

DY29 Q4 Report (July - September 2024) & Annual Report (CY2024)

Overall section 1115 demonstration	
State	Massachusetts
Demonstration name	11-W-00030/1 and 21-W-00071/1
Approval period for section 1115 demonstration	October 1, 2022 - December 31, 2027
Reporting period	Q4: October 1, 2024 – December 31, 2024 & Annual: January 1-December 31, 2024
Demonstration goals and objectives	<ul style="list-style-type: none">Continue the path of restructuring and reaffirm accountable, value-based care – increasing expectations for how ACOs improve care and trend management, and refining the model;Make reforms and investments in primary care, behavioral health, and pediatric care that expand access and move the delivery system away from siloed, fee-for-service health care;Continue to improve access to and quality and equity of care, with a focus on initiatives addressing health-related social needs and specific improvement areas relating to health quality and equity, including maternal health and health care for justice-involved individuals who are in the community;Support the Commonwealth’s safety net, including ongoing, predictable funding for safety net providers, with a continued linkage to accountable care; andMaintain near-universal coverage including updates to eligibility policies to support coverage and equity.

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

During this reporting quarter (DY29, Q4), MassHealth provided premium assistance for 12,384 health insurance policies resulting in premium assistance to 23,210 MassHealth eligible members. The value of the third-party payments made by MassHealth during this reporting quarter was \$19,472,435.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	2,078	9,390	11,468
<i>CommonHealth</i>	4,312	0	4,312
<i>Family Assistance</i>	#	#	#
<i>CarePlus</i>	0	711	711
Total for 10/1/24-12/31/24	#	#	#

Note: Non-zero numeric references less than 11 and related complimentary data fields have been masked (#) to protect confidentiality.

Premium Assistance Disenrollment Rate

During this reporting quarter, MassHealth provided premium assistance for 12,384 health insurance policies. Of these, 656 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 4.5%. Many of the policies that were disenrolled for failure to provide updated policy information when their plan year ends have their Premium Assistance reinstated once they do provide that information. Please note that losing Premium Assistance does not impact a member’s MassHealth eligibility status. Members disenrolled from Premium Assistance can continue to receive care from within the MassHealth network, assuming they remain eligible for MassHealth.

Premium Assistance Program: Employer Sponsored Insurance	Total Premium Assistance Policies	Total Policies Disenrolled from Premium Assistance	Premium Assistance Disenrollment Rate

Total for 10/1/24-12/31/24	12,384	656	5.3%
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Enrollment in Premium Assistance (STC 16.5.b.v.)

During this reporting year (DY29), MassHealth provided premium assistance for 15,281 health insurance policies resulting in premium assistance to 33,171 MassHealth eligible members. The value of the third-party payments made by MassHealth during this reporting quarter was \$72,704,978.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	2,747	14,289	17,036
<i>CommonHealth</i>	5,786	0	5,786
<i>Family Assistance</i>	13	9,120	9,133
<i>CarePlus</i>	0	1216	1216
Total for 1/1/24-12/31/24	8,546	24,625	33,171

Premium Assistance Disenrollment Rate

During this reporting year, MassHealth provided premium assistance for 15,281 health insurance policies. Of these, 3701 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 24.2%. Many of the policies that were disenrolled for failure to provide updated policy information when their plan year ends have their Premium Assistance reinstated once they do provide that information. Please note that losing Premium Assistance does not impact a member’s MassHealth eligibility status. Members disenrolled from Premium Assistance can continue to receive care from within the MassHealth network, assuming they remain eligible for MassHealth.

Premium Assistance Program: Employer Sponsored Insurance	Total Premium Assistance Policies	Total Policies Disenrolled from Premium Assistance	Premium Assistance Disenrollment Rate
Total for 1/1/24-12/31/24	15,281	3701	24.2%

Waiver Evaluation (STC 16.5.d)

Specific activities conducted by the Independent Evaluator during this quarter for the 2017-2022 and 2022-2027 1115 Demonstration evaluations are below.

2017-2022 1115 Demonstration Evaluation Activities – Independent Evaluation Summative Report

- Awaiting CMS feedback on the draft IESR which was submitted to CMS on 9/30/24;
- Collaborated with MassHealth to develop a draft timeline for responding to CMS’ feedback on the IESR; and
- Continued preparation of dissemination products for submission to peer-reviewed journals and presentation at conferences.

2017-2022 1115 Demonstration Evaluation – Publications and Presentations

Sabatino, M. J., Sullivan, K., Alcusky, M. J., & Nicholson, J. (2024). Identifying and addressing health-related social needs: a Medicaid member perspective. *BMC health services research*, 24(1), 1203.

