACO program on March 1, 2018 with 17 ACOs serving about 850,000 members.
 - Throughout March 2018, MassHealth hosted weekly Office Hours for several groups of providers and stakeholders, in person and by phone (e.g., hospitals and medical providers, behavioral health providers, community health centers, member advocates).
 - MassHealth further provided guidance to members and providers about the continuity of care process for members as they transitioned into their

new plans through written FAQs.

- In response to heavy call volume related to the ACO program launch during the month of March, MassHealth extended its customer service center hours on evenings and weekends to ensure that members could receive assistance.
- During this quarter, MassHealth continued to provide robust guidance and support to ACOs and MCOs regarding the Community Partners (CP) program. MassHealth held joint meetings with the ACOs, MCOs, and CPs to share important milestones and concepts and provide a forum for constructive feedback, as well as one-on-one monthly meetings with MassHealth contract and performance management staff for each of the ACOs, MCOs and CPs.
- In February, MassHealth received and began its review of the ACOs' Full Participation Plans, through which the ACOs provided detailed information about how they plan to use DSRIP dollars to provide better, more integrated care to members.
- At the end of March, MassHealth received the ACOs' PY0 Progress Reports in which the ACOs reported out on the expenditure of their PY0 DSRIP funding. Some innovations include:
 - free monthly mobile markets with fresh fruits and vegetables for patients and community members;
 - intensive care management in support of frequent ER users;
 - cell phones for members with complex medical/behavioral health care needs; and
 - opioid prescription management program for providers.
- In Q3, the State disbursed approximately \$52M in DSRIP funds corresponding to PY1 Budgets.

Community Partners (CPs)

Q4 Update

During the quarter MassHealth continued to work towards the launch and implementation of the Community Partners (CP) Program and the Community Services Agencies (CSA) DSRIP program, which are geared towards investing and supporting populations with high behavioral health (BH) and complex Long-Term Services and Supports (LTSS) needs in the Commonwealth. Both programs launched July 1, 2018. MassHealth worked closely with contracted CPs on readiness review during this quarter. This included hosting meetings with all contracted CPs and joint meetings with CPs and ACOs/MCOs, as well as providing guidance on and reviewing deliverables from CPs. Deliverables included ACO/MCO and CP Agreements and Business Associates Agreements executed between the partners and attestations of

completed documented processes associated with these agreements; Preparation Budget Period Milestone status reports; Revisions of Full Participation Plans, where applicable; enrollment forecasting and capacity determination in regards to the numbers of individuals that could be supported by each contractor; staffing templates for program go-live; and person-centered planning training curriculum. In addition, staff reviewed member-facing materials including outreach materials and participation forms. MassHealth also implemented assignment file and trading partner testing with each contractor.

Account Managers and program leadership visited each CP to review evidence that the contractor was on track to meet minimum standards of operability and functionality for July go-live and identify and address gaps and challenges with documented processes and contract readiness to launch the CP Program. Discussions during these visits focused on contractual requirements, organizational readiness (staffing and IT systems), and an illustrative member journey.

MassHealth implemented a portfolio of investments focused on improving statewide community-based workforce capacity and infrastructure to support MassHealth's restructuring efforts. CPs were provided with opportunities to participate in the CP Recruitment Incentive Program to be used as a recruitment tool for care coordinators, RNs and LPNs and the Primary Care/Behavioral Health Special Projects Program. Additionally, MassHealth provided training opportunities for CP staff, including trainings on long-term services and supports, the MassHealth Health Plan Ombudsman, and online training modules on the topics of disability etiquette, putting independent living and recovery principles into practice, and motivational interviewing.

MassHealth mailed all members assigned to CPs for July 1st enrollment letters explaining the CP Program, notifying them that a CP would contact them, and presenting possible action steps.

Annual Summary

Q1

- MassHealth launched and completed three (3) procurements for Behavioral Health Community Partners (BH CPs), LTSS Community Partners (LTSS CPs), and Community Services Agencies (CSAs) for Infrastructure and Capacity Building. MassHealth received:
 - 22 BH CP responses, and selected 18 Bidders for contracting;
 - 12 LTSS CP responses, and selected 9 Bidders for contracting;
 - 19 Community Service Agencies (CSAs) responses and selected all 19 Bidders for contracting.
- MassHealth teams also worked closely with Operations teams to operationalize the CP program and create processes for enrollment, payment, and reporting for CPs.

- The CPs/CSAs submitted Preliminary Participation Plans, Budgets, and Budget Narratives for their Preparation Budget Period (December 2017 to May 2018), which Massachusetts reviewed during Q1.

Q2

- MassHealth successfully contracted with all CP and CSA bidders selected through procurement processes. This includes one additional LTSS CP bidder that was selected following the reopening of the LTSS CP procurement for the Northern Region only.
- December 2017 disbursed approximately \$11.6M in DSRIP funding for the Preparation Budget Period (December 2017 – May 2018).
- MassHealth provided additional guidance to CPs, ACOs and MCOs regarding required agreements that must be executed between the entities prior to the start of the CP program. This includes the completion of documented processes in areas such as enrollee assignment and engagement, care management and care coordination, and data sharing and IT systems. MassHealth is supporting the development of these relationships through facilitated discussions at monthly joint meetings.

