MassHealth Delivery System Restructuring: 2022 Update Report

Executive Office of Health & Human Services

December 2024

Executive Summary (1 of 2)

- In 2018, Massachusetts implemented its most **significant Medicaid restructuring* in 20 years to move away from a fee-for-service model** by creating:
  - **Accountable Care Organizations (ACOs)**
  - **Community Partners (CPs),** serving members with complex needs
  - **Delivery System Reform Incentive Payment (DSRIP) Program,** investing in statewide infrastructure

- This is the **fifth public report**** on the MassHealth delivery system restructuring – **this report covers the program's fifth calendar year (2022) through the first quarter of 2023 which marked the end of that ACO contract period.**

- During 2022, MassHealth had 17 ACOs providing care for **~1.2M members** with a composite expense of **~$6.9B;** when including Q1 2023, through the end of the ACO contract, an additional ~$1.8B was spent for a total five-quarter period expense of $8.7B.

- **The COVID-19 pandemic began to wane** with a decline in case counts and severity of illness, yet the residual effects of the pandemic continued to challenge the health care delivery system and to have an impact on health needs and outcomes.
  - **MassHealth caseload and ACO enrollment increased** due to Medicaid coverage protections during the federal Public Health Emergency (PHE), and as a result **total spend increased.**
  - In response to concerns over the pandemic's impact on individual quality measures, MassHealth and CMS agreed to certain **benchmark reductions** for ACO/CP measures.

- **This report is focused on the 2017-2022 1115 demonstration's performance data**. At the time of this report's release, MassHealth is implementing the 2022-2027 1115 demonstration. This report does not cover this extension.

*See Appendix for further background on the 2018 restructuring.

**Prior reports are available at: https://www.mass.gov/info-details/massachusetts-delivery-system-reform-incentive-payment-program

Executive Summary (2 of 2)

By 2022, ACOs were showing early signs of impact.

- MassHealth members in ACO plans had **higher primary care utilization** relative to other plans, even during the pandemic when access was an issue. PCP visits were 14% higher for members in ACOs than for members not in ACOs on average from 2019 to 2022.
- ACOs had the structure to respond to growing challenges with **behavioral health** (**BH) emergency department (ED) boarding and better support members with high BH risk** during a time with limited access to BH inpatient beds. ACOs were able to effectively partner with MassHealth to improve engagement on high impact interventions for these members.
- In 2022, **quality measures rebounded after declines in 2020, though some measures did not reach their pre-pandemic performance levels.** The confounding effects of the pandemic made cost and quality outcomes difficult to interpret.
- **Community Partners,** which provide community-based care coordination for members with significant behavioral health and long-term services and supports (LTSS) needs, **engaged with 44,000 unique members in 2022**.
- **The Flexible Services Program, which** provides housing and nutrition support to certain members, **had rapid and substantial growth, and provided >51k services in 2022** (more than double compared to the previous year).

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Context for Delivery System Restructuring Efforts: 1115 Waiver Renewal

- This report covers the final year of the 2017-2022 1115 demonstration. The period of performance was January 1, 2022 through March 31, 2023.
- MassHealth collaborated with the Centers for Medicare & Medicaid Services (CMS), its ACOs, CPs, and other providers involved in the restructuring efforts on the design of the subsequent 1115 waiver (2022-2027).
- 2022 was also the last full year of Delivery System Reform Incentive Payment (DSRIP) Program:
  - ACOs identified which high-impact programs should continue in whole or in part beyond DSRIP, and accordingly developed sustainability plans and identified funding sources; ACOs also identified which programs were less impactful and should be discontinued.
- The 2022-2027 1115 waiver was approved on September 28, 2022, effective October 1, 2022 through December 31, 2027. Among many broad authorities, the 1115 extension authorized the continuation of the ACO program.
- The ACO contracts that began in 2018 ended on March 31, 2023. During 2022, the ACO program was being re-procured. ACOs spent time throughout 2022 preparing their bids and setting strategy for the next contract period, including changes in partnerships and/or models.