Jamakandi, S., Li, J., Chien, A. T., Alcusky, M., & Kerrissey, M. (2024). Pediatric Practices’ Experiences with Massachusetts’ Medicaid Accountable Care Organizations. *Academic Pediatrics*, 102601.

2022-2027 1115 Demonstration Evaluation Activities

- Began to draft evaluation timeline and workplan for the IEIR in consultation with MassHealth;
- Executed the minimum necessary documentation (MND) data request form for access to MassHealth data;

- Received MassHealth claims-related data extracts and began preparation of analytic datasets;
- Continued to review MassHealth program information/policies and relevant literature to support the development of interview guides and surveys;
- Continued the review process for programmatic documents shared by MassHealth;
- Completed fielding of Wave 1 ACO and CP Key Informant interviews;
- Began conducting Wave 1 BH Clinician and Hospital Key Informant interviews;
- Continued to develop Wave 1 draft interview guides (i.e., BH Clinician, Hospital, and MassHealth Member) and related materials for Wave 1 primary data collection;
- Continued to develop the Wave 1 Practice Site Administrator and Workforce Provider Preferences surveys;
- Started analyses of coverage & eligibility domain;
- Revised Evaluation Design Document, in consultation with MassHealth and SMEs, to incorporate amendments to the Waiver approved by CMS on 4/19/24; submitted revised EDD to CMS on 10/16/24; and
- Held meetings with MassHealth and external SMEs to coordinate evaluation activities.

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In CY24 (DY29), key project activities centered on the development, review, and revision of two major deliverables—the 2017–2022 Independent Evaluation Summative Report (IESR) and the 2022–2027 Amended Evaluation Design Document (EDD)—for submission to CMS, as well as the preparation and initiation of activities for the 2022–2027 Evaluation. For the 2017–2022 IESR, collection of secondary data from publicly available sources, MassHealth program documentation, and administrative data was completed. These data were analyzed and synthesized into the IESR. The evaluation team prepared a draft of the IESR that incorporated feedback from internal reviewers, external scientific advisors, and MassHealth. This IESR was submitted by MassHealth to CMS on 9/30/24.

The evaluation team also began organizing and planning for the 2022–2027 Demonstration, including developing timelines, protocols for primary data collection, and submitting data access requests. Processes for policy, literature, and document review were established to inform the development of interview guides and surveys for the primary data collection research activities. These guides and surveys were refined with feedback from MassHealth, and qualitative data collection commenced and is ongoing. UMass Chan collaborated closely with MassHealth to revise the EDD for the 2022–2027 Demonstration to reflect the CMS-approved waiver amendments. The revised EDD was submitted by MassHealth to CMS on 10/16/24.

Condensed key activities for CY2024 by quarter

January 1 – March 31, 2024 (DY29 Q1):

2017–2022 Waiver Evaluation

- Continued acquisition, preparation, and analyses of secondary data and writing, editing, and synthesizing content for the IESR.

2022–2027 Waiver Evaluation

- Held monthly meetings with MassHealth to track progress and address issues, while planning for the 2022–2027 waiver evaluation. Key activities included preparing and submitting the request for MassHealth data access, organizing staff/resources, developing project schedules for Year 1 activities, and reviewing lessons learned from the previous evaluation.
- Reviewed updated policies developed by MassHealth and relevant literature to inform the development of interview guides and surveys.

April 1 – June 30, 2024 (DY29 Q2):

2017–2022 Waiver Evaluation

- Continued analyzing data, writing, editing, and synthesizing content for the IESR, engaging the scientific advisory committee for feedback.

2022–2027 Waiver Evaluation

- Conducted a formative analysis by interviewing clinicians and subject matter experts (SMEs), which informed the design and development of a workforce incentives conjoint survey.
- Developed interview guides (focusing on target populations that included Accountable Care Organizations (ACOs), Community Partners (CPs), Hospitals, Behavioral Health (BH) Clinicians, and Members) and related materials for the first wave of primary data collection.
- Started revising the 2022–2027 Evaluation Design Document, in consultation with MassHealth and SMEs, to incorporate the amendment to the Waiver approved by CMS on 4/19/24.

July 1 – September 30, 2024 (DY29 Q3):

2017–2022 Waiver Evaluation

- Revised the draft IESR based on feedback from MassHealth, internal reviewers, and external scientific advisors.
- The IESR was submitted by MassHealth to CMS on 9/30/24.