Q3

- MassHealth worked closely with contracted CPs on readiness review during this quarter. This included hosting monthly meetings with all contracted CPs and joint meetings with CPs and ACOs/MCOs, as well as providing guidance on and reviewing deliverables from CPs. Deliverables included Preparation Budget Period Milestones; enrollment forecasting and capacity determination in regard to the numbers of individuals that could be supported by each contractor; Full Participation Plans and BP 1 Budget and Budget Narratives; and baseline assessments of Electronic Health Records.
- January- Account Managers made status calls to all CPs to discuss progress on ACO/MCO and CP agreements, including initial challenges, successes and key barriers.
 - CP Preliminary Participation Plans and Prep Budget Period (PBP) Budgets and Budget Narratives were approved by EOHHS and approximately \$12.1M in DSRIP PBP funds were disbursed to CPs in January.
 - Following MassHealth review of budget requests, BH CPs were provided additional funding to implement standardized assessments using an InterRAI assessment tool.
- February- Account Managers visited each CP to discuss progress on and status of the deliverables noted above and to review internal processes and workflows.
- March- Account Managers made additional status calls to identify challenges, successes and barriers in development of Documented Processes and to check-in on deliverable

progress.

- Due to challenges with MMIS functionality, MassHealth made changes to the assignment process and will make assignments directly to CPs for July 1 and October 1, 2018. ACOs and MCOs will be accepting referrals to the program starting in January 2019.

DSRIP Statewide Investments

Annual Summary

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

During Q1, EOHHS:

- Released a Request for Quotes (RFQ) to procure an external partner to assist with standing up and managing the Technical Assistance (TA) investment, which comprises the largest proportion of SWI funding (~\$43M over five years)
- Executed an Internal Service Agreement (ISA) with the University of Massachusetts Medical School (UMMS) to design a provider directory for MassHealth members that will detail the accessibility accommodations at MassHealth providers.

During Q2, EOHHS:

- Released a Request for Responses (RFR) to procure an external partner to assist with standing up and managing the Student Loan Repayment Program, the Primary Care Integration and Retention Grant Program, and the Investment in Residency Training in Community Settings, as well as a portion of the Technical Assistance funding dedicated to community health centers (CHCs), which together comprise ~\$30 million of SWI's five year funding

During Q3, EOHHS:

- Signed a contract with Abt Associates to serve as the external partner to assist with standing up and managing the TA investment
- Signed a contract with the Massachusetts League of Community Health Centers (Mass League) to assist with standing up and managing student loan repayment programs, the Primary Care Integration Models and Retention Program, the

Investment in Primary Care Residency Training programs, and a portion of technical assistance specifically focused on CHCs

During Q4, EOHHS:

- Signed an Inter-Agency Service Agreement (ISA) with the Massachusetts Executive Office of Labor and Workforce Development (EOLWD) to enable a partnership with Commonwealth Corporation, a quasi-state agency with expertise in workforce development associated with EOLWD, to stand up and manage programs under the workforce development grant program
 - These programs include investments in training for Community Health Workers (CHWs), CHW Supervisors, Peer Specialists, and frontline workers in ACOs and CPs
- Signed a contract with the Massachusetts Health and Hospital Association to support one year's operating costs of a technology solution to improve care coordination between hospital emergency departments in an effort to address the problem of ED boarding (PreManage ED, developed by Collective Medical Technologies)
- Signed awarded grants to five provider organizations as part of the Alternative Payment Methods Preparation Fund to support their work to join an ACO in the future
- Entered into an Inter-Agency Service Agreement (ISA) with UMMS to develop online standardized trainings for clinicians and staff in MassHealth Community Partners (CPs) using Technical Assistance funding
- Amended an existing contract with the Technical Assistance Collaborative (TAC, Inc.) to develop online standardized trainings for clinicians and staff in MassHealth Community Service Agencies (CSAs), using Technical Assistance funding
- Released procurements for:
 - Investments in Community-based Training and Recruitment: Community Mental Health Center Behavioral Health Recruitment Fund (via Mass League)
 - ACO/CP Integration Learning Collaborative (via Abt Associates)
 - Community Health Worker and Peer Specialist Learning Communities (via Abt Associates)
- Shifted funds amount among the SWI streams as indicated in the table below

	New DY21 Funding		Variance	
		(\$M)	(\$M)	(%)
Student Loan Repayment Program		\$3.9M	+\$0.4M	+7.1%
Workforce Development Grant Program		\$1.8M	-\$0.2M	-11.4%
Alternative Payment Methodology Preparation Funds		\$2.0M	-\$0.2M	-8.3%

DSRIP Operations and Implementation

Annual Summary

The Operations and Implementation stream provides funding for staff and vendor contracts to assist the DSRIP program.

During Q1, EOHHS:

- Wrote and released a procurement for the Independent Assessor to review ACO and CP participation plans, budgets, budget narratives, and semi-annual progress reports for compliance with the Special Terms and Conditions, DSRIP Protocol, and EOHHS-issued guidance
- Wrote a procurement for the Ombudsman program to provide services to Enrollees of ACOs, Managed Care Organizations (MCOs), Senior Care Options (SCO), the Managed Behavioral Health Contractor, One Care plans, or Programs of All Inclusive Elders (PACE) who want assistance addressing challenges in accessing behavioral health services (BH), long-term services and supports (LTSS), and integrated health services
- Procured and contracted with the Independent Evaluator and the Patient Experience Survey Vendor
 - Massachusetts Health Quality Partners (MHQP) will serve as the Patient Experience Survey Vendor
 - MHQP will be evaluating member experience in the primary care, BH, and LTSS settings over the course of the DSRIP program
 - During Q1, MHQP:
 - Focused on the early stages of preparation for administration of the adult and children’s Primary Care survey
 - Developed a sampling methodology
 - Assigned ACO pilot practices into Medical Groups