Context for Delivery System Restructuring Efforts: COVID Pandemic

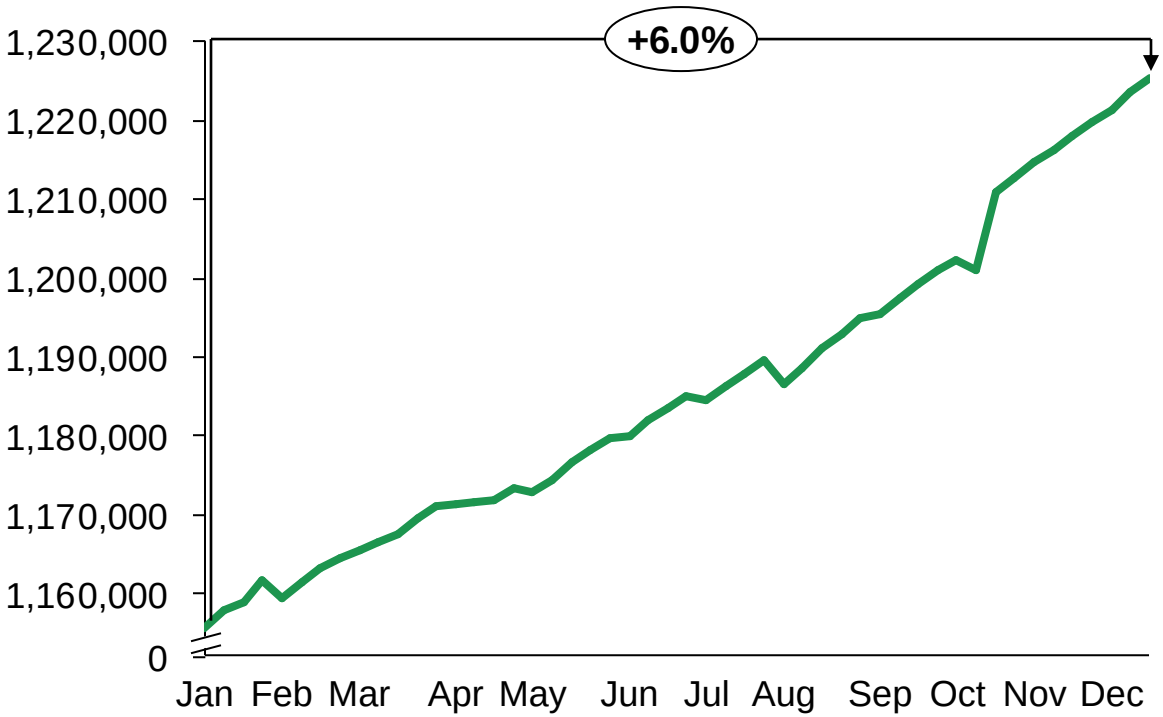
In 2022, the Massachusetts health care delivery system continued to experience the effects of the COVID-19 pandemic on health care delivery, utilization, and access.

- The pandemic placed a **strain on the healthcare workforce** and resulted in **significant workforce shortages**, leading to system-wide capacity strains and barriers to healthcare access.
- **Behavioral and mental health needs rose** as a result of the pandemic while service capacity was limited particularly for inpatient BH beds. This led to a large volume of members waiting in the ED for extended periods for a BH inpatient placement.
- The **use of telehealth declined** although it remained higher than pre-pandemic; most telehealth utilization was BH-related.
- **Utilization remained lower** in most areas compared to pre-pandemic, including acute care utilization (inpatient and ED).
- **Clinical quality performance** improved for ACOs, and all 6 measures with declines during the pandemic showed a partial or full recovery.
- **Per member spend increased** by 2% compared to 2021 among ACO members, with increases concentrated in the child population. **Total spend increased** in part due to increases in caseload.
- **Caseload and ACO enrollment continued to increase significantly.** MassHealth paused routine redeterminations of members' eligibility in accordance with federal guidance starting in March 2020, leading caseload to increase by 10% in 2020, 13.5% in 2021, and 7% in 2022.

