

MassHealth

## Section 1115 Quarterly Report

Demonstration Year: 23 (7/1/2019 – 6/30/2020)

Quarter 3: (1/01/20 – 3/31/20)

### **Introduction**

The Commonwealth of Massachusetts' current 1115 Demonstration agreement (Project Number II-W-00030/I) Extension was approved on November 4, 2016, effective July 1, 2017 through June 30, 2022. This extension seeks to transform the delivery of care for most MassHealth members and to change how that care is paid for, with the goals of improving quality and establishing greater control over spending. The Demonstration also addresses the epidemic of opioid drug use in Massachusetts. The Demonstration extension seeks to advance seven goals:

- Goal 1: Enact payment and delivery system reforms that promote integrated, coordinated care; and hold providers accountable for the quality and total cost of care
- Goal 2: Improve integration of physical, behavioral and long-term services
- Goal 3: Maintain near-universal coverage
- Goal 4: Sustainably support safety net providers to ensure continued access to care for Medicaid and low-income uninsured individuals
- Goal 5: Address the opioid addiction crisis by expanding access to a broad spectrum of recovery-oriented substance use disorder services
- Goal 6: Increase and strengthen overall coverage of former foster care youth and improve health outcomes for this population.
- Goal 7: Ensure the long-term financial sustainability of the MassHealth program through refinement of provisional eligibility and authorization for SHIP Premium Assistance

In accordance with the Special Terms and Conditions (STCs) of the Demonstration and specifically STC's 82-84, the Massachusetts Executive Office of Health and Human Services (EOHHS) hereby submits its quarter three operational report for Demonstration Year 23, ending March 31, 2020.

## **Enrollment Information**

The enrollment activity below reflects enrollment counts for SFY 2020 Quarter 3, as of March 31, 2020.

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
<b>Base Families</b>	772,294
<b>Base Disabled</b>	225,123
<b>1902(r)(2) Children</b>	11,540
<b>1902(r)(2) Disabled</b>	17,452
<b>Base Childless Adults (19- 20)</b>	29,093
<b>Base Childless Adults (ABP1)</b>	24,853
<b>Base Childless Adults (CarePlus)</b>	264,070
<b>BCCTP</b>	1,118

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
<b>CommonHealth</b>	32,593
<b>e-Family Assistance</b>	6,714
<b>e-HIV/FA</b>	731
<b>SBE</b>	0
<b>Basic</b>	N/A
<b>DSHP- Health Connector Subsidies</b>	N/A
<b>Base Fam XXI RO</b>	0
<b>1902(r)(2) XXI RO</b>	0
<b>CommonHealth XXI</b>	0
<b>Fam Assist XXI</b>	0
<b>Asthma</b>	N/A
<b>TANF/EAEDC*</b>	N/A
<b>End of Month Coverage</b>	N/A
<b>Total Demonstration</b>	<b>1,385,581</b>

\*TANF/EAEDC is a subcategory of Base Families

### **Enrollment in Managed Care Organizations and Primary Care Clinician Plan**

The enrollment activity below reflects the average monthly enrollment counts for the SFY 2020 Quarters ending December 31, 2019 and March 31, 2020.

<b>Plan Type</b>	<b>QE 12/19</b>	<b>QE 03/20</b>	<b>Difference</b>
MCO	199,751	193,473	-6,278
PCC	105,366	88,177	-17,189
MBHP*	531,287	517,656	-13,631
FFS/PA**	556,588	585,156	28,568
ACO	907,701	917,309	9,608

\*Massachusetts Behavioral Health Partnership (MBHP) enrollment does not represent members unique to the plan, as there is overlap with PCC and ACO Model B enrollment.

\*\*PA included in FFS and MBHP enrollment counts

### **Enrollment in Premium Assistance and Small Business Employee Premium Assistance**

During this reporting quarter, MassHealth provided premium assistance for 44,056 health insurance policies (including Student Health Insurance Plan policies), resulting in premium assistance to 56,879 MassHealth eligible members. 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 currently has no active participating members. The program gradually dropped in enrollments over time mainly due to either loss of private insurance, or the member was determined eligible for a richer benefit and has been transferred to a Premium Assistance benefit under another category of aid.

MassHealth implemented a 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 March 2020, 30,766 students were enrolled in the program. Beginning in Academic Year 2020-2021, MassHealth will no longer offer the Student Health Insurance Plan Premium Assistance program. Students who remain eligible for MassHealth after their SHIP plan ends will continue to have access to MassHealth benefits through a MassHealth health plan.

<b>Premium Assistance Program: Employer Sponsored Insurance</b>	<b>Disabled Members</b>	<b>Non-Disabled Members</b>	<b>Total MassHealth Enrolled Members</b>
<i>Standard</i>	1,827	10,297	12,124
<i>CommonHealth</i>	3,772	0	3,772
<i>Family Assistance</i>	16	9,672	9,688
<i>CarePlus</i>	0	529	529
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	0	0
<b>Total for Q2</b>	<b>5,615</b>	<b>20,498</b>	<b>26,113</b>

<b>SHIP Premium Assistance Program (SHIP PA)</b>	<b>Disabled Members</b>	<b>Non-Disabled Members</b>	<b>Total MassHealth Enrolled Members</b>
<i>Standard</i>	1,101	19,183	20,284
<i>CommonHealth</i>	61	0	61
<i>Family Assistance</i>	7	2,186	2,193
<i>CarePlus</i>	0	8,228	8,228
<b>Total for Q2</b>	<b>1,169</b>	<b>29,597</b>	<b>30,766</b>

### **Outreach/Innovative Activities**

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

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,400 Certified Application Counselors (CACs) across 264 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 Assistants (CACs and the Health Connector Navigators, Independent Enrollment Assistants).