- Drafted the survey tools
- University of Massachusetts Medical School will serve as the Independent Evaluator

During Q2, EOHHS:

- Contracted with Public Consulting Group (PCG) to serve as the DSRIP Independent Assessor
 - During Q2, PCG:
 - Reviewed ACO PY1 Budgets and Budget Narratives
- Continued to work with MHQP
 - During Q2, MHQP:
 - Continued preparations for fielding the adult and children's Primary Care surveys for the six pilot ACOs, which will also be used for the full scale ACOs
 - Preparations included finalization of the sampling methodology, Medical Groups and survey materials as well as hosting an informational webinar for the pilot ACOs
 - Kicked off preparations for developing the CP BH and LTSS surveys to be administered in early 2019
- Procured a Delivery System Reform Implementation Advisory Council (DSRIC) to provide advice and feedback on the implementation of delivery system reform
 - DSRIC is made up of ACOs, MCOs, CPs, providers, advocates, academics, and other stakeholders that meet on a bi-monthly basis to discuss various payment reform topics
 - During Q2, DSRIC:
 - Met to review the goals of the Council, align on the agenda topics for the remainder of CY17 and all of CY18, and review a proposed set of waiver implementation monitoring metrics that MassHealth will share with the Council on a regular basis over the waiver period
 - Met to discuss and provide feedback on the intersection of LTSS and payment reform initiatives, as well as the substance use disorder elements of the waiver demonstration

During Q3, EOHHS:

- Contracted with the Disability Policy Consortium to serve as the Ombudsman
- Continued to work with PCG as the Independent Assessor
 - During Q3, PCG:
 - Reviewed revisions to ACO PY1 Budgets and Budget Narratives
 - Reviewed ACO Full Participation Plans and provided initial feedback

- Began their review of CSA BP1 Budgets, Budget Narratives, and Full Participation Plans
- Began conversations with PCG to develop the scope of the Midpoint Assessment
- Continued to work with MHQP
 - During Q3, MHQP:
 - Fielded and began collecting responses to the adult and children’s Primary Care surveys for the six pilot ACOs
 - Monitored response rates and implemented tactics, such as redesigning the envelope, implementing a second wave of the survey, to increase rates as needed
 - Continued work to develop BH and LTSS surveys for administration in CY2019
 - Proceeded to conduct a series of focus groups and in-depth interviews with MassHealth members, providers, Community Partners, and other key stakeholders to review and collect feedback on potential candidate survey tools
 - The feedback informed the domains, unmet priorities and gaps as part of the process and next steps toward finalizing of surveys
- Presented at DSRIC on its proposed policies for populations with Special Health Care Needs (SHCN) as well as the processes for screenings and comprehensive assessments
 - Members voiced their thoughts around continuity of care, service area exclusions, and other pre-ACO launch concerns
 - EOHHS was responsive to feedback received from DSRIC as well as other stakeholders, making several significant policy changes to address these topics (e.g., extension of Continuity of Care period, extension of the plan selection period)

During Q4, EOHHS:

- Continued to work with PCG
 - During Q4, PCG:
 - Reviewed remaining revisions to ACO PY1 Budgets and Budget Narratives
 - Reviewed revisions to ACO Full Participation Plans
 - Completed their review of CSA BP1 Budgets, Budget Narratives, and Full Participation Plans
 - Completely reviewed CP BP1 Budgets, Budget Narratives, and Full Participation Plans
 - Completely reviewed ACO PY0 Progress Reports
- Continued to work with MHQP

- During Q4, MHQP:
 - Administered the primary care survey for the 6 pilot ACOs and calculated the results
 - Translated the primary care survey into Haitian, Creole, and Vietnamese in preparation for the full launch survey implementation
 - Began development on the BH and LTSS surveys
 - Held focus groups and individual interviews with internal and external stakeholders, subject matter experts and MassHealth members to identify priority areas for the BH and LTSS surveys
- Shared vital statistics post-ACO launch such as call center statistics, member enrollment, and member choice enrollment with DSRIC
- Invited the Independent Evaluator to speak at DSRIC on the DSRIP evaluation as well as DSRIC’s role in the evaluation design
- Presented on MassHealth’s management approach to network adequacy for traditional MCOs and Accountable Care Partnership Plans

Carryforward

MassHealth is carrying forward \$27.3M of its DY1 Expenditure Authority (6.4%) into DY2. In addition, because CMS had not approved the Flexible Services Protocol by August 2017, MassHealth has decided to carry forward the BP1 Flexible Service expenditure authority into subsequent Budget Periods as indicated in the table below.

	\$Ms					
	DY21	DY22	DY23	DY24	DY25*	Total
Protocol	\$425.0M	\$425.0M	\$400.0M	\$325.0M	\$225.0M	\$1,800.0M
BP1 Flexible Service Carry Forward	-\$31.0M		\$8.3M	\$9.8M	\$12.9M	\$0.0M
DY1 carry forward*	-\$27.3M	\$27.3M				\$0.0M
New total EA	\$366.7M	\$452.3M	\$408.3M	\$334.8M	\$237.9M	\$1,800.0M

Flex Services

Annual Summary

In Q1, EOHHS:

- Made revisions to the Flexible Services Program (FSP) protocol to focus the

target population via needs-based criteria and risk factors, and to define the list of allowable home- and community-based services that eligible members of MassHealth ACOs and CPs may receive.

