

DY29 Q3 Report (July - September 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	July 1, 2024 – September 30, 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; and• Maintain 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, Q3), MassHealth provided premium assistance for 11,687 health insurance policies resulting in premium assistance to 22,142 MassHealth eligible members. The value of the third-party payments made by MassHealth during this reporting quarter was \$18,837,568.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,908	8,848	10,756
<i>CommonHealth</i>	4,056	0	4,056
<i>Family Assistance</i>	6	6,609	6,615
<i>CarePlus</i>	0	715	715
Total for 7/1/24-9/30/24	5,970	16,172	22,142

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 11,687 health insurance policies. Of these, 1,005 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 8.6%. 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 7/1/24-9/30/24	11,687	1005	8.6%

Impact of Beneficiaries Outcomes of Care, Quality and cost of care, access to care, results of beneficiary satisfaction surveys (STC. 16.5.b) – Josh (Linda/Jillian); LEGAL – Brittane

In Q3, MassHealth conducted several activities in the collection of quality and member experience data from all ACPPs, MCOs, and PCACOs representing the PY23 quality incentive. Quality data were submitted via multiple platforms (e.g., clinical repository system). All plans met the reporting deadline of Sept 20, 2024 - with analysis/auditing/scoring/and reporting requirements expected to be completed by the end of Q1 2025. Member experience survey fielding and collection were completed in early Q3. Compilation, analysis and scoring of results are underway. Assessing impact on beneficiaries are expected in Q4 2024.

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 – DSRIP Goals 1&2 and Non-DSRIP Goals 3-7

- Completed data acquisition, cleaning, and analysis of primary and secondary data;
- Continued document review as needed for the purposes of the draft IESR;
- Completed writing, editing, and synthesizing content for the draft IESR;
- Continued to share draft IESR sections with MassHealth and internal/external reviewers for their review and to revise content in response to their feedback;
- Attended meetings with Subject Matter Experts (SMEs) to further our understanding of MassHealth’s program and policies;
- Submitted the draft IESR to MassHealth for review, approval, and submission to CMS on 9/30/24; and
- Continued preparation of manuscripts for submission to peer-reviewed journals

2017-2022 1115 Demonstration Evaluation – Publications and Presentations

- Title: Identifying and addressing health-related social needs: a Medicaid member perspective

Publication: BMC Health Services Research. (To be published in near future).

Authors: M Sabatino, K Sullivan, M Alcusky, and J Nicholson

2022-2027 1115 Demonstration Evaluation Activities

- Worked to finalize the minimum necessary documentation (MND) data request form for access to MassHealth data;
- Finalized the FY25 ISA and assignment of staff allocations and resources;
- Continued to review MassHealth policies and relevant literature to support the development of interview guides and surveys;
- Formalized and began a document review process for programmatic documents shared by MassHealth;
- Continued to develop and finalize draft interview guides (i.e., ACO, CP) and related materials for Wave 1 primary data collection;

- Submitted draft interview guides for MassHealth's review (i.e., BH Clinician and Hospital) and revised as needed;
- Began outreach and scheduling of ACO and CP interviews;
- Began to conduct Wave 1 ACO and CP interviews;
- Continued to revise the 2022-2027 Evaluation Design Document, in consultation with MassHealth and SMEs, to incorporate amendments to the Waiver approved by CMS on 4/19/24;
- Continued to develop the Practice Site Administrator and Workforce Provider Preferences surveys; and
- 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)

DSRIP Close-out

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

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 Q3, all ACOs continued providing Flexible Services via their CY24 contracts totaling 106 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 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.

Enrollment Information

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

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	945,328
Base Disabled	230,849
1902(r)(2) Children	9,763
1902(r)(2) Disabled	14,255
Base Childless Adults (19- 20)	34,480
Base Childless Adults (ABP1)	17,034
Base Childless Adults (CarePlus)	328,302
BCCTP	1,180

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	15,398
e-Family Assistance	5,338
e-HIV/FA	447

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
Total	1,602,374

* TANF is reported under Base Families

Enrollment in Managed Care Entities and Primary Care Clinician Plan

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

Plan Type	QE 6/24	QE 9/24	Difference
MCO	182,002	180,456	(1,546)

PCC	53,222	51,654	(1,568)
MBHP*	397,281	392,953	(4,328)
FFS/PA**	669,875	687,686	17,811
ACO	1,162,646	1,156,828	(5,818)

*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>Jul 2024</u>	<u>Aug 2024</u>	<u>Sep 2024</u>	<u>Total for Quarter Ending 9/24</u>
Base Families	939,772	944,327	945,973	2,830,072
Base Disabled	231,440	230,913	230,596	692,949
1902(r)(2) Children	9,713	9,367	9,521	28,601
1902(r)(2) Disabled	14,542	14,474	14,045	43,061
New Adult Group	385,018	383,493	375,150	1,143,661
BCCDP	1,131	1,158	1,186	3,475
CommonHealth	16,005	15,474	15,051	46,530

TANF/EAEDC*	1,846	1,847	1,866	5,559
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*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>Jul 2024</u>	<u>Aug 2024</u>	<u>Sep 2024</u>	<u>Total for Quarter Ending 9/24</u>
e-HIV/FA	440	438	448	1,326
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			
	Q3			
AHS	July	August	September	Total
Eligibility	163,167	159,679	157,789	480,635
Health Plan	40,433	40,490	38,274	119,197
Grand Total	203,600	200,169	196,063	599,832

Flex Services Tables

FS Program Quarterly Progress Report Summary of Services Provided*							
Q2 CY24**,†	Nutrition	Home Modifications	Tenancy Sustaining	Pre-Tenancy – Individual	Pre-Tenancy – Transitional	Total Unduplicated Members***	Total Spend (in millions)
Atrius	293	23	126	42	#	460	\$679K
BACO	1,266	14	176	354	77	1,553	\$1.119M
BCH	758	#	80	82	69	829	\$1.089M
Be Healthy Care Alliance	208	65	0	0	0	265	\$431K
Berkshire	236	0	#	#	0	247	\$189K
BILH	564	21	204	200	48	626	\$734K
CCC	2,808	165	352	299	68	3,139	\$1.979M
CHA	599	0	34	128	12	704	\$361K
East Boston	298	#	32	66	12	355	\$254K
Mercy	304	16	91	75	13	359	\$291K
MGB	892	11	#	226	#	1,249	\$972K

Reliant	366	#	17	42	21	472	\$192K
Signature	161	#	53	65	#	222	\$160K
Southcoast	65	#	43	44	#	121	\$127K
Steward	494	27	37	724	198	969	\$1.033M
Tufts Medicine	352	#	101	123	17	452	\$435K
UMass	824	0	177	151	34	1,019	\$439K
Total	10,484	372	1,539	2,622	597	13,032	\$10.484M

*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.

†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.

FS Program Quarterly Progress Report Summary of Services Provided*						
Flexible Services Categories	Q1 CY24		Q2 CY24†		Overall CY24**	
	# 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	2,487	\$1.929M	2,622	\$1.671M	3,322	\$3.502M
Pre-Tenancy Transitional	666	\$744K	597	\$953K	793	\$1.698M
Tenancy Sustaining	1,375	\$1.280M	1,539	\$1.391M	2,025	\$2.671M
Home Modifications	379	\$264K	372	\$338K	617	\$701K

Nutrition	8,935	\$6.299M	10,484	\$6.130M	12,876	\$12.431M
# of Unique Members / \$ Spent	11,342	\$10.518M	13,032	\$10.484M	16,116	\$21.004M
<p>*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.</p> <p>**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.</p> <p>†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.</p>						