CAC training and certification starts with successful completion of seven online, comprehensive certification training courses (over 850 pages) and one certification exam, to prepare CACs to assist consumers in obtaining MassHealth/health insurance per ACA regulations. The training covers 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 training that covers MassHealth updates and initiatives, as well as educational Assister emails, conference calls, webinars, meetings, and other outreach activities. All CACs must also take and pass a comprehensive assessment each spring to meet annual recertification requirements, as well as a compulsory series of four advanced courses in order to maintain their certification.

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 training that is provided for all application changes and the Health Insurance Exchange (HIX) system releases. Regular one-hour conference call training sessions are also provided for the Assisters, providing a more in-depth explanation and include detailed question and answer sessions with subject matter experts. Certain training is 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.

This quarter, CAC outreach and educational activities focused on ensuring our over 1,400 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through 27 “Assister Update” newsletters (emails), 12 assister conference calls, and four in-person educational Massachusetts Health Care Training Forum sessions across the Commonwealth.

A series of monthly assister conference calls covered topics such as updates to MassHealth Health Plans (including new training), online enrollment, ACO Provider Changes, and Health Safety Net updates.

*Assister Update* emails kept CACs informed about key topics and updates to online courses and resources this quarter, including:

- Health Connector and MassHealth Limited and Health Safety Net (HSN) Coverage
- Learning Management System (LMS) Update
- Public Charge Rule updates
- Coronavirus Disease 2019 (COVID-19) Updates
  - Hospital Presumptive Eligibility
  - Provider Bulletins and Additional Guidance
  - Benefit Protections during COVID-19 Emergency
  - Long-term Care Members Who Can’t Return Home During COVID-19 Emergency

- Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) Coronavirus Visual Tool
- Health Safety Net Updates - January HSN-MSP Renewal Update
- Tax Year 2019 Individual Mandate – Form MA1099HC and Form 1095-B
- MassHealth CarePlus and Long Term Care Clarification
- Long Term Care Deductible Over/Under
- Medicare Savings Program (MSP, formerly Buy-in) Redeterminations
- MassHealth Flexible Services Program
- 2020 MassHealth Income Standards and Federal Poverty Guidelines
- Supplemental Nutrition Assistance Program (SNAP) Form and Reminder
- Massachusetts SSI Payment Standards
- Changes to the Traditional (SACA) Application and Booklet
- Updated FPL Calculator
- Optum ID Transition to MassHealth Login
- Tips on Processing Traditional Applications for Former SSI members
- Guidance on Disability Determinations for Individuals over The Age of 65
- Authorized Representative Designation (ARD) Reminder

### **MassHealth In-Person Enrollment Events & MassHealth Attended Events during the Quarter**

No attended or hosted events were held this quarter.

### **Member Education and Communication**

During Q3, MassHealth engaged the health plans to be sure the plan website and Member Service Centers were adjusting in response to COVID-19, to assist members with access to care and supports. MassHealth also engaged health plans to verify each plan's population health operations had adjusted their member engagement strategies and operations to combat COVID-19.

Additionally, MassHealth Customer Service included an insert to all new members advising them of how best to make health plan selections, and access support during COVID-19. Lastly, the MassHealth website was updated with information to help members navigate access to care during COVID-19.

## **Global Awareness and Education**

During Q3, MassHealth used All Provider Bulletins as well as COVID-19 focused webinars to alert providers, plans and member stakeholders to the latest guidance from MassHealth in response to COVID-19.

## **Support Materials and Member Engagement**

This quarter, MassHealth printed detailed MassHealth Enrollment Guides to be mailed to newly eligible managed care members. They are also available upon request from MassHealth Customer Service. The member website ([MassHealthChoices.com](https://www.masshealthchoices.com)) continued to support members in understanding their managed care enrollment options, their ability to search for providers and enroll in a plan. Furthermore, MassHealth oversaw the posting of COVID-19 related member educational materials to the MassHealth website as well as each of the health plan websites.

## **Provider Education and Communication**

This quarter, Provider Education and Communication continued its focus on Payment and Care Delivery Innovation (PCDI) Year 3 changes that went into effect on January 1, 2020. These changes included primary care sites joining ACO plans. Since the majority of these sites involved those moving from MassHealth's current Primary Care Clinician (PCC) plan, and moving into either Primary Care ACO plans (MassHealth's ACO using MassHealth's existing network of providers) or Accountable Care Partnership Plans (using the ACPP's network of providers), it was important to ensure continued communication with the associated providers of the members impacted by this change.