2022–2027 Waiver Evaluation

- Developed hospital interview guides, and initiated Wave 1 ACO and CP interviews.
- Started revising the ACO primary care practice site administrator survey.
- Attended meetings with SMEs to further our understanding of MassHealth’s program and policies.

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

Flexible Services Program Updates

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

Health Related Social Needs Updates

- Non-DSRIP Flexible Services Program Updates
 - In DY29 Q4, all ACOs continued providing Flexible Services via their CY24 contracts totaling 105 approved Flexible Services Programs.
 - ACOs continued to provide Flexible Services to ACO Enrollees to meet the CY24 contract requirements of serving at least 1% of Enrollees, a proportional number of pediatric Enrollees, spending at least 75% of their Flexible Service allocation, and offering at least one housing and one nutrition Flexible Service program.
- Specialized Community Support Programs (CSP)
 - Specialized CSP services provided to eligible members in fee for service and managed care plans went into effective in DY28 Q2, in April 2023. In the following months, MassHealth provided guidance and support to managed care plans and Specialized CSP providers to implement and operationalize these services.

DSRIP Close-out

- In Q4, MassHealth disbursed ~\$21.8M to ACOs in DSRIP at-risk payments based on the Budget Period 4 TCOC component and the Budget Period 5 Quality component of the DSRIP Accountability Scores.

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DSRIP Close-out

In Q1, MassHealth reissued \$205K in at-risk Infrastructure and Capacity Building funding to one CP that was unable to process the payment in the preceding payment cycle.

In Q2, MassHealth:

- Disbursed \$9.3M to ACOs and \$5.6M to CPs in DSRIP at-risk payments based on DSRIP Accountability Scores.
- Completed the recoupment process of ~\$1.3M in DSRIP dollars underspent collectively by 14 CPs.
- Completed the recoupment process of ~\$755K in DSRIP Startup and Ongoing funds underspent collectively by 4 ACOs, as well as ~\$18M in DSRIP Flexible Services funds underspent by 16 ACOs. MassHealth reconciled federal matching dollars associated with both CP and ACO recouped funds in subsequent CMS-64 submissions.

In Q3, MassHealth disbursed \$86K in DSRIP at-risk payments to Community Service Agencies based on Budget Period 3 and 4 DSRIP Accountability Scores.

Enrollment Information

The enrollment activity below reflects enrollment counts for QE December 2024.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	933,005
Base Disabled	231,150
1902(r)(2) Children	10,228
1902(r)(2) Disabled	14,100
Base Childless Adults (19- 20)	33,791

Base Childless Adults (ABP1)	16,291
Base Childless Adults (CarePlus)	315,467
BCCTP	1,253

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	15,236
e-Family Assistance	4,834
e-HIV/FA	469
SBE	N/A
Basic	N/A
DSHP- Health Connector Subsidies	N/A
Base Fam XXI RO	
1902(r)(2) XXI RO	
CommonHealth XXI	
Fam Assist XXI	
Asthma	N/A
TANF/EAEDC*	N/A
End of Month Coverage	N/A
Total	1,575,824

* TANF is reported under Base Families

Enrollment in Managed Care Entities and Primary Care Clinician Plan

The enrollment activity below reflects the average monthly enrollment counts for the quarters ending September 30, 2024 and December 31, 2024.

Plan Type	QE 9/24	QE 12/24	Difference
MCO	180,456	179,284	(1,172)
PCC	51,654	49,984	(1,670)
MBHP*	392,953	388,774	(4,179)
FFS/PA**	687,686	688,015	329
ACO	1,156,828	1,148,590	(8,238)

*MBHP enrollment does not represent members unique to the plan, as there is overlap with PCC and ACO Model B enrollment.

**PA included in FFS and MBHP enrollment counts

Member Month Reporting

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

A. For Use in Budget Neutrality Calculation

<u>Expenditure and Eligibility Group (EG) Reporting</u>	<u>October 2024</u>	<u>November 2024</u>	<u>December 2024</u>	<u>Total for Quarter Ending 12/24</u>
Base Families	941,774	935,407	927,046	2,804,227
Base Disabled	232,331	231,554	230,114	693,999
1902(r)(2) Children	10,023	10,197	9,967	30,187
1902(r)(2) Disabled	14,068	14,136	14,213	42,417
New Adult Group	363,065	364,666	363,483	1,091,214
BCCDP	1,233	1,239	1,246	3,718
CommonHealth	15,228	15,280	15,140	45,648
TANF/EAEDC*	0	0	90	90