In Q2, EOHHS:

- Submitted a revised FSP protocol to CMS
 - The revised protocol defined a target population via needs-based criteria and risk factors, and proposes a list of allowable home- and community-based services that eligible members of MassHealth ACOs and CPs may receive
- Procured a Social Services Integration Work Group (SSIWG) comprised of more than 30 external representatives of ACOs/MCOs, behavioral health and long term services and support agencies (and Community Partners), trade and industry groups, social service agencies, academia, and consumer and family/caregiver advocates
 - The SSIWG is charged with providing advice and input on the implementation of MassHealth's delivery system reform efforts specific to social services integration and healthcare delivery

In Q3, EOHHS:

- Received feedback from CMS on the draft FSP protocol
 - Based on that feedback, EOHHS spent a significant amount of time revising the protocol to better align its structure with the 1915(i) framework, including:
 - Clarifying the FSP's eligibility criteria
 - Refining the list of services
 - Developing screening, assessment, care planning principles, and payment details

In Q4, EOHHS:

- Collaborated with CMS on revisions to the draft FSP protocol
 - The revised Protocol
 - updated the population eligible for Flexible Services as well as the services available to that population
 - Refined the Protocol's alignment with 1915(c)
- Met with SSIWG to obtain input on design of FS program
 - Procured additional members to increase ACO and CP Representation

Infrastructure and Capacity Building

Annual Summary

During SFY 2018, EOHHS managed three Infrastructure and Capacity Building Grants:

- **ICB SFY 2015** – supported eligible hospitals and community health centers to establish integrated delivery systems that provided more effective and cost-efficient care to patients in need. \$19.2M was released for SFY 2015.
 - Seventy-eight ICB-funded projects began in December 2015 with initial terms ending on June 30, 2016.
 - EOHHS approved 45 extensions to ICB grantees who sought to extend the duration of their projects.
- **ICB Round 1** – supported Pilot ACOs’ implementation of their TCOC models and PCPR providers’ coordination and integration of care for MassHealth members. \$8M was released for SFY 2017.
- **ICB Round 2** –
 - Consisted of 2 installments: (1) ICB Round 2, Installment 1; and (2) ICB Round 2, Installment 2.
 - Supported eligible acute care hospitals 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.
 - *Round 2, Installment 1* was released in Q1 SFY 2018 for \$4.6 million..
 - Final reports for audits and investments funded through this installment of ICB Round 2 were due July 31, 2018.
 - *Round 2, Installment 2* was released in Q1 SFY 2019 for \$9.5M. .
 - Funds must be used to complete independent financial and operational audits and to implement recommendations from the audits
 - Hospitals must complete their work by June 30, 2019

During Q1 SFY 2018, EOHHS:

- Continued to review and finalize remaining ICB reports for SFY 2015
- Received ICB Round 1 reports for three awardees’ projects and granted extensions to six awardees;
- Released \$4.6 million to 47 of 53 eligible hospitals as part of ICB Round 2, Installment 1.

During Q2, EOHHS:

- Received and reviewed a total of 77 final reports for ICB SFY 2015 to ensure that grantees had completed their projects and spent their funding appropriately
 - EOHHS worked with the remaining grantees with outstanding final reports
- Received and began reviewing all nine ICB Round 1 awardee final reports to ensure that grantees had completed their projects and spent their funding appropriately

During Q3, EOHHS:

- Updated its guidance alerting providers to ICB Round 2, Installment 2 for eligible acute care hospitals.
 - The funds must be used to complete independent financial and operational audits and implement recommendations from the audits
 - Those eligible hospitals looking to participate in ICB Round 2, Installment 2 were required to submit an attestation in April 2018

During Q4, EOHHS:

- Received and reviewed the final, 78th, report for ICB SFY 2015.
- Hospitals receiving funding through ICB Round 2, Installment 1 were required to complete projects by June 30, 2018. Reports were due July 31, 2018.
- Received attestations in April 2018 from 44 providers responding to the guidance announcing ICB Round 2, Installment 2 funding.

Operational/Issues

Q4 Update

During this quarter, MassHealth continued to work with the Massachusetts Health Connector and our systems integration vendor on fixing HIX defects to improve system stability and eliminate workaround processes. These enhancements included an upgrade to Verified Lawful Presence (VLP v37) and paperless G845 form upload capability.

During this quarter, MassHealth Operations completed PCIDI/ACO implementation with the end of the plan selection period on May 31 and the beginning of the fixed enrollment period on June 1.

Annual Summary

MassHealth continued to work with the Massachusetts Health Connector and our systems integration vendor to enhance functionality in the HIX system. These enhancements included logic to systematically provide MassHealth Standard coverage to members otherwise eligible for CarePlus, who are also receiving services from the MA Department

of Mental Health. This enhancement eliminated an operational workaround using our legacy eligibility system (MA21). Logic was added to ensure a pregnant woman who is approved for MassHealth Standard remains eligible for coverage for the duration of her pregnancy and post-partum period, regardless of reported changes. Enhancements to the HIX system also included language updates to the User Interface on the application and in the Back Office. The Back Office was reconfigured, to improve navigation and information available to eligibility staff to support customer service inquiries, a link with MH document management system to identify when a document is received to ensure a member is not closed for failure to respond to a request for information/renewal if they have responded prior to time clock expiration,. Verified Lawful Presence was upgraded to VLP version 37, which included paperless G845 form upload capability.