Activities during the beginning of this quarter continued to focus on the awareness and notification activities through education and communication channels to providers. The goal of these actions was to highlight the activities involving member notification and provider movement.

PCDI Provider materials were made available through the PCDI provider focused webpage and in-person sessions were also conducted for providers. These meetings included four regional Mass Training Forum (MTF) sessions and one session conducted at the Provider Association Forum (PAF) which took place in January and February. The topics reviewed at these sessions included Continuity of Care, newborns, Program of Assertive Community Treatment (PACT), Flex Services, and Community Partners program updates, in addition to other MassHealth program updates.

At the end the quarter, on March 10, 2020, Governor Charlie Baker declared a state of

emergency, granting the Administration certain flexibilities to respond to the Coronavirus outbreak. With this declaration, the provider education and communication focus shifted to supporting our members and providers with the latest updates and guidance from MassHealth regarding temporary policy changes in response to COVID-19.

## **Delivery System Reforms and DSRIP**

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

During Q3, the ACO Performance Team finalized the first version of its Integrated Performance Dashboard and began working on the second iteration of that document, which includes COVID-related metrics. MassHealth reviewed ACOs' program evaluation framework deliverables, sent feedback to the plans, and hosted follow-up conversations to clarify feedback. The Performance Team also began to plan to engage with a subset of ACOs on performance opportunities related to quality, member experience, inappropriate utilization, and cost.

During this quarter, MassHealth began executing a 2020 ACO Reporting strategy which focuses on building upon and updating utilization and financial reporting established in 2019. In February, MassHealth delivered to ACOs a second round of utilization reporting which included new utilization measures jointly prioritized for report inclusion by ACO stakeholders and MassHealth. Throughout February and March, MassHealth continued work on a third round of Primary Care ACO financial reporting due to be delivered to the Primary Care ACOs in early May 2020.

MassHealth continues to work to improve ACO/MCO and Community Partners (CP) Program integration and sustainability, despite ongoing challenges posed by COVID-19. Beginning in 2020 MassHealth launched two policy changes to reduce administrative burden and allow ACOs, MCOs and CPs to move towards preferred partnerships. ACOs and MCOs have flexibility to direct more ACO-generated referrals to the CP program, and have flexibility to direct referrals to preferred CPs. ACOs/MCOs and CPs can also request to end certain ACO/MCO-CP Agreements, with MassHealth approval, which allows low-volume or sub-scale relationships to end. Work is ongoing to improve integrated care planning for CP enrollees; the ACO/MCO CP Care Plan Learning Collaborative launched in March and will continue through 2020, providing ACOs, MCOs and CPs with technical assistance and training around integrated and person-centered care planning best practices. While COVID-19 interrupted plans to host sessions in-person, technical assistance will now be provided virtually.

In response to COVID, MassHealth issued the following flexibilities in late March:



- Removal of prior authorization (PA) requirements for many services. No PA is required for any COVID testing or treatment;
- Allowing providers to bill a facility fee for telehealth where relevant;
- A number of additional pharmacy flexibilities, including removal of PA requirements for certain classes of drugs, allowing 90 day fills and early refills, extending prior authorization for prescriptions to 60 days, and extending DME authorizations up to 90 days.

MassHealth is incorporating programmatic policy and rate updates into the ACO and MCO contracts and will execute them as Amendment 2 to the Second Amended and Restated ACO Contracts, effective upon execution. MassHealth also continued conducting site visits across MassHealth ACOs to better understand how payment reform and practice transformation have impacted provider and practice-level experience.

#### Community Partners (CPs)

MassHealth continued work on improving integrated Care Planning between ACOs/MCOs and CPs. CPs implemented updates to their Care Plans and person-centered treatment plans in accordance with contract updates that went into effect 1/1/20. CPs submitted deliverables demonstrating how they would roll out these changes and work with ACOs and MCOs to better align care plan workflows.

MassHealth continues to engage with CPs and other key stakeholders around opportunities to improve the program, including operational improvements, performance management, data sharing, and sustainability.

The MassHealth CP Account Management Team has been working to develop a Performance Management strategy that incorporates a long-term systematic approach to identifying trends and best practices, and improving the performance of the Community Partner Program to drive member focused, high quality, and cost efficient service delivery across the Commonwealth through data transparency and programmatic improvement strategies. The six agreed upon domains of focus for metric development are Engagement, Quality, ACO/MCO Relationship/Integration, Utilization/Spend, Care Coordination and Financial Sustainability. In Q3, the team worked on producing an internal CP dashboard and contracting with an external vendor to produce external CP-facing data reports.

In March 2020, MassHealth provided multiple flexibilities for Community Partners Qualifying Activities based on the COVID-19 State of Emergency declared by Governor Baker that allowed for greater use of technology to reduce the need for in-person contact.

Throughout Q3 the CP Operations Department worked on new enrollment functionality designed to accommodate member enrollment and disenrollment on any day of the month, as opposed to the previous restriction that required member enrollment to begin on the first of the month and end on the last day of the month. This new functionality will benefit the CP Program by preventing discrepancies between ACO/MCO and CP enrollment start dates, improving CPs' ability to more frequently confirm member enrollment information, enhancing CPs' ability to anticipate accurate payment, and clarifying CPs' accountability for members. These changes went live on March 30, 2020.

