

MassHealth

Section 1115 Quarterly Report

Demonstration Year: 25 (7/1/2021 – 6/30/2022)

Quarter 1: (7/01/21 – 9/30/21)

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 one operational report for Demonstration Year 25, ending September 30, 2021.

Enrollment Information

The enrollment activity below reflects enrollment counts for SFY 2022 Quarter 1, as of September 30, 2021.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	903,399
Base Disabled	228,566
1902(r)(2) Children	24,962
1902(r)(2) Disabled	18,106
Base Childless Adults (19- 20)	27,953
Base Childless Adults (ABP1)	41,854
Base Childless Adults (CarePlus)	359,952
BCCTP	1,239

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	32,468
e-Family Assistance	5,624
e-HIV/FA	827
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 Demonstration	1,644,950

*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 SFY 2021 quarter ending June 30, 2021 and SFY 2022 quarter ending September 30, 2021.

Plan Type	QE 6/21	QE 9/21	Difference
MCO	216,175	217,423	1,248
PCC	111,560	114,219	2,659
MBHP*	617,692	631,143	13,451
FFS/PA**	619,392	647,994	28,602
ACO	1,103,326	1,120,937	17,611

*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 12,247 health insurance policies resulting in premium assistance to 24,495 MassHealth eligible members. Note that in the delivery system enrollment numbers included in the above section, members in FFS and in MBHP may also receive 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.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,865	10,909	12,774
<i>CommonHealth</i>	3,661	0	3,661
<i>Family Assistance</i>	37	7,412	7,449
<i>CarePlus</i>	0	611	611
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	0	0
Total for Q1	5,563	18,932	24,495

Outreach Activities

Certified Application Counselor Training and Communication

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,344 Certified Application Counselors (CACs) across 261 CAC hospitals, community health centers, and community service organizations. Collaboration with the Massachusetts Health Connector on these activities provides timely, uniform knowledge and messaging across all enrollment Assisters (CACs and the Health Connector Navigators, Independent Enrollment Assisters).

This quarter, CAC outreach and educational activities focused on ensuring our 1,344 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through “*Assister Update*” emails, five Assister conference calls and webinars, and statewide educational Massachusetts Health Care Training Forum (MTF) sessions, held virtually due to the COVID-19 public health emergency (PHE).

Assister conference calls and webinars covered topics such as updates to MassHealth Health Plans, online enrollment, MassHealth’s response to COVID-19, and Health Safety Net updates.

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

- MassHealthChoices.com Update
- Helping Refugees from Afghanistan resettling in Massachusetts
- Helping those whose COBRA subsidies are ending and Health Connector webinar reminder!
- Updated MassHealth Response to Coronavirus Disease (COVID-19)
- How to Appeal a MassHealth Decision
- MassHealth and Health Connector COVID-19 Update: Reporting Stimulus Payment
- New Unemployment Question & System Updates for Online Application at MAhealthconnector.org
- MassHealth Estate Recovery Update & Reminders
- MassHealth's Response to COVID-19
- Updates of ACA-3 & SACA-2 Applications
- New and Existing Health Connector Members Extended Open Enrollment Ends July 23rd
- Health Connector Redeterminations and Renewals for Open Enrollment 2022
- Health Connector Health and Dental Plans 2022

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

Due to the COVID-19 PHE, no hosted events were held this quarter. We continued to update member related materials on our COVID related website.

Member Education and Communication

During Q1, MassHealth continued to engage the health plans to be sure the 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 respond to COVID-19.

Global Awareness and Education. The quarterly MTF held ten meetings virtually due to the COVID-19 PHE to educate and train our stakeholders and organizations that support our members on health plan updates. A total of 771 individuals joined the webinars.

Support Materials and Member Engagement. MassHealth used All Provider Bulletins, communications to the MTF community, 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.

Enhancements to Customer Service Support. The member website ([MassHealthChoices.com](https://www.mass.gov/info-details/masshealth-choices)) continued to support members in understanding their managed care enrollment options, their ability to search for providers and enroll in a plan.