In addition, a number a HIX defects were fixed to improve system stability and eliminate workaround processes. MassHealth continued utilizing periodic data matching and renewal activities for the Medicaid/CHIP population.

MassHealth Operations conducted training for internal staff, customer service vendor staff and external stakeholders to support the implementation of new MassHealth managed care options available in March 2018. Training for ACO implementation included overviews of the MassHealth health plan options, timeframes for implementation, system changes to support implementation, as well as tools to help support members through the transition. MassHealth completed PCDI/ACO implementation with the end of the plan selection period on May 31 and the beginning of the fixed enrollment period on June 1.

Policy Developments/Issues

Annual Summary

During SFY18 EOHHS submitted one amendment package to CMS, received approval for one of the provisions included in the package and received approval for two of the provisions included in the amendment submitted to CMS during the previous fiscal year.

On July 20, 2017, EOHHS posted an amendment to the 1115 Demonstration for public comment. EOHHS held two listening sessions on this Demonstration amendment, one in Boston on August 4, 2017 and one in Chicopee on August 16, 2017, and received 50 comment letters. After reviewing the comments and revising the amendment in response to certain comments, EOHHS submitted a final version of the amendment to CMS on September 8, 2017.

The amendment requested flexibilities to ensure the sustainability of the MassHealth program while retaining access to care for vulnerable populations. The specific requests in the amendment would allow MassHealth to align coverage for certain non-disabled adults with commercial

plans, to adopt widely-used commercial tools to obtain lower drug prices and enhanced rebates, to allow Gold Star veterans and families to continue to have access to health insurance despite the receipt of a state veterans annuity and to improve care, reduce costs and achieve administrative efficiencies through a variety of strategies. The Gold Star provision was added to the amendment package after the public comment period after discussion with CMS about the authorities needed to prevent the recipient of a Gold Star annuity from losing access to health insurance coverage as a result.

On December 14, 2017 CMS approved two of the provisions included in the amendment submitted to CMS during the previous SFY (in June of 2017) -- eliminating provisional eligibility for certain adult members and shifting the authority for former foster care members from other states from the State Plan to the 1115 Demonstration. Due to technical challenges, EOHHS was not able to implement the changes to provisional eligibility until July 1, 2018 and EOHHS and CMS had discussions during the year to determine the best path to approval for this delayed effective date.

After discussion with CMS, EOHHS agreed to move the third item in the June 2017 amendment (a request to eliminate Non-Emergency Transportation (except for such transportation to treatment for substance use disorder services) for CarePlus members) to the September 2017 amendment in order for CMS to expedite approval of the other two requests in the June 2017 amendment.

Throughout the year EOHHS and CMS discussed the requests included in the September 2017 amendment and EOHHS also had conversations with the state legislature to request support for the items in the amendment that require legislation to implement. Certain items were included in the Governor's FY2019 Budget which was released on January 24, 2018.

On June 27, 2018 EOHHS received approval from CMS for the expenditure authority to extend eligibility for MassHealth Standard, MassHealth CommonHealth, MassHealth CarePlus, MassHealth Family Assistance and MassHealth Limited benefits for certain individuals who would be eligible for such benefits but for the receipt of a state veteran annuity or the inclusion of such annuity in the household income. EOHHS and CMS agreed to discuss the effective date for this provision and to discuss the post eligibility treatment of income with respect to the annuity so those conversations will continue into SFY19.

In the approval letter CMS also indicated it was not approving the pharmacy requests related to the closed formulary and the specialty pharmacy network. The letter also says that, at this time, CMS is not approving the request to enroll non-disabled adults over 100% FPL in the Health Connector and the request to waive payment restrictions on care provided in an IMD.

MassHealth will continue to work with CMS on the request to limit premium assistance cost

sharing wrap to MassHealth enrolled providers only.

The following requests were withdrawn by MassHealth based on feedback from CMS:

- Enroll non-disabled parents and caretakers with income up to 100% FPL in CarePlus;
- Eliminate redundant Limited coverage for adults also eligible for the Connector;
- Implement cost-sharing limit on an annual basis;
- Maintain cost-sharing greater than 5% for members over 300% FPL exclusively through the Demonstration (CMS notified us that we already have the authority to do this).

Following a network adequacy review MassHealth determined we did not need the authority to waive multiple managed care options requirement when majority of PCPs participate in a single ACO. MassHealth also deferred the request to implement narrower networks in MassHealth's primary care case management plan to encourage enrollment in Accountable Care Organizations (ACOs) and Managed Care Organizations (MCO). Given the amount of member movement into new health plans and new provider networks earlier this year, MassHealth plans to re-evaluate this request at a later date in order to avoid any potential disruption for members.

Financial/Budget Neutrality Development/Issues

Q4 Update

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 4 of state fiscal year (SFY) 2018 as reported through the quarter ending June 30, 2018 (QE 06/30/18). SFY 2018 expenditures and member months are from SFY 2018 Quarters 1-4 actual data. These data are combined with the MassHealth budget forecast as of June 30, 2018 for SFY 2018-2019 and Commonwealth Care and Health Safety Net (HSN) information provided by the state agencies that manage those programs.