In Q3 there were 7,432 Behavioral Health (BH) CP assignments and 3,790 Long Term Services and Supports (LTSS) CP assignments. As of March assignment, there are 30,622 enrollees in BH CP Program and 9,179 enrollees in LTSS CP Program. For the BH CP population, 62% of members had a Participation Form completed, meaning the CP has located the member and was working with the member on completing a care plan. 48% of BH CP members were "Engaged" (i.e. have a CP Care Plan completed). For the LTSS CPs, the Participation Form completion rate was 54%. 37% of LTSS CP members were "Engaged" (i.e. have a CP Care Plan completed). Engagement rates reflect CPs' increasing ability to locate, outreach, and establish strong relationships with members. Many CPs have adopted unique and innovative strategies to help successfully find members, for example, creating dedicated outreach teams to locate and work with hard-to-reach members. As a result of these strategies, CPs are demonstrating value to ACOs and MCOs by outreaching and engaging some of MassHealth's most vulnerable and least connected members as soon as feasible.

### DSRIP Statewide Investments

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

During Q3, EOHHS renewed the contracts with managing vendor, Abt Associates, to continue their work on the Technical Assistance (TA) Program for another year, and with managing vendor, Massachusetts League of Community Health Centers (MassLeague), to continue their work on the community-based workforce development grant programs and the Community Health Center (CHC) Readiness Program for another year. EOHHS also renewed contracts (via Commonwealth Corporation) with Community Health Worker (CHW) core competency training providers to provide training for another 200 CHWs in calendar year 2020. (These training providers were selected in 2019 via a competitive application process). The Center for Health Impact (CHI), which was awarded a grant in 2019 to develop a CHW Supervisor training curriculum and deliver it to three cohorts in various regions of the state, launched the second and third training cohorts in Worcester and Fall River, respectively, in January 2020. The

MassLeague released applications for the third rounds of student loan repayment awards and primary care/behavioral health special projects awards in February 2020. EOHHS also announced Family Nurse Practitioner (FNP) Residency Training Grant awards to four community health centers in March 2020; these grants enabled these community health centers to provide one-year FNP residency training opportunities for a total of eight new FNPs in 2020.

Cycle 1 of the Provider Access Improvement Grant Program (PAIGP) concluded on March 31, 2020 with 11 grant proposals funded amounting to approximately \$144,000 for equipment and resources designed to improve accessibility for individuals with disabilities or for whom English is not a primary language. A second cycle of the grant program was released, and as of March 31, 2020, 58 applications have been created and 7 submitted. The grant application deadline is May 14, 2020 (Quarter 4) several new communications are planned to be released to the provider community to increase the number of grant applications.

### DSRIP Operations and Implementation

The Operations and Implementation stream provides funding for staff and vendor contracts to assist in implementing and providing robust oversight of the DSRIP program.

During Q3, EOHHS sent Guidance and Templates to ACOs, CPs, and CSAs for the Performance Year (PY)/Budget Year (BY) PY2/BY2 Annual Progress Reports which are due in Q4. The Independent Assessor (IA) and EOHHS reviewed and approved or requested revisions on all ACO, CP, and CSA PY3/BY3 Budgets, Budget Narratives, and Full Participation Plan updates. Additionally, EOHHS disbursed to ACOs the At-Risk payments for PY1. The IA continued to work on the Midpoint Assessment. For additional details, please see the evaluation section of this report.

During this quarter, MassHealth's ombudsman program (called My Ombudsman) continued its work providing outreach, education and assistance to members. During the first part of the quarter, My Ombudsman participated in 19 outreach events, attended by approximately 1,840 participants in locations all over the state. These activities included staffing information tables at conferences, presentations, networking events, and other work. With the onset of the COVID-19 Public Health Emergency in mid-March, My Ombudsman successfully transitioned from in-person to remote work while remaining fully operational (with the exception of offering walk-in services). As part of this transition, My Ombudsman closely communicated with MassHealth to provide updates on any members with concerns related to COVID-19, and to ensure ombudsman staff were kept up to date on responsive MassHealth policy and program changes. My Ombudsman also shifted focus to virtual outreach activities, while continuing to maintain relationships with community-based organizations and partners. Over this quarter, the top complaint topics for managed care members (non-integrated care, e.g. excluding dual individuals enrolled in One Care, Senior Care Options (SCO), or PACE plans) included complaints related

to physicians and hospitals, benefits access, claims payments (in part due to follow-up delays based on temporary office closures as a result of COVID-19), and those seeking assistance filing appeals and grievances (none of which constitute trends at this time).

The Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP) updated and finalized for Performance Year 2019, the MassHealth Primary Care (PC) Survey, the Behavioral Health Survey, and the Long Term Services and Supports Survey for adult and children. Updates included expanding to include both English and Spanish printed surveys and updated English and Spanish versions of the LTSS survey telephone scripts. From late January through the end of March, MHQP fielded these surveys which included mail and email invitations, both with links to take the on-line survey (available in up to 9 languages), mailing of paper copies of the surveys in English and Spanish (multiple waves) and reminder letters. MHQP prepared bi-weekly survey response rate reports throughout the survey fielding period to monitor progress and impact of the various methods and waves of surveying, and responded to member email or telephone inquiries about the surveys.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in February and provided an update on the Flexible Services program, as well as an overview of DSRIP Accountability for the State and ACO/MCO/CP/CSA. EOHHS continued to provide updated key statistics such as ACO and CP member enrollment. The DSRIC Health Equity Subcommittee continued to convene during Q3. The key topics of discussions included developing recommendations about incorporating health equity into the ACO/MCO/CP programs and on the State level, as well as creating the avenues for the entities to share about their health equity work. The intermediate results of the Subcommittee's work will be presented at the DSRIC meeting in July 2020.

### **MassHealth ACO/APM Adoption Rate**

- **ACO members<sup>1</sup> as of 3/31/20: 906,511**
- **ACO-eligible members<sup>2</sup> as of 3/31/20: 1,156,499**
- **Percent of ACO-eligible members enrolled in ACOs: 78.4%**

Note that the numerator of the percentage does not currently include MCO enrollees that are

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<sup>1</sup> The numerator (i.e., ACO members) includes all ACO model types (A, B, and C).

<sup>2</sup> The denominator (i.e., ACO-eligible members) includes all ACO enrollees (Model A, B, C) as well as members enrolled in the PCC Plan, our traditional MCO program, and a subset of FFS members who are managed care-eligible but not enrolled. This includes Department of Children and Family (DCF) children and others who are eligible for managed care but either between plans or not subject to mandatory enrollment.

covered by APMs that are not ACOs<sup>3</sup>. The State is working to gather this information.

Managed Care Plan	Members	Membership percentage	HCP-LAN Category
Model A	543,086	46.96	Category 4C
Model B	353,839	30.60	Category 3B
Fee For Service (not managed care)	51,348	4.44	Category 1
Traditional MCOs (including 10K Model C members)	104,565	9.04	Traditional MCO: Category 4N <sup>4</sup> (between State and MCO) Model C: Category 3B (between MCO and Model C)
Primary Care Clinician (PCC) Plan	103,648	8.96	Category 1

### Flex Services

After approving the full participation plan (FPP) and budget and budget narrative (BBN) of 37 programs in December 2019, MassHealth's Flexible Services (FS) Program launched the first set of these FS programs on January 31<sup>st</sup>, testing whether MassHealth Accountable Care Organizations (ACOs) can reduce the total cost of care and improve their members' health outcomes by paying for certain nutrition and housing supports through implementing targeted evidence-based programs for certain members. In addition to program launch, MassHealth participated in a public presentation given as part of the MTF on January 28<sup>th</sup>. This presentation provided an overview of the FS Program to attendees, who included staff of health care organizations and community agencies that serve MassHealth members, the uninsured, and underinsured.

In February, MassHealth and MassHealth's Independent Assessor continued to review the FPPs/BBNs of submitted programs and worked with ACOs to issue feedback on submissions in preparation for approval. MassHealth also participated in presentations to DSRIC on February 7<sup>th</sup> and the Social Services Integration Workgroup (SSIWG) on February 14<sup>th</sup>. DSRIC and SSIWG are both stakeholder groups that have played a role in the development and implementation of the FS program. At the end of February, additional FS programs were given approval to launch after completing the required Preparation Period.

In March, ACOs submitted FPPs and BBNs for Cycle 2 of review and approval, with the

<sup>3</sup> MassHealth MCOs may also have APM contracts with their contracted providers other than the ACOs. These members would not be currently captured in the numerator. MassHealth is working to gather this information from the MCOs.

<sup>4</sup> The traditional MCO program has a quality measure slate and an option to implement a performance incentive withhold on capitation rates. As of present day, MassHealth has not implemented the performance incentive withhold.

intention of having these programs launch by June 30, 2020. MassHealth participated in several presentations with various stakeholder groups to give updates on the FS program. These presentations were delivered to the MTF, Assistants, Medicaid Advocates, and Blue Cross Blue Shield Association. MassHealth also organized its own presentations including a public meeting on March 5<sup>th</sup> where a detailed status update was shared. MassHealth engaged its ACOs and Social Service Organization (SSO) partners in a joint kickoff meeting on March 24<sup>th</sup> to set expectations for contract management engagement with ACOs and outline upcoming programmatic deadlines. With the onset of the COVID-19 Public Health Emergency, MassHealth used this presentation to provide an important update to ACOs and SSOs on programmatic changes to FS, which would allow ACOs to submit plans on an ongoing basis throughout the state of emergency to serve members impacted by COVID-19 using FS funds. MassHealth committed to an expedited, 3-4 week review and approval period for COVID-19 FS plans. Additionally, MassHealth relaxed the in-person screening and planning requirement through the remainder of 2020 to give members increased flexibility and safety with being screened virtually and over the phone for FS during the state of emergency.

### **Infrastructure and Capacity Building**

During Q3, EOHHS continued to connect with awardees to collect final reports for ICB Round 2 Installment 2 and continued the review of the submitted reports.