Provider Education and Communication

The provider education and communication focus this quarter continued to be on supporting our members and providers with the latest updates and guidance from MassHealth to respond to the COVID-19 emergency, including communication to providers regarding COVID-19 vaccinations and telehealth. Virtual resources continued to play a key role in provider Education and Communication. These tools, such as a dedicated COVID-19 webpage for providers (<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>), webinars using video conferencing tools, such as zoom and Cisco WebEx, enhanced customer service, and provider support emails were continuously updated with the latest policy and guidance from MassHealth.

In July, COVID-19 focused updates were presented at the virtual quarterly Provider Association Forum (PAF), and at two virtual MTF sessions to help providers understand MassHealth efforts in response to COVID-19 as well as additional updates in the following areas:

- New Provider Bulletins
- Telehealth Updates
- Vaccine Administration Updates
- Medicaid and CHIP Managed Care Final Rule Updates
- Operating, Supervising, and Attending Physician Claim Requirements
- Request for Transportation (PT-1) Updates
- Office of Long-Term Services and Supports (OLTSS) Updates
- Cost Sharing/HIPAA Health Care Benefit Response Update

COVID-19 continues to impact all providers in various ways. Any information that MassHealth can provide will help ease administrative burden and delays in payment. In addition, any questions and escalations surrounding new policies in response to COVID-19 were handled as priorities when needed, and providers' issues were addressed. The goal was to make sure all communications were able to support providers as they continue to serve our members during this challenging time.

Delivery System Reforms and DSRIP

Accountable Care Organizations (ACOs)

During Q1, MassHealth completed another update of the ACO Integrated Performance Dashboard (IPD) for ongoing monitoring and management of ACO financial, quality, and compliance performance. Also, during this quarter, MassHealth continued ongoing engagements with select ACOs on aspects of financial performance to identify cost drivers and performance opportunities.

In July, MassHealth delivered to the ACOs and MCOs the most recent round of utilization reporting which included a newly developed Behavioral Health Inpatient Readmissions measure (not a quality measure). This latest round covers preliminary utilization in CY20. In August, MassHealth kicked off development of the latest round of Model B financial reporting. This round will provide Model B ACOs with a preliminary view of their CY21 financial performance.

In Q1, MassHealth closed out the ACO/Community Partner (CP) Preferred

Relationships 2021 process with the last of the relationships transitioning shared members during the quarter. MassHealth continued to monitor overall and ACO/MCO-specific CP program enrollment and engagement. MassHealth released the second ACO/MCO Community Partner Enrollment and Activities Report in September 2021.

MassHealth is finalizing Amendment 4 to the 3rd Amended and Restated Contracts, to reflect updated policies effective in 2021, as well as the 4th Amended and Restated Contracts to reflect updated policies effective 1/1/2022.

Community Partners (CPs)

As of August 30, 2021, 33,163 members were actively enrolled in the Behavioral Health (BH) CP Program and 9,621 members were actively enrolled in the Long Term Services and Supports (LTSS) CP Program. For the BH CP population, the cumulative Participation Form rate was 68%, meaning the CP had located the member and began working with the member on completing a Care Plan. Approximately 57% of BH CP members were "engaged" (i.e., had a CP Care Plan completed). For the LTSS CPs, the cumulative Participation Form completion rate was 62%, and 47% of LTSS CP members were "engaged." 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 such as creating dedicated outreach teams to locate and work with hard-to-reach members. As a result of these strategies, CPs have demonstrated their value to ACOs and MCOs as it pertains to contacting and engaging some of MassHealth's most vulnerable and least connected members.

Operational Updates. As of September 26, 2021, over 142,000 CP enrollments and disenrollments have been processed through the CP Program Portal. MassHealth sponsored a webinar on CP Program Portal functionality in September to CP program contacts at the ACOs/MCOs. The goal of the webinar was to highlight tools available to ACO/MCOs to provide CPs more comprehensive and timely confirmation of member enrollment/disenrollment processing status into MMIS. In addition to discussing CP Program Portal functionality, MassHealth left time to allow for ACOs/MCOs to ask questions about the most recent iteration of the ACO/MCO Community Partner Enrollment and Activities Report. MassHealth continues to provide CPs with information on their members that have received renewal letters or requests for information.

