

DY29 Q2 Report (April – June 2024)

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	April 1, 2024 – June 30, 2024
Demonstration goals and objectives	<ul style="list-style-type: none"><li>• 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;</li><li>• 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;</li><li>• 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;</li><li>• Support the Commonwealth’s safety net, including ongoing, predictable funding for safety net providers, with a continued linkage to accountable care; and</li><li>• Maintain near-universal coverage including updates to eligibility policies to support coverage and equity.</li></ul>

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

During this reporting quarter (DY29, Q2), MassHealth provided premium assistance for 11,125 health insurance policies resulting in premium assistance to 20,968 MassHealth eligible members. The value of the third-party payments made by MassHealth during this reporting quarter was \$17,789,752.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,917	8,244	10,161
<i>CommonHealth</i>	3,843	0	3,843
<i>Family Assistance</i>	8	6,318	6,326
<i>CarePlus</i>	0	638	638
<b>Total for 4/1/24-6/30/24</b>	<b>5,768</b>	<b>15,200</b>	<b>20,968</b>

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 11,125 health insurance policies. Of these, 930 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 8.4%. 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 4/1/24-6/30/24	11,125	930	8.4%

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

During Q2, MassHealth conducted several activities focused on assessing beneficiary outcomes, quality, and experience of care. Much of this work focused preparing health plans for new quality measure submission requirements spanning measurement year (MY) 2023.

- Released ACO/MCO focus MY2023 guidance documentation on calculation of HEDIS metrics spanning truncated performance period (April – Dec 2023), inclusive of allowable adjustment requirements
- Worked with Comprehensive Quality Measure vendor, Telligen, to prepare formal trainings on clinical repository system used for the capture of medical record data
- Continued review of prior year performance measure data and trended past performance at the contract, program, and MassHealth levels to identify quality priorities for Calendar Year (CY) 2024.
- Initiated preparation for CY 2024 performance measure validation standards per EQR requirements.

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

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

#### **Quantitative Activities**

- Continued data preparation and analyses of MassHealth administrative claims and encounter data, hybrid quality measures, member experience surveys, Flexible Services data, other program data, ACO financial reconciliation data, and CP staff and ACO provider surveys
- Continued preparing content for the Independent Evaluation Summative Report (ISER)
- Continued preparation of manuscripts for submission to peer-reviewed journals

#### **Qualitative Activities**

- Continued refinement of data analysis as needed for the purposes of the IESR
- Continued document review as needed of key program documents for DSRIP (e.g., ACO, CP, SSO, SWI) for the purposes of the IESR
- Continued writing, editing, and synthesizing content for the IESR
- Continued preparation of manuscripts for submission to peer-reviewed journals and conferences

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

- Completed data cleaning and analyses for Goal 3 supporting the development of the draft IESR
- Continued analyzing data for HEDIS-based quality measures and reviewing the results for managed care population analyses for Goal 4
- Continued to discuss the analysis plan for the fee-for-service population for Goal 4
- Completed analyses for Goals 6 and 7 supporting the development of the draft IESR
- Continued research of policy developments relevant to each goal
- Continued writing, editing, and synthesizing content for the IESR

- Engaged external reviewers in commenting on the draft write-ups

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

- Completed interrupted time series analysis
- Continued to meet with MassHealth SUD program contacts to ensure the objectives of the evaluation are being met
- Completed return on investment analysis
- Continued writing, editing, and synthesizing content for the IESR

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

#### Abstracts Presented at the 2024 AcademyHealth Annual Research Meeting

*June 29 – July 2, 2024, Baltimore, MD*

- Housing and Nutritional Supports for Medicaid ACO Enrollees: Implementation Experiences and Utilization Trends in Massachusetts  
Authors: Meagan Sabatino, Kurt Hager, Joanne Nicholson, Kate Sullivan, Margaret Tiedemann, Matthew Alcusky
- Health-Related Social Needs Screening Among Medicaid ACO Members: Stakeholder Perspectives and Changes in Screening Rates Over Time  
Authors: Meagan Sabatino, Kate Sullivan, Joanne Nicholson, Matthew Alcusky
- Massachusetts Medicaid’s Health Information Technology Investments: Facilitation of Improved Organizational Partnerships and Streamlined Data-Sharing Processes  
Authors: Cheyanne Zappala, Meagan Sabatino, Joanne Nicholson, Laura Sefton

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

During this quarter, the Independent Evaluator (IE) continued planning and organizing efforts for the 2022-2027 waiver evaluation. Specific activities included:

- Revising the minimum necessary documentation (MND) form for access to MassHealth data;
- Finalizing the FY24 ISA, developing FY25 ISA amendment, and assigning staff allocations and resources;
- Developing interview guides (including ACO, CP, Hospital, and Member) and related materials for the first wave of primary data collection;
- Beginning interview recruitment with ACOs
- Continuing to review updated policies as developed by MassHealth and relevant literature to support the development of interview guides and surveys.
- Continuing to conduct a formative analysis through interviews to gather feedback to develop a workforce conjoint survey; and  
Beginning to revise the 2022-2027 Evaluation Design Document, in consultation with MassHealth and Subject Matter Experts, to incorporate amendments to the demonstration approved by CMS on 4/19/24.