### **Operational/Issues**

During Q3, MassHealth closely collaborated with MassHealth Customer Service to make sure members who access both website and call center resources from MassHealth were able to be accurately informed about MassHealth's response to COVID-19. Maximus answered 585,374 calls, and maintained an average abandonment rate of 10.48%. In addition to this, Maximus:

- Began creating a Community Partners Portal. COVID delayed the estimated completion date but this is about two thirds completed;
- Finalized the Managed Care Entity Provider Enrollment - MBHP Pilot. This was put on hold due to COVID;
- Added email addresses in MMIS, as well as the credentialing contact name and number for all providers re-credentialed from Feb 2019, onward;
- Initiated a process to route the One Care Enrollment Investigation escalations to the Provider and Plans Review queue in MassServe. This was put on hold due to COVID;
- Began transitioning some staff to work from home during the pandemic, while also maintaining acceptable service levels; note that the remainder of staff transitioned during Q4;
- Established a separate line and process for handling calls from homeless hotels;
- Under EOHHS guidelines, established processes for handling new eligibility

- considerations during the pandemic; and
- Instituted new policies and procedures for hiring and training new employees during the pandemic that utilized both in-office and remote training.

### **Policy Developments/Issues**

During the end of the quarter, MassHealth made a number of policy changes in response to COVID-19, including expanding eligibility for hospital presumptive eligibility, expanding services available under telehealth, and allowing 90 day supplies of medications. Provider Bulletins describing these and other changes are posted on a COVID-19 dedicated page on the MassHealth website <https://www.mass.gov/coronavirus-disease-covid-19-and-masshealth>. MassHealth also updated its processes to not terminate members who were enrolled on or after March 18, 2020, unless they meet certain exceptions.

On March 20, EOHHS submitted a request for a number of flexibilities under 1135 waiver authority and CMS approved a number of the items on March 26, including flexibilities related to prior authorization, member appeals and provider screening and discussions with CMS and the state on the pending items continued during the quarter.

### **Financial/Budget Neutrality Development/Issues**

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 3 of state fiscal year (SFY) 2020 as reported through the quarter ending March 31, 2020 (QE 3/31/20). SFY 2020 expenditures and member months are projected from SFY 2020 Quarters 1-3 actual data.

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

### **Safety Net Care Pool (SNCP)**

The five-year SNCP target is based on projected expenditures for SFY 2018-2022. The changes for SFY 2020 will continue to be updated as the fiscal year progresses.

### **Budget neutrality - summary**

In sum, the total projected budget neutrality cushion is \$4 billion for the period SFY 2018 through SFY 2022 and \$20.5 billion for the period SFY 2015 through SFY 2022. We will continue to update CMS through quarterly reports as updated information is available.

## **Member Month Reporting**

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

### **A. For Use in Budget Neutrality Calculations**

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Jan 2020</b>	<b>Feb 2020</b>	<b>Mar 2020</b>	<b>Total for Quarter Ending 03/20</b>
<b>Base Families</b>	694,906	702,498	700,043	2,097,447
<b>Base Disabled</b>	226,627	226,523	226,196	679,346
<b>1902(r)(2) Children</b>	10,899	11,165	11,510	33,574
<b>1902(r)(2) Disabled</b>	17,934	17,817	17,750	53,501
<b>New Adult Group</b>	312,677	315,646	317,908	946,231
<b>BCCDP</b>	1,120	1,121	1,109	3,350
<b>CommonHealth</b>	32,503	32,721	32,569	97,793
<b>TANF/EAEDC*</b>	72,307	70,459	72,707	215,473

\*TANF/EAEDC is a subcategory of Base Families

- For Informational Purposes Only**

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Jan 2020</b>	<b>Feb 2020</b>	<b>Mar 2020</b>	<b>Total for Quarter Ending 03/20</b>
<b>e-HIV/FA</b>	722	732	717	2,171
<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
<b>Base Fam XXI RO</b>	0	0	0	0
<b>1902(r)(2) RO</b>	0	0	0	0
<b>CommonHealth XXI</b>	0	0	0	0
<b>Fam Assist XXI</b>	0	0	0	0

## **Consumer Issues**

There were no consumer issues identified during this quarter.



## **Quality Assurance/Monitoring Activity**

### **Managed Care Quality Activities**

#### **Managed Care Program (under 65, non-disabled)**

In Quarter 3, the MassHealth Managed Care (MCO) Program continued to engage in quality-related activities focused primarily on quality measurement and improvement. The bulk of the Q3 quality measurement activities focused on the continued analysis of HEDIS 2019 data (measurement period – Calendar Year (CY) 18) that was submitted in SFY19 Q4. Additionally, analysts began the process of comparing results to national benchmarks that were released in late Q2. The benchmarks for the managed care program are the National Committee for Quality Assurance (NCQA) Medicaid 75<sup>th</sup> and 90<sup>th</sup> percentiles. This information will be used to support MassHealth annual public reporting on managed care performance.