Reporting and Performance Management Strategy. Phase III of the CP-facing quarterly report launched along with the September refresh. This final development phase added risk scores, risk adjusted Total Cost of Care (TCOC) and 30-day behavioral health (BH) readmissions to the reports. It also included the Member Journey Report, which is a report that brings together

several data components to show how risk adjusted TCOC changes over time for enrolled members. Before converting to a steady state, MassHealth is working on a “clean up phase” to ensure the reports are best meeting the needs of the CP programs. In collaboration with MassHealth, CPs actively utilized the quarterly reports and other data sources to launch data-driven performance improvement initiatives. CPs have already made improvements on measures such as "Days to Care Plan Complete" and "Percent of Members with No QA Submitted in the First 92 Days" – an indicator of programmatic reach and financial viability.

Service Area Additions and Removals. MassHealth is considering the requests to add or remove Service Areas submitted by the CPs.

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 Services Agencies (CSAs) succeed in MassHealth payment and care delivery reform.

During Quarter 1, the MassHealth Care Planning Learning Collaborative hosted a national webinar, [Integrated Care Planning for Medicaid Members with Complex Needs: Lessons from MassHealth](#), to share lessons from the collaborative on building key partnerships to support integrated teams. MassHealth leadership provided insights on its restructured managed care program and the value of state investment in shared care planning. Over 300 policymakers, health care providers, community-based organizations, and other interested stakeholders attended this 75-minute event. Also, in Quarter 1, MassHealth awarded the Center for Health Impact a contract to develop and deliver an advanced training for community health workers (CHWs) about telehealth to increase the effectiveness and retention of CHWs in MassHealth ACOs and CPs.

Health Resources in Action (HRiA) completed the review of applications for the Cycle 3 Provider Access Improvement Grant Program (PAIGP). HRiA compiled the results of the review and made funding recommendations to MassHealth. MassHealth completed the internal review of the approved applications and has recommended to fund 61 awardees for a total of \$1,845,959.03. Overall, PAIGP Cycle 3 was successful, with a lower decline rate of 30% compared to Cycle 2, which had a decline rate of 50%. This was aided by developing additional Technical Assistance (TA) recordings with more detailed information on completing the grant application to reduce barriers to application completion and submission.

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 Q1, MassHealth and the Independent Assessor began to review CY21 Semiannual Progress Reports submitted by ACOs, CPs, and CSAs. MassHealth disbursed ACO Startup/Ongoing payments for CY21 to ACOs that had approved budgets and submitted their CY21 Semiannual Progress Reports. MassHealth also disbursed any remaining initial CP/CSA Infrastructure and Capacity Building payments for CY21 to CPs/CSAs that had not yet received their first payments.

During this quarter, MassHealth's ombudsman program (called My Ombudsman (MYO)) continued to operate without disruption throughout the COVID-19 pandemic. MYO determined that the top topics from managed care members (excluding individuals enrolled in integrated care programs serving dual members) involved access to plan benefits and complaints related to individual problems with providers. For instance, members requested guidance obtaining dental care services, palliative care, glasses, and therapy. In all of these cases, MYO helped members request these services from their providers or plans, and file appeals when necessary.

The complaints about providers were varied e.g., a member who did not receive a timely call back from a provider office, or members who expressed dissatisfaction with a practice or services and needed assistance locating a new network provider. In these cases, MYO helped members locate a new provider and/or file grievances.

MYO participated in 16 virtual and in-person outreach events, reaching more than 700 participants in locations all over the state. In July, My Ombudsman presented to the Massachusetts Health Care Training Forum (MTF), a partnership between MassHealth and UMASS Chan Medical School. The audience consisted of staff from various health care organizations and community-based agencies who serve MassHealth members. In September, MYO launched a new website, complete with an application that allows users with specific disabilities to adjust the website's design to their personal needs. The website features new content, including educational information about member rights, a section about the program's Deaf Services department, and a Resources page. The new website can be accessed at: MyOmbudsman.org. My Ombudsman co-hosted its 2nd live virtual event for the Deaf and Hard of Hearing community with Health Care for All (HCFA). Among the audience were professionals and members who had questions about their eligibility and benefits through MassHealth's managed care plans.