Context for Delivery System Restructuring: ACO Caseload

2022 weekly snapshots

Average # of members in ACOs*



	Average Members**	% change
2019	888,421	
2020	974,558	9.7%
2021	1,105,665	13.5%
2022	1,183,050	7%

Key takeaways:

- Redeterminations paused in March 2020 and remained paused throughout 2022 due to the federal PHE
- Growth of 6% from January 2022 to December 2022
- Average annual membership growth of 7% over 2022
- ACO caseload was 52% of total MassHealth caseload in 2022

*Includes 13 Accountable Care Partnership Plans (ACPPs), which are partnerships between ACOs and managed care plans, and three Primary Care ACOs (PCACOs), which are provider ACOs contracted directly with MassHealth. Excludes MCO-Administered ACOs. See appendix for more information about ACOs.

**January – December 2022 average member months for ACPP and PCACO models. Year-over-year % change is restricted to the ACPP and PCACO population.

MassHealth's Restructuring Efforts Were Already Showing Early Promising Results in 2022

Key examples of progress

- **ACOs retained strong member connection to primary care**. PCP visits were 14% higher for ACOs than non-ACOs on average from 2019 to 2022.
- **ACO members saw greater declines in inpatient admissions*** from 2019 to 2022 where ACOs saw a 21% decline versus a 14% decline for non-ACO members**.**
- **ACOs improved clinical quality.** In 2022, all ACOs showed a partial or full recovery of quality metrics from their respective previous declines during the pandemic. **Overall clinical quality performance improved for ACOs** from 2021.
- **CPs succeeded at engaging members** with complex BH and LTSS needs. In 2022, CPs served~44,000 unique members, increased engagement rates over pre-pandemic levels, and sustained improvement on members' cost and outcomes including trends that pre-dated the pandemic's impact on care patterns.
- The **Flexible Services Program**, which provides nutrition and housing support to certain members, saw rapid and substantial growth **increasing the number of unique members served by 60% from 2021**.

*Physical health inpatient admissions, excluding BH admissions

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Delivery System Reform: ACOs

In 2022*, the COVID-19 pandemic was waning however residual effects continued including ongoing enrollment increases and capacity constraints particularly in behavioral health. This also marked the last full year of DSRIP funding for ACOs. A few themes emerged during this period:

1. ACOs retained members and **increased enrollment over the course of 2022,** growing to a total average enrollment of **1,196,381** (7% growth over year-end 2021).
2. The ACO program **saw utilization declines from 2019 to 2022** driven by ongoing impacts of the pandemic. However, from 2021-2022 the pediatric population saw increases in acute services likely due a surge in pediatric respiratory illnesses
3. ACOs collaborated with MassHealth to **address BH ED boarding and better support members with high BH risk** during a time with limited access to BH inpatient beds resulting in a large volume of members waiting in the ED for extended periods for a BH inpatient placement
4. 2022 was the last year of DSRIP funding during which ACOs made ongoing **funding decisions based on demonstrated outcomes and experience of their DSRIP programs.** This included sustaining programs with clear impact, while discontinuing other efforts.
5. ACOs continued **rapid and substantial growth in the third year of the Flexible Services Program**. Flexible Services **grew faster in 2022 than in 2021** with services provided more than doubling from 2021 *(see next section of this report for detail)*

*This section compares year over year trends, and therefore does not include data from Q1 2023.