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

- **For Informational Purposes Only**

<u>Expenditure and Eligibility Group (EG) Reporting</u>	<u>Oct 2024</u>	<u>Nov 2024</u>	<u>Dec 2024</u>	<u>Total for Quarter Ending 12/24</u>
e-HIV/FA	459	465	463	1,387
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

Beneficiary Support System (STC 8.10)

	2024			
	Q4			
AHS	October	November	December	Total
Eligibility	170,675	140,109	148,510	459,294
Health Plan	38,153	32,886	34,836	150,875
	208,828	172,995	183,346	565,169

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2024													
	Q1			Q2			Q3			Q4			Total
AHS	January	February	March	April	May	June	July	August	September	October	November	December	
Eligibility	196,884	186,365	189,087	176,805	158,304	130,062	163,167	159,679	157,789	170,675	140,109	148,510	939,929
Health Plan	57,546	49,464	53,105	49,647	38,983	32,913	40,433	40,490	38,274	38,153	32,886	34,836	225,072
Grand Total	254,430	235,829	242,192	226,452	197,287	162,975	203,600	200,169	196,063	208,828	172,995	183,346	1,165,001

Flex Services Tables

FS Program Quarterly Progress Report Summary of Services Provided*							
Q3 CY24**,†	Nutrition	Home Modifications	Tenancy Sustaining	Pre-Tenancy – Individual	Pre-Tenancy – Transitional	Total Unduplicated Members***	Total Spend (in millions)
Atrius	286	16	49	68	#	397	\$283K
BACO	1,232	75	231	313	51	1,662	\$1.164M
BCH	727	44	137	181	30	1,004	\$1.083M
Be Healthy Care Alliance	205	13	28	46	#	276	\$444K
Berkshire	151	11	28	40	#	215	\$53K
BILH	533	24	182	204	57	585	\$689K
CCC	2,379	142	429	604	100	3,265	\$2.012M
CHA	649	49	112	135	25	862	\$331K
East Boston	256	15	45	91	#	372	\$248K
Mercy	400	22	80	119	21	530	\$400K
MGB	582	41	89	163	37	793	\$951K

Reliant	352	19	49	94	14	466	\$252K
Signature	219	19	37	51	13	290	\$179K
Southcoast	132	#	19	24	#	171	\$163K
Steward	738	47	136	188	33	1,002	\$826K
Tufts Medicine	434	27	70	96	21	552	\$559K
UMass	777	63	138	234	45	1,037	\$414K
Total	10,046	#	1,858	2,650	486	13,471	\$10.051M

*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.

**Each service provided per ACO per category represents 1 member. Non-zero numeric references less than 11 and related complementary data fields have been masked (#) to protect confidentiality.

***Members may receive services across multiple categories, in these cases, member may be included for the count of for multiple categories of services (e.g., Nutrition and Home Modification) but only count towards one in the “Total Members” column. This leads to the “Total Members” appearing to be smaller than the sum of the five category columns.

†Data from a given quarter is not due from ACOs until the last day of the following quarter, leading to a one-quarter lag in what MassHealth is able to report in this table.

Annual Update

FS Program Quarterly Progress Report Summary of Services Provided* for CY2024								
Flexible Services Categories	Q1 CY24		Q2 CY24		Q3 CY24†		Overall CY24 To Date**	
	# of Services Provided in Each Category	Total Spend (in millions) in Each Category	# of Services Provided in Each Category	Total Spend (in millions) in Each Category	# of Services Provided in Each Category	Total Spend (in millions) in Each Category	Overall # of Services Provided in Each Category	Overall Total Spend (in millions) in Each Category
Pre-Tenancy Individual	2,368	\$1.831M	2,621	\$1.671M	2,650	\$1.607M	4,204	\$5.109M
Pre-Tenancy Transitional	593	\$745K	632	\$953K	486	\$826K	896	\$2.524M

Tenancy Sustaining	1,635	\$1.280M	1,759	\$1.391M	1,858	\$1.386M	2,902	\$4.057M
Home Modifications	594	\$363K	647	\$338K	631	\$205K	993	\$907K
Nutrition	8,362	\$6.300M	9,464	\$6.130M	10,046	\$6.026M	14,819	\$18.457M
# of Unique Members / \$ Spent	11,408	\$10.520M	12,746	\$10.484M	13,471	\$10.051M	20,005	\$31.055M

*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.

**Members may receive services across multiple quarters, in these cases, members may be included for the count of multiple quarters of services but only count towards one in the “# of Unique Members” row and in the “Overall # of Services Provided” column. This leads to those numbers appearing smaller than the sum of the individual service quarters.

†Data from a given quarter is not due from ACOs until the last day of the