During this quarter, the Member Experience Survey Vendor, Massachusetts Health Quality

Partners (MHQP), completed fielding the 2021 MassHealth adult and child Primary Care, Behavioral Health and Long Term Services and Supports Member Experience Surveys in the late summer. MHQP completed psychometrics on the initial data files and finalized the analyses plan with MassHealth. MHQP received final data files in late August, and a Technical Report was provided to MassHealth at the end of the quarter. The MHQP and MassHealth teams concurrently started preparation for surveying in 2022. Preparation included: approving the 2022 multi-survey work plan; updating survey materials and corresponding translations into non-English survey languages (e.g., Prenotification Toolkit to providers, Service Member Fact sheets, logo and signatory, email invitations and reminders and survey web pages for on-line surveying). MassHealth pulled the first test sample frame (ACO and CP populations to be surveyed) where MHQP assessed initial survey population counts and reviewed them with MassHealth.

The Delivery System Reform Implementation Advisory Council (DSRIC) held two meetings in August and September to discuss the delivery system reform updates included in the public CY19 EOY Report. MassHealth continued to provide updated key statistics such as ACO and CP member enrollment.

MassHealth ACO/APM Adoption Rate

Overview:

- **ACO members¹ as of 9/30/21:** 1,136,084
- **MCO enrollees covered by APMs that are not ACOs:** 4,462
- **ACO-eligible members² as of 9/30/21:** 1,394,284
- **Percent of ACO-eligible members enrolled in ACOs:** 81.8%

Managed Care Plan	Members	Membership percentage	HCP-LAN Category
Model A	667,803	47.90	Category 4C
Model B	456,880	32.77	Category 3B

¹ The numerator (i.e., ACO members) includes all ACO model types (A, B, and C), as well as MCO enrollees covered by APMs that are not ACOs.

² 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.

Fee For Service (not managed care)	43,282	3.10	Category 1
Traditional MCOs (including 11K Model C members)	107,493	7.71	Traditional MCO: Category 4N ³ (between State and MCO) Model C: Category 3B (between MCO and Model C)
Primary Care Clinician (PCC) Plan	114,306	8.20	Category 1
MCO non-ACO APM contracts	4,462	0.32	Category 3A

Flexible Services (FS)

MassHealth's Flexible Services Program (FSP) is testing whether MassHealth ACOs can reduce the 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 July, MassHealth finalized policies and guidance for CY22. Additionally, MassHealth continued to review and analyze CY20 Annual Progress Reports.

In August, MassHealth released guidance and new policies for CY22 and hosted a kickoff meeting with the ACOs to review changes to the FS Program. MassHealth received CY21 Q2 Quarterly Tracking Reports (QTRs) and CY21 Semi-Annual Reports from all ACOs serving members during the applicable time periods. Additionally, MassHealth approved 6 new programs and program modifications to begin providing services.

In September, MassHealth began to review QTR and Semi-Annual Report data to ensure compliance, and also began to conduct preliminary analyses on the data. MassHealth approved 5 new programs and program modifications to begin providing services. Finally, MassHealth received Flexible Services Plans and Budgets for CY22 for all 17 ACOs, which included 6 net new program proposals.

Infrastructure and Capacity Building (ICB)

MassHealth released \$4.6 million (ICB Round 2 Installment 1) for SFY 2017, and an additional

³ 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.

\$9.5 million for SFY 2018 (ICB Round 2 Installment 2). ICB Round 2 provides eligible acute care hospitals with funding to complete independent financial and operational audits and to implement recommendations from the audits. The audits and resulting projects focus on enhancing sustainability and efficiency and improving or continuing health care services that benefit the uninsured, underinsured, and MassHealth populations.