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2016, SFY 2017, and SFY 2018. The enrollment data for the years SFY 2016, SFY2017, and SFY 2018 were updated based on actual enrollment through August 2018.

Safety Net Care Pool (SNCP)

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

Budget neutrality - summary

In sum, the total projected budget neutrality cushion is \$6.1 billion for the period SFY 2018

through SFY 2022 and \$28.2 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

Q4 Update

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

A. For Use in Budget Neutrality Calculations

Expenditure and Eligibility Group (EG) Reporting	April 2018	May 2018	June 2018	Total for Quarter Ending 06/18	Total for SFY 2017	Total for SFY 2018
Base Families	761,380	759,372	748,998	2,269,750	9,956,717	9,760,161
Base Disabled	240,301	238,512	236,226	715,039	2,926,976	2,886,414
1902(r)(2) Children	16,251	15,405	15,080	46,736	371,994	208,730
1902(r)(2) Disabled	17,983	18,176	17,584	53,743	252,841	225,801
New Adult Group	351,940	347,698	338,873	1,038,511	4,355,295	4,096,590
BCCDP	1,279	1,266	1,213	3,758	14,074	14,845
CommonHealth	28,517	28,717	28,898	86,132	293,638	333,357
TANF/EAEDC*	63,691	63,623	62,211	189,525	759,761	763,321

*TANF/EAEDC is a subcategory of Base Families

B. For Informational Purposes Only

Expenditure and Eligibility Group (EG) Reporting	April 2018	May 2018	June 2018	Total for Quarter Ending 06/18	Total for SFY 2017	Total for SFY 2018
e-HIV/FA	681	674	687	2,042	7,638	7,904
Small Business Employee Premium Assistance	22	22	21	65	763	282
DSHP- Health Connector Subsidies	N/A	N/A	N/A	N/A	N/A	N/A
Base Fam XXI RO	0	0	0	0	0	0
1902(r)(2) RO	0	0	0	0	0	0
CommonHealth XXI	0	0	0	0	0	0
Fam Assist XXI	0	0	0	0	0	0

Consumer Issues

MassHealth In-Person Enrollment Events

Annual Summary

In July 2017, The Greater Boston Stand Down event was organized by the New England Center and Home for Veterans, in partnership with the Boston Veterans Administration. “Stand Downs” are typically one- to three-day events providing supplies and services to homeless Veterans, such as food, shelter, clothing, health screenings and VA Social Security benefits counseling.

MassHealth, in conjunction with CCA, provided help for veterans and their family members enroll in MassHealth, check eligibility, and/or upgrade their coverage status, and basically do the same things we do at eligibility events. These events typically serve a mixed age population, and included vets from recent conflicts, Vietnam, and earlier wars and conflicts. Some vets who attended were employed, and many received benefits from the VA, Chapter 115, or SSA.

Ten enrollment events were held throughout the Commonwealth, from January through late May 2018, in the cities of Boston (twice at the State Transportation Building), Fall River (Bristol Community College), Lawrence (the Lawrence Public Library), Chicopee (Castle of Knights), Pittsfield (Crowne Plaza Holiday Inn), Worcester (the DCU Center), Fitchburg Sr. Center, Somerville Holiday Inn, and the Brockton Public Library, in addition to a special enrollment event for the Vietnamese population held in Dorchester in late May, to provide support to our membership as MassHealth’s new health care options went into effect. MassHealth, in conjunction with onsite MAXIMUS and CCA representation, provided eligibility and enrollment assistance and resources to members seeking health care plan assistance during this transition period.

In April, the Department of Developmental Services (DDS) Transition Event was held at the Basketball Hall of Fame in Springfield, Massachusetts. This event is held every spring by the DDS and provides transition information, education, and resources for families of individuals who are moving on from school to the adult service world of DDS, and to promote their agency and services they provide to those attending. Multiple providers and community groups who serve the DDS membership from throughout the Commonwealth are invited to attend in support of this event. MassHealth has attended for the past three years to provide support to individuals eligible for both MassHealth and DDS.

Finally, one eligibility event series was held at five locations throughout the Commonwealth during the months of May and June 2018.

Quality Assurance/Monitoring Activity

Managed Care Quality Activities

Managed Care Program (under 65, non-disabled)

Annual Summary

Throughout Fiscal Year 2018, the MassHealth Managed Care (MCO) Program engaged in several quality activities focused on performance measurement and Quality Improvement.

Performance Measurement

In quarter 1, The 2016 MassHealth Managed Care report, which summarizes individual MCO and overall MassHealth performance on several HEDIS indicators, was posted to the MassHealth website. Additionally, MassHealth initiated preparation for the 2017 MassHealth Managed Care report by reviewing and assessing 2017 MCO performance data submitted by MassHealth contracted MCOs, via the health plans' Interactive Data Submission System (IDSS) submissions. The analysis of 2017 HEDIS data continued into Quarter 2, with MassHealth analysts calculating MassHealth managed care weighted means, confidence intervals, and statistical significance. Additionally in Quarter 2, the MCO program calculated the results of several measures in the Adult and Child Core Sets. Rates were completed in mid-December and sent to MassHealth executive leadership for review prior to the reporting in the MACPro system. All results were reported and certified prior to the January 30th deadline. During Quarter 3, Managed Care entities embarked on the collection of HEDIS data for the 2018 HEDIS cycle, which reviews CY17 services. MCO 2018 HEDIS data collection continued into Q4, ending in mid-June with submission to NCQA via IDSS. Post submission to NCQA, MCOs submitted copies of their IDSS to the MassHealth Quality Office (MQO) for review. Finally Q4 ended with the finalization of the 2017 Managed Care HEDIS report.