In addition to assessing performance on quality measures, the MCOs continued work on the contractually required quality improvement projects initiated last year. In Q3, MCOs submitted their first CY20 quality improvement project deliverables. In this report, MCOs highlighted any modifications to their quality improvement projects based on the initial findings from year one as well as describe their implementation plan for the upcoming year. Submissions were reviewed by the External Quality Review vendor and MassHealth Quality Office staff and comments were provided back to the MCOs.

#### **External Quality Review (EQR) Activities**

The majority of EQR work in Q3 focused on finishing CY19 EQR activities by drafting and finalizing the EQR technical reports. The final drafts of the technical reports were submitted to MassHealth and the Managed Care plans for final review and approval prior to submission to CMS. The technical reports will be submitted to CMS no later than April 30<sup>th</sup>. In Q3, the EQRO also initiated CY20 EQR activities. In January, the EQRO provided the MCOs with updated report templates and guidance for their mid-year Performance Improvement Project (PIP) reports due in mid-March. The EQRO reviewed the midyear reports and provided feedback to the plans via telephone calls. In addition, the EQRO began the preparations for performance measure validation activities, which will begin in Q4.

#### **MassHealth Quality Committee**

The goal of the MassHealth Quality Committee is to support and inform development and alignment of quality goals, strategies and activities across MassHealth quality programs that address various populations.

In Q3, the Committee commenced the quarter with quality program updates as part of the annual

cycle to revisit and discuss program quality measures and quality improvement initiatives to identify and promote continued alignment across programs. The Committee started discussions around presence of demographic, Race/Ethnicity/Language (REL) and Social Determinants of Health (SDOH) data within quality measure data including identification of the challenges with the current data, and opportunities for stratification and analysis. The Committee pivoted its focus to priorities that emerged given the COVID pandemic including assessment of the impact of data collection, reporting and accountability for various programs, and federal considerations and flexibilities.

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

In Quarter 3, MassHealth engaged numerous stakeholders (i.e., CMS, NCQA, ACOs, DSRIP Quality Subcommittee, other State Medicaid programs) in a discovery phase assessment of anticipated COVID-19 impacts to quality measurement. Results of these discussions were drafted into a series of recommendations of DSRIP quality program modifications, intended for submission to CMS July 2020. In this quarter, MassHealth also prepared an intake process of supplemental data intended to support ACOs in the clinical data collection process for CY2019 data. Finally, MassHealth commenced the first formal audit of CP quality data intended to support Pay-for-Reporting calculations for CY2019.

### **CMS Grant Activities –Contraceptive Use Grant**

The Contraceptive Use Grant formally concluded in the end of Q1. MassHealth will continue work with stakeholders to evaluate contraceptive data and intends to continue to report on contraceptive usage as part of CMS Core Set reporting.

### **Demonstration Evaluation**

#### **Independent Evaluator (UMass Medical School (UMMS))**

Massachusetts received [official approval of the Evaluation Design Document \(EDD\)](#) from CMS on January 31, 2019.

Major goals for this quarter included completing in-depth analysis of Key Informant Interview (KII) data from ACO and CP interviews conducted at the end of FY19, finalizing the interview guides for Member Experience Interviews (MEI), refining the ACO and CP Provider Survey, and coding quality measures.

During this quarter, UMMS continued to analyze and interpret the data collected through the ACO and CP KIIs. The evaluation team also incorporated results of the KIIs into relevant sections of the Interim Report due to CMS in June of 2021. The team also finalized the Member Experience Interview guides, sample selection criteria, collected interviewee nominations, and

started conducting the first interviews by the end of the quarter.

In the prior quarter, UMMS identified a set of practice sites under one ACO organization to engage in wave-one administration of the survey and had begun outreach to practice site administrators to obtain provider-level contact information. In this quarter, survey administration was initiated for the wave-one practice sites, and collection of provider contact information for 16 wave-two ACOs was initiated. UMMS completed cognitive testing of the CP staff survey during the quarter and collection of CP staff contact information was started.

The Independent Evaluator (UMMS) continues to engage with the Independent Assessor (PCG) to ensure coordination between IA/IE activities with an eye towards efficiency and minimizing respondent burden, including holding coordinating and planning meetings related to the ACO Practice Site Administrator Survey, key informant interview (KII) interview data analysis, and preparing for the UMMS Provider Survey. UMMS continues to hold recurring meetings with MassHealth to coordinate work-streams and deliverables, to communicate updates with potential impact on the evaluation, and to assure access to data required for the evaluation.

Of note, public health measures to address the novel coronavirus pandemic, announced in mid-March by government officials in Massachusetts, did have an effect on some evaluation activities, most notably for the ACO provider and CP staff surveys. To avoid placing additional demands on providers and staff, UMMS temporarily suspended survey related activities at the end of the quarter due to the COVID-19 pandemic's acute demands on the healthcare system. Additional disruptions due to COVID-19 are anticipated in quarter four as well.

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

## **I. Goals 1 and 2**

### **A. Overall**

- a. Completion of ACO and CP KII data analysis and synthesis of memos and report writing of key themes.
- b. Completion of Member Experience Interview preparation to conduct the interviews in the Spring of 2020.

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

## **Activities Completed in this Quarter**

- Memos and reports from data collected through the analysis of KII data.
- Completion of Member Experience Interview guides, fact sheet, and outreach plan.
- Refinement of ACO and CP Provider Survey and completion of cognitive testing for

ACO and CP versions.