During Q1, MassHealth 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 Q1, in response to the coronavirus disease (COVID-19) outbreak, MassHealth announced certain policy changes to provide greater flexibility in providing care to MassHealth members. The following bulletins were released to guide health plans:

- In response to the COVID-19 outbreak, MassHealth introduced a telehealth policy that, among other things, permits qualified providers to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video). This bulletin contains updated telehealth policy requirements: <https://www.mass.gov/doc/managed-care-entity-bulletin-68-updated-masshealth-telehealth-policy-september-2021-0/download>
- MassHealth is directing managed care plans to cover administration of the third dose of the Pfizer-BioNTech vaccine to individuals who qualify for the additional dose for dates of service on or after August 12, 2021. In addition, MassHealth is directing managed care plans organizations to cover clinically appropriate, medically necessary COVID-19 vaccine counseling services for dates of service on or after July 26, 2021, as provided by the providers. <https://www.mass.gov/doc/managed-care-entity-bulletin-67-coverage-and-payment-policy-for-services-related-to-covid-19-vaccine-counseling-and-3rd-dose-of-pfizer-biontech-vaccine-and-moderna-covid-19-vaccine-for-immunocompromised-individuals-0/download>
- Coverage and reimbursement policy updates for services related to COVID-19 after the termination of the State of Emergency: <https://www.mass.gov/doc/managed-care-entity-bulletin-66-coverage-and-reimbursement-policy-updates-for-services-related-to-covid-19-after-the-termination-of-the-state-of-emergency-0/download>
- Adjustment to the monthly aggregate cap for member cost sharing: <https://www.mass.gov/doc/all-provider-bulletin-315-change-in-pharmacy-copay-and-premium-policies-4/download>
- ARPA-related rate increases which focused on HCBS and BH services: <https://www.mass.gov/doc/managed-care-entity-bulletin-71-temporary-rate-increases-due-to-american-rescue-plan-act-hcbs-services-and-behavioral-health-services->

[0/download](#)

- To address and mitigate the negative impacts of the pandemic on children and adolescents, and to further healthy developmental outcomes for MassHealth-enrolled youth, managed care plans must cover medically necessary preventive behavioral health services for members from birth until age 21: <https://www.mass.gov/doc/managed-care-entity-bulletin-65-preventive-behavioral-health-services-for-members-younger-than-21-0/download>

Policy Developments/Issues

During Quarter 1 EOHHS received approval for an amendment making conforming edits to the CHIP State Plan and for Medicaid State Plan Amendments to update the Estate Recovery hardship policies, to update the payment methodology for hearing services and to update the payment methodology for chronic maintenance dialysis treatments and home dialysis supplies. Also during the quarter EOHHS posted for public comment its draft request to extend the Demonstration and held two public listening sessions to seek input on the draft.

Financial/Budget Neutrality Development/Issues

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 1 of state fiscal year (SFY) 2022 as reported through the quarter ending September 30, 2021 (QE 9/30/21).

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2018, SFY 2019, SFY 2020, SFY 2021, and SFY 2022 Q1. The enrollment data for the years SFY 2019, SFY 2020, SFY 2021, and SFY 2022 Q1 were updated based on actual enrollment through November 2021.

Safety Net Care Pool (SNCP)

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

Budget neutrality - summary

In sum, the total projected budget neutrality cushion is \$5.7 billion for the period SFY 2018 through SFY 2022 and \$27.7 billion for the period SFY 2013 through SFY 2022. We will continue to update CMS through quarterly reports as updated information is available.

Member Month Reporting

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

A. For Use in Budget Neutrality Calculations

Expenditure and Eligibility Group (EG) Reporting	Jul 2021	Aug 2021	Sep 2021	Total for Quarter Ending 9/21
Base Families	886,184	896,047	909,570	2,691,801
Base Disabled	228,104	228,693	228,599	685,396
1902(r)(2) Children	24,216	24,449	25,260	73,925
1902(r)(2) Disabled	18,219	18,253	17,961	54,433
New Adult Group	423,321	427,417	432,282	1,283,020
BCCDP	1,185	1,225	1,256	3,666
CommonHealth	32,617	32,463	32,387	97,467
TANF/EAEDC*	378	380	392	1,150

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

- For Informational Purposes Only**

Expenditure and Eligibility Group (EG) Reporting	Jul 2021	Aug 2021	Sep 2021	Total for Quarter Ending 9/21
e-HIV/FA	802	816	835	2,453
<u>Small Business Employee</u> Premium Assistance	0	0	0	0
<u>DSHP- Health Connector</u> 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

Consumer Issues

Please see the sections above related to ombudsman issues (DSRIP Operations and Implementation p. 8) and MassHealth flexibilities for members in response to COVID-19 (Member Education and Communication p. 5).