Quality Improvement

In addition to assessing performance on quality measures, the MCO program also assessed plan performance on select quality improvement projects (QIPs). In quarter 1, contracted managed care plans submitted reports on a total of 3 QIPs, 2 of which were reviewed by the state's external quality review vendor and 1 reviewed by staff in the MassHealth Quality Office (MQO). During Quarter 2, scoring for MCO QIPs was completed. All MCOs reported on the QIP topic, "Initiative to improve care coordination using a culturally appropriate strategy that takes into consideration the race, ethnicity, and language diversity of members." Each MCO received a report summarizing their QIP scores and highlighting the project strengths and opportunities for improvement. Performance varied significantly across plans. A strength common among several

plans was that they provided a thorough description of the project and its development over the QI Goals cycle. Three plans included detailed member analyses that helped inform the development of interventions. In terms of opportunities for improvement, several plans were advised to develop higher-impact interventions that tie more directly to the barriers identified through their barrier analyses.

In Quarter 3 the MCO program modified the Appendix B, Quality Goals Program, of the MassHealth MCO contract. Modifications to the Appendix B consisted of identifying key performance measures by which MCO performance will be assessed annually. Additionally the modified Appendix B presented updated domains in which the MCOs will be expected to conduct quality improvement projects/activities in the upcoming quality goals cycle. Changes in Appendix B were presented to the MCOs in Quarter 4, with plans beginning preliminary planning for Quality improvement activities.

External Quality Review

Throughout the fiscal year, MCO plans continued to participate in external quality review activities as required by federal regulations and state contracts. Details about EQR participation is described in the external Quality Review Activities section.

External Quality Review Activities

Annual Summary

During the first quarter of this year, the EQRO begin reviews of compliance and PIP materials submitted by managed care entities (MCEs) for CY 2017 reviews. The vendor completed on-site visits for performance measure validation and compliance activities. Beginning in September, preliminary performance improvement project feedback was provided to all participating MCEs through collaborative technical assistance phone calls designed to help MCEs improve their project design and documentation. A new template for the technical reports was drafted with an emphasis on displaying comparative information.

During the second quarter, the EQRO completed the final reviews and scoring for all EQR activities, including performance improvement projects, performance measure validation and compliance audits. MCEs received final results this year ahead of technical reports, as results were distributed following the completion of score sheets for all activities. First drafts of all technical reports were completed, as well as the drafting of new PIPforms for the upcoming 2018 EQR cycle.

In the third quarter, technical reports were finalized and results were distributed to plans. The EQRO conducted a Stakeholder Satisfaction Survey to assess satisfaction with annual technical

reports. They achieved improvements in all areas compared to the prior year, most notably in the areas of design and quality of writing. A comparative report template was drafted for 2017.

Activities for CY2018 also launched in Q3. A training was held in March for MCEs regarding PIP reporting. SCOs, MBHP and OneCare plans submitted project plans in March for review and approval by the EQRO. Following approval, MCEs began implementation of Year 1 project activities.

In the fourth quarter, planning and implementation for CY 2018 activities continued. Site visit planning and formal protocols were approved for all activities. SCO and One Care plans with PIPs under way were given formal feedback on their March submissions which detailed the year's project plans. The EQR vendor offered technical assistance to all plans to ensure all plan projects and PIP reports would meet minimum requirements. Plans' quarter four activities also included the development of a process for reporting for MCOs given that their CY2017 represented the final full year of their contract. Planning discussions began for re-procured MCOs and ACO EQR onboarding in 2019.

MassHealth Quality Committee

Annual Summary

The goal of the MassHealth Quality Committee is to support and inform development and alignment of quality goals, strategies and activities across current and new programs. Over the SFY 2018 the Committee met monthly and included representatives from each of the core MassHealth programs which include MCO, SCO, OneCare, PCC Plan, ACO, Hospital Incentive and P4P Programs, with additional representatives addressing special populations (e.g., seniors, behavioral health, long term services and supports).

During Quarter 1, the Committee discussed the data used to calculate and report on the CMS Adult and Child Core Sets and made recommendations regarding the inclusion of additional managed care populations in the measure calculations (OneCare and SCO). Also in Q1, the Committee began the process of developing an aligned quality strategy that would both meet the specific requirements of the managed care rule and the broader MassHealth organization. In Quarters 2 and 3, the Committee continued its efforts to draft a comprehensive quality strategy while also attempting to define and align performance measurement across the MassHealth organization. The Committee's focus on measure alignment helped to shape policy regarding the MassHealth annual public reporting requirements. Finally, in Q4, the Committee focused all its efforts on finalizing an operational draft of the Managed Care Quality Strategy which the state expects to have posted in early SFY2019.