C. Quantitative Evaluation of administrative and other secondary data sources:

**Activities Completed in this Quarter**

- Coordinated with MassHealth to facilitate availability and transfer of data needed for the evaluation
- Began to code and analyze measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2018
- Assisted in the implementation of the ACO provider survey and CP staff survey

**II. Goals 3-7: Non-DSRIP Evaluation Updates**

A. Goals 3, 4, 6, 7: MassHealth Program updates for universal coverage, Student Health Insurance Program, sustaining safety net hospitals, covering former foster care youth, and updated provisional eligibility requirements

**Activities Completed in this Quarter**

- Continued search and review of literature related to these goals
- Developed summaries of relevant literature for each goal
- Continued updating a tracking template for the Massachusetts uninsurance rate and other population-based measures related to Massachusetts uninsurance and continued collecting these data from sources
- Developed a draft slide deck to summarize uninsurance rate findings to date and continue to identify program impact on Massachusetts' uninsurance rates
- Continued conducting Massachusetts Medicaid churning analysis
- Continued analyses of uninsurance rate for each comparison state
- Developed data tracking template for uncompensated care cost measures
- Initiated review of cost reports related to safety net hospitals
- Provided edits to incorporate the activities of evaluating veteran annuity waiver amendment
- Continued coordinating with DSRIP quantitative evaluation team on quality measures
- Continued communicating with data system teams about transferring MH data to UMMS for analyses
- Continued regular monthly meetings with MassHealth

B. Goal 5 – Expanding Substance Use Disorder (SUD) services:

**Activities Completed in this Quarter**

- Obtained CDC WONDER data; currently conducting analyses to examine opioid overdoses in Massachusetts relative to comparison group states
- Currently in the process of obtaining the Public Health Dataset (current iteration of the former Chapter 55 data set) for analysis.
- Continued the process of obtaining data from Massachusetts Vital Statistics
- Continued coding claims-based measures using MassHealth data
- Continued monthly meetings with MassHealth program contacts

### **Independent Assessor (Public Consulting Group (PCG))**

In this quarter, the IA focused on preparing for the upcoming ACO and CP desk reviews and conducting the Statewide Investments (SWI) Key Informant Interviews (KII). The IA developed a set of ACO and CP progress indicators and prepared a scoring rubric, which is the tool desk reviewers will use to document evidence that is extracted from the ACO and CP deliverables that demonstrates progress on each of the indicators. The IA also prepared the qualitative data from ACO and CP Participation Plans and Progress Reports for data coding and analysis using Dedoose software. The IA finalized interview guides and completed KIIs with SWI vendors over the course of the quarter. Ongoing work this quarter included analysis of the ACO Practice Site Administrator data and the gathering and review and analysis of the SWI supplemental data provided by MassHealth.

In this quarter, the IA completed all CP desk reviews and most ACO desk reviews. The IA also completed the SWI Key Informant Interviews (KII).

The IA finalized a set of ACO and CP progress indicators to populate the scoring rubric, which is the tool that desk reviewers used to document evidence demonstrating progress that was extracted from the ACO and CP deliverables. The IA also completed the coding and analysis of all qualitative data in currently available ACO and CP Participation Plans and Progress Reports using Dedoose software. Templates for the ACO and CP reports, along with sample ACO and CP report drafts, were submitted to MassHealth for approval.

Ongoing work this quarter included analysis of the ACO Practice Site Administrator data and the gathering and review and analysis of the SWI supplemental data provided by MassHealth.

### **Articles and Reports**

DSRIP was highlighted during the following professional meetings:

### **Upcoming Oral Presentation at Professional Meetings**

- 1- Kachoria, K. (presenting author), and Nicholson, J. Improving Care Coordination

between Accountable Care Organizations and Community Partners: Early Findings from the Massachusetts Delivery System Reform Program. AcademyHealth. Research and Relevance in State Health Policy Virtual SUPLN Adjunct Meeting. (Virtual due to COVID-19). June 24, 2020.

- 2- Kerrissey, M (presenting author). Frontline Practices' Experience with Medicaid ACO Implementation: Early Evidence from Massachusetts. Research and Relevance in State Health Policy Virtual SUPLN Adjunct Meeting. (Virtual due to COVID-19). June 24, 2020.

### **Upcoming Poster Session at Professional Meetings**

- 3- Kachoria, K., Leary, A., Miller, F., Sefton, L., Nicholson, J., and Himmelstein, J. Improving Care Coordination between Accountable Care Organizations and Community Partners: Early Findings from the Massachusetts Delivery System Reform Program. AcademyHealth. Annual Research Meeting. July 28-August 6. Poster number 956. (Virtual due to COVID-19). Available at:  
<https://academyhealth.confex.com/academyhealth/2020arm/meetingapp.cgi/Paper/38150>

### **Enclosures/Attachments**

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

### **State Contact(s)**

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### **Date Submitted to CMS**

August 3, 2020

*Due to the COVID-19 Public Health Emergency, CMS granted MassHealth's request for an extension for submitting this quarter's report.*