Quality Assurance/Monitoring Activity

Managed Care Program (under 65, non-disabled)

The MassHealth MCO Program continued to engage in quality-related activities focused primarily on quality measurement and improvement. During Quarter 1, the MassHealth Quality Office began its annual process of gathering data to assess plan performance on State-specified quality indicators. Utilizing data from a variety of sources including Managed care plan HEDIS submissions (MY2020) and data calculated from the MassHealth comprehensive quality vendor (CQMV), analysts compared MCO performance across plans and calculated MassHealth weighted means and other descriptive statistics. Where applicable, analysts compared performance to national benchmarks. Data generated through these analyses will be used to support public report development as well as the calculation of the Adult and Child Core Set measure performance and evaluation of the State's managed care quality strategy. MassHealth anticipates completing the public and core reporting activities in Quarter 2.

With regard to quality improvement activities, Managed Care plans continued to work on the baseline year for Quality Improvement Projects (QIPs) focused on increasing access to telehealth and increasing vaccination rates (flu, COVID, and other) and submitting year-end reports. MassHealth is currently reviewing the interventions implemented by the plans and summarizing overall QIP performance.

External Quality Review (EQR) Activities

There was significant activity related to EQR in Quarter 1. In July, the EQR held virtual site visits with ACOs and MCOs as part of the triennial compliance audit. After summarizing the findings, initial reports were distributed, and plans were given an opportunity to respond to any areas of noncompliance. Compliance audit scores and actions plans will be finalized during Quarter 2. In addition to the compliance audit, the External Quality Review Organization (EQRO) collected and reviewed the required information to complete performance measure validation and network adequacy validation activities for 2021 for all managed care plans

including MCOs, Accountable Care Partnership Plan ACOs (ACPPs), Primary Care ACOs, Senior Care Organizations (SCOs), One Care Plans, and the Massachusetts Behavioral Health Partnership (MBHP). These validation processes are currently under way and it is anticipated that they will be completed in Quarter 2.

Finally, the EQRO began completing reviews of Performance Improvement Project (PIP) materials submitted in Q1. Each plan submitted Year 1 reports for each PIP, one focused on telehealth and the other focused on vaccinations (flu, COVID, or other) with an added sub-focus on health equity. The EQRO will hold teleconferences with each plan to ask questions and discuss feedback on the projects during Q2 with scoring worksheets being distributed in Q2 as well.

MassHealth Quality Committee

The MassHealth Quality Committee is a collaborative forum that serves to discuss and develop recommendations on key topics and issues to support leadership and program managers across MassHealth in driving quality strategy. The Committee is inclusive of programs, departments and functions that intersect and are involved in quality program development, measurement, improvement and evaluation activities.

In Q1, the Quality Committee reviewed and updated the meeting charter, role of members and annual agenda to drive strategies and activities to support measure alignment, quality performance, policy and reporting. The Committee conducted an annual review and update of quality measures across MassHealth to understand the alignment across programs and with external measurement activities and measure slates (e.g., NCQA HEDIS measures, CMS Core Set measures, State Quality Measurement Alignment Taskforce, MIPs program measures). The review also informs considerations for future program measure selection. The Committee started discussions around current member surveys across MassHealth and quality improvement activities to inform future member experience and quality improvement project priorities and goals.

MassHealth ACO/CP Quality Strategy

In Quarter 1, MassHealth and CMS collaborated on a set of hypotheses to inform additional COVID-19 based quality score adjustments, applicable to CY2021. Once finalized, these adjustments are anticipated to be applied to both ACO and CP quality scores. Additionally, MassHealth released formal guidance to ACOs regarding Performance Remediation Plan requirements, providing DSRIP fund earn back opportunities based on successful completion of

quality improvement projects.