MassHealth ACO/CP Quality Strategy

Q4 Update

In Quarter 4, MassHealth worked with ACO plans to review and answer questions about the specifications of quality measures for the 2018 ACO program. MassHealth and CMS met regularly to discuss updates to the DSRIP quality scoring methodology, aligning on parameters and general goals for ACO level quality scoring. MassHealth continued regular discussions with external and internal quality stakeholders, including NCQA and the procured DSRIP Quality Subcommittee (DSRIP QSC) on issues such as allowable HEDIS modifications, member experience surveys, future measurement priorities, and risk-adjustment. In Quarter 4, MassHealth continued reviewing the technical specifications for the CP quality measure slate with CMS, and continues to work towards finalization of the measures. MassHealth also continues to work with the DSRIP Quality Subcommittee and the Quality Alignment Taskforce alongside representatives from commercial health insurers, consumers, providers, and purchasers. Convened by Massachusetts Executive Office of Health and Human Services (EOHHS), the Quality Alignment Taskforce aims to harmonize quality measures used in ACO quality contracts across the Commonwealth, and strives toward attaining measure alignment and administrative simplification.

Annual Summary

Over the past year MassHealth worked with numerous internal and external stakeholders to finalize the ACO quality performance slate for 2018, as well as a robust listing of monitoring measures. The final measure slate is a substantial departure from the originally proposed slate, parsing down from 39 measures to 19 measures. MassHealth engaged and updated ACOs throughout this process with regularly scheduled bi-weekly meetings. Significant progress was also made on vital quality-based policies including (but not limited to), risk adjustment modeling, DSRIP quality scoring methodology, sampling strategy, and clinical data collection planning. Furthermore, over the course of the year the CP measure slate progressed from measure concepts to the drafting of technical specifications for review by the DSRIP Quality Subcommittee, NCQA (where applicable), and CMS. By the end of Quarter 4, MassHealth and CMS engaged to define the remaining requirements needed to move toward specification finalization. Finally, MassHealth was a major contributor to the Quality Alignment Taskforce, working to align Medicaid and commercial quality measurement where appropriate across the Commonwealth. The finalized list of recommendations for an aligned measure slate anticipated in the fall is a significant step toward reducing clinical, technical, and financial burden associated with quality reporting for current, as well as future, ACOs in the State and focusing on quality improvement efforts on state health opportunities and priorities.

CMS Grant Activities -- Contraceptive Use Grant

Q4 Update

During this quarter, the MA Department of Public Health's Sexual and Reproductive Health unit staff met with Title X grantees to review the second provider-level report on contraceptive use rates prepared by the grant team, using data obtained from the Title X grantee data base. This second round of reports was provided to the same set of Title X grantees that received the first round of reports, and thus, discussions with Title X grantees included a comparison of use rates from the two time periods examined (CY 2015 and SFY 2017 data).

The grant team also completed a template for provider-level reporting using MassHealth administrative data sets. The grant team created average use rates for continuously enrolled women receiving services from Community Health Center (CHC) providers, and reviewed use rates at individual CHCs to identify a set of CHCs with larger numbers of enrolled members as a first step in identifying providers with whom to work. The team selected CHCs as its provider population of focus as many CHCs house, or have relationships with, Title X grantee sites, and are therefore more likely to have systems in place to support quality improvement work at the health centers. The team continued to work on drafting a package of materials it plans to use in outreaching providers to offer provider-specific reports on contraceptive use and technical assistance to support improvement activities.

Finally, the grant team began preparing for its qualitative interviews. The Grant Year 3 interviews will focus on gathering data from primary care providers regarding perceived barriers to addressing contraceptive care and providing most and moderately effective contraceptive methods and perceived resources that may be helpful in addressing those barriers.

Annual Summary

During the past Fiscal Year, MassHealth reported on the Contraceptive Care for Women measure for the third time, and reported on the Contraceptive Care for Postpartum Women measure for the second time. The grant team also began developing a template for provider-focused reports using MassHealth data gathered for measure rate calculation to allow the grant team to share use rates for MassHealth-enrolled women with MassHealth-enrolled providers, and creating a draft of a package of materials to be used in outreaching and engaging provider trade associations and providers in receiving and reviewing provider-specific information.

The grant team obtained access to data submitted to John Snow, Inc. by Title X funded providers in MA, and used that data to create reports on use rates for most/moderately effective contraceptive methods, including Long Acting Reversible Contraceptives (LARCs) by women who received services from Title X funded providers, and, as noted above, created a second set

of reports using more recent data on contraceptive use rates at a geographically diverse set of Title X grantees. These reports were shared with Title X providers, and, at meetings with a subgroup of the Title X grantees over the summer, MA DPH staff reviewed and discussed the data in both reports. Providing and reviewing data at two points in time allowed this set of providers the opportunity to assess the impact of practice-based activities designed to improve the use rates of most and moderately effective contraceptive methods.

Reflecting its plan to offer technical assistance on contraceptive use rates to MassHealth-enrolled providers in the next grant year, the grant team initiated plans for interviewing primary care providers practicing at Community Health Centers to obtain information on perceived barriers to, and opportunities to support delivery of, contraceptive care and services.

Demonstration Evaluation

Annual Summary

This year EOHHS continued to work closely with the Independent Evaluator (UMMS), to finalize the evaluation design of both the DSRIP program as well as the overall 1115 Demonstration and to identify data flows necessary to support the proposed evaluation

In July 2017 EOHHS submitted an updated evaluation design document (EDD) for the 1115 extension to CMS that incorporated the requests included in the amendment submitted in June 2017. EOHHS attached a further updated EDD with the submission to CMS of the amendment on September 8, 2017 that incorporated the requests included in that amendment.

EOHHS received feedback on its draft overall evaluation design in January 2018 and submitted to CMS a revised EDD in response to the feedback on June 29, 2018.

Enclosures/Attachments

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook
- Zip Files with Approved ACO Full Participation Plans and Budgets

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