## **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 Q2, all ACOs continued providing Flexible Services via their CY24 contracts totaling 116 approved Flexible Services Programs.
  - ACOs submitted Annual Progress Reports (APR) on 4/1/24 detailing their delivery of Flexible Services from Q2-Q4 of CY23. The team spent Q2 reviewing APRs; all ACO APRs were approved.
  - 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 CSP
  - Specialized CSP services were 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

- MassHealth disbursed \$9.3M to ACOs and \$5.6M to CPs in DSRIP at-risk payments based on DSRIP Accountability Scores
- As reported previously, 14 CPs reported underspending of a total of ~\$1.3M in DSRIP dollars. In Q2, MassHealth completed the recoupment process.
- Also, as reported previously, 4 ACOs reported underspending a total of ~\$755K in DSRIP Startup and Ongoing funds, and 16 ACOs reported underspending their DSRIP Flexible Services funds for a total of ~\$18M. The DSRIP Flexible Services underspending is slightly higher than the amount reported in DY28 due to reporting adjustment from one of ACOs. In Q2, MassHealth completed the recoupment process and will reconcile federal matching dollars associated with both CP and ACO recouped funds in future CMS-64 submissions.

Enrollment Information

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

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	946,742
Base Disabled	233,688
1902(r)(2) Children	15,638
1902(r)(2) Disabled	12,094
Base Childless Adults (19- 20)	31,102
Base Childless Adults (ABP1)	23,080

Base Childless Adults (CarePlus)	323,929
BCCTP	1,169

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	16,867
e-Family Assistance	3,134
e-HIV/FA	450
SBE	0
Basic	N/A
DSHP- Health Connector Subsidies	N/A
Base Fam XXI RO	0
1902(r)(2) XXI RO	0
CommonHealth XXI	0
Fam Assist XXI	0
Asthma	N/A
TANF/EAEDC*	N/A
End of Month Coverage	N/A
<b>Total</b>	<b>1,607,961</b>



\* TANF is reported under Base Families

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

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

Plan Type	QE 3/24	QE 6/24	Difference
MCO	187,465	182,002	(5,463)
PCC	55,922	53,222	(2,700)
MBHP*	414,883	397,281	(17,602)
FFS/PA**	684,137	669,875	(14,262)
ACO	1,183,449	1,162,646	(20,803)

\*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>Apr 2024</u>	<u>May 2024</u>	<u>Jun 2024</u>	<u>Total for Quarter Ending 6/24</u>
Base Families	945,432	948,433	939,517	2,833,382

<b>Base Disabled</b>	234,859	234,789	232,936	702,584
<b>1902(r)(2) Children</b>	16,761	17,062	13,224	47,047
<b>1902(r)(2) Disabled</b>	11,931	11,588	12,004	35,523
<b>New Adult Group</b>	375,298	372,164	377,270	1,124,732
<b>BCCDP</b>	1,173	1,171	1,170	3,514
<b>CommonHealth</b>	18,140	17,048	16,159	51,347
<b>TANF/EAEDC</b>	1,960	2,062	2,179	6,201

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

- **For Informational Purposes Only**

<b><u>Expenditure and Eligibility Group (EG) Reporting</u></b>	<b><u>Apr 2024</u></b>	<b><u>May 2024</u></b>	<b><u>Jun 2024</u></b>	<b><u>Total for Quarter Ending 6/24</u></b>
<b>e-HIV/FA</b>	452	448	442	1,342
<b>Small Business Employee Premium Assistance</b>	0	0	0	0
<b>DSHP- Health Connector Subsidies</b>	N/A	N/A	N/A	N/A

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			
	Q2			Total
AHS	April	May	June	
Eligibility	176,805	158,304	130,062	465,171
Health Plan	49,647	38,983	32,913	121,543
Grand Total	226,452	197,287	162,975	586,714

**Flex Services Tables**

FS Program Quarterly Progress Report Summary of Services Provided*							
Q1 CY24**	Nutrition	Home Modifications	Tenancy Sustaining	Pre-Tenancy – Individual	Pre-Tenancy – Transitional	Total Unduplicated Members***	Total Spend (in millions)
Atrius	268	22	103	32	#	411	\$647K
BACO	1,211	11	176	298	70	1,487	\$1.033M

BCH	568	#	66	64	53	638	\$1.173M
Be Healthy Care Alliance	118	66	0	0	0	183	\$442K
Berkshire	190	0	#	#	0	202	\$221K
BILH	496	14	175	155	35	563	\$702K
CCC	2,483	155	349	320	65	2,836	\$1.969M
CHA	457	#	29	126	15	580	\$272K
East Boston	313	#	36	57	#	364	\$255K
Mercy	214	#	51	54	12	261	\$245K
MGB	805	12	14	293	#	1,139	\$1.419M
Reliant	335	11	26	52	13	474	\$202K
Signature	119	#	46	54	#	179	\$113K
Southcoast	37	0	33	46	#	91	\$68K
Steward	420	41	37	595	232	854	\$1.064M
Tufts Medicine	294	#	92	126	13	400	\$332K
UMass	768	#	123	120	31	884	\$355K
Total	9,089	356	1,366	2,392	574	11,536	\$10.518M

\*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 complimentary data fields have been masked (#) to protect confidentiality.

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

FS Program Quarterly Progress Report Summary of Services Provided*	
	Q1 CY24

Flexible Services Categories	# of Services Provided in Each Category	Total Spend (in millions) in Each Category
Pre-Tenancy Individual	2,392	\$1.929M
Pre-Tenancy Transitional	574	\$744K
Tenancy Sustaining	1,366	\$1.280M
Home Modifications	356	\$264K
Nutrition	9,089	\$6.299M
# of Unique Members / \$ Spent	11,536	\$10.518M
*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.		