Demonstration Evaluation

(University of Massachusetts Chan Medical School (UMass Chan), formerly “UMass Medical School”)

The primary goals for this period include acquisition and analyses of data covered in the Independent Evaluation Interim Report (IEIR), finalizing two volumes of IEIR, responding to MassHealth and public comments on the draft IEIR, and submitting the draft IEIR to CMS at the end of September 2021 per the 1115 Demonstration Special Terms and Conditions. In addition, the IE (UMass Chan) initiated the second wave of data collection activities, including the scheduling of key informant interviews (KIIs) with the leadership of 17 ACOs and 27 CPs.

Significant activities during this period included drafting the IEIR and responding to comments from MassHealth legal and executive review, in addition to topics raised by the public comments. Additional data acquisition and analyses were conducted. The team continued to analyze data from various sources, including the practice site administrator (PSA) survey, ACO provider and CP staff surveys, Member Experience Surveys, ACO, CP, MCO, member and MassHealth staff KIIs, MassHealth administrative data, clinical quality measures, and MassHealth final financial reconciliation reports for the ACOs. In addition, UMass Chan was engaged in a series of meetings with MassHealth to better understand the scope and scale of statewide investments (SWIs), which supported the IE’s plans to develop an updated evaluation plan for the SWIs. In addition, UMass Chan engaged with the Independent Assessor (IA), Public Consulting Group, to update the PSA survey tool and plan the implementation of the second wave of the PSA survey.

During this period, UMass Chan started the second wave of ACO and CP KIIs, after conducting document reviews and updating KII protocols, outreach documents, and interview guides. As planned, UMass Chan started scheduling and conducting targeted interviews with all 17 ACOs and 27 CPs.

UMass Chan continues to hold recurring meetings with MassHealth to coordinate work-streams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to data required.

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 and DSRIP Evaluation Updates

A. Overall

- a. Revised the draft IEIR in response to MassHealth comments

- b. Submitted draft IEIR to CMS
- c. Conducted a series of meetings with MassHealth to better understand the scope and scale of SWIs as implemented by MassHealth and its partners
- d. Analyzed ACO provider and CP staff surveys
- e. Analyzed member experience surveys
- f. Analyzed hybrid quality measure data
- g. Continued coding and analysis of MassHealth administrative data
- h. Reviewed DSRIP program documentation
- i. Revised materials in preparation for the second round of ACO and CP KIIs
- j. Worked with the Independent Assessor (IA) to revise the practice site administrator survey.
- k. Coordinated data collection for the PSA survey. The IA will conduct the survey during the Q3-Q4 of 2021.

B. Evaluation components involving primary data collection:

Activities Completed in this Quarter

- Coordinated with MassHealth to communicate with ACOs and CPs regarding data collection
- Began to outreach for and schedule KII interviews with ACOs
- Began to outreach for and schedule KII interviews with CPs
- Began to prepare for ACO and CP KII interviews by conducting document review and updating interview-related materials
- Continued analyzing the 4 ACO and 4 CP case studies
- Continued analysis of the ACO Provider Survey
- Continued analysis of the CP Staff Survey
- Continued analyzing KII data from the first round of interviews
- Began to discuss topics and venues for dissemination of evaluation findings

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
- Coded and analyzed measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2019
- Performed analyses for hybrid quality measures
- Performed analyses for member experience surveys
- Analyzed preliminary data on the Flexible Services Program

I. 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 research of policy developments relevant to each goal
- Refined timeline and work plan for interim report planning
- Continued communicating with data system teams about compiling and transferring MH data to UMMS for analyses
- Continued reviewing and analyzing data for HEDIS based quality measures for Goal 4, in collaboration with DSRIP quantitative evaluation team
- Continued to refine and finalize the content of goal-specific sections of the interim report
- Reviewed and addressed feedback from internal, external, and MassHealth program staff reviewers on the content of the interim report
- Continued to produce the integrated Goals 1-7 interim report, contributing to summary sections and appendices
- Continued to support MassHealth with activities related to demonstration amendments and upcoming demonstration extension
- Continued to receive and capture updates from MassHealth about potential new demonstration amendments

- Continued regular monthly meetings with MassHealth

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

Activities Completed in this Quarter

- Continue data analyses MassHealth administrative data
- Met with MassHealth SUD program contacts to ensure objectives of Goal 5 evaluation are being met

Enclosures/Attachments

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

State Contact(s)

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