1 ACOs Retained Members and Increased Enrollment from 2021 to 2022

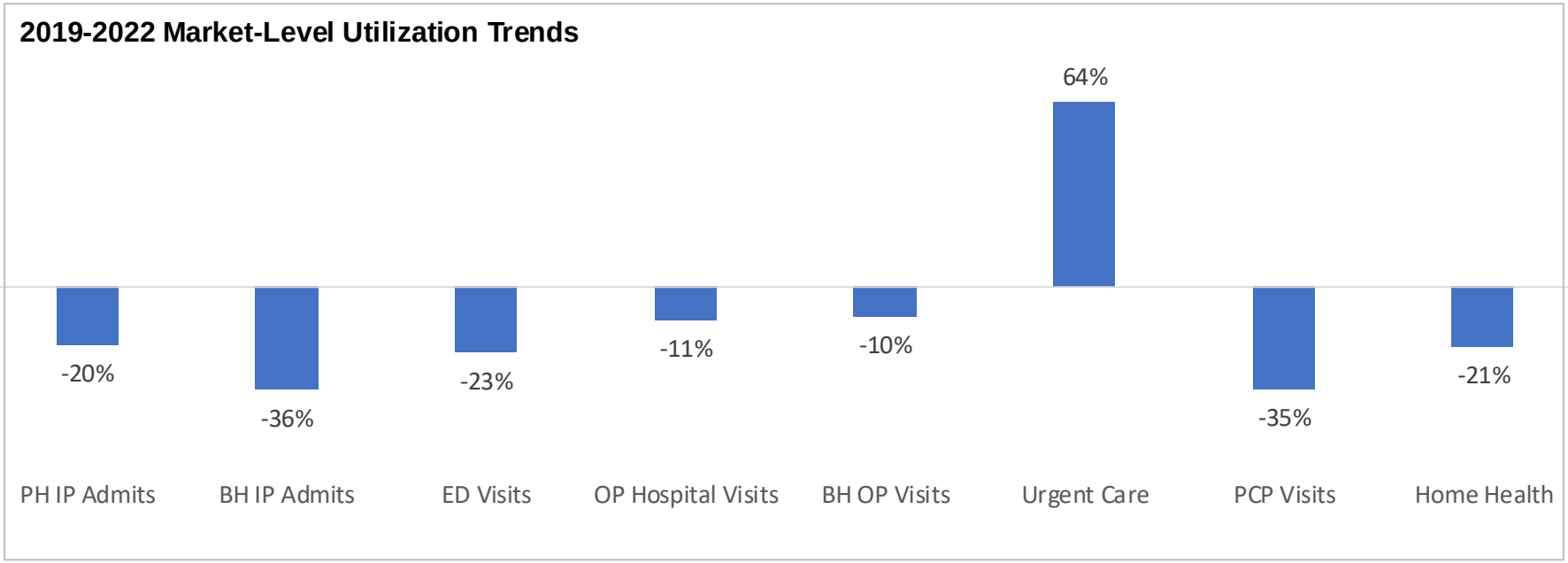
Enrollment data as of 12/31/22						
ACO Type	**Health Plan**	**ACO Name**	**% of ACO Total**	**# of Average Members***	**% Adults**	**% Children**
Accountable Care Partnership Plans (ACPP)	BMC HealthNet Plan	Boston Accountable Community Alliance	12.7%	151,685	64%	36%
		Mercy Medical Center	2.8%	33,901	60%	40%
		Signature Healthcare	2.0%	24,218	65%	35%
		Southcoast Health	1.8%	21,138	74%	26%
	Fallon Health	Health Collaborative of the Berkshires	1.8%	21,015	75%	25%
		Reliant Medical Group	3.4%	40,904	48%	52%
		Wellforce	5.2%	61,670	58%	42%
	Health New England	Baystate Health Care Alliance	4.0%	47,973	58%	42%
	Allways Health Plan	Merrimack Valley ACO	3.7%	43,893	57%	43%
	Tufts Public Plans	Atrius Health	3.6%	43,293	56%	44%
		Boston Children's Health ACO	11.0%	131,283	5%	95%
		Beth Israel Deaconess Care Organization	3.9%	47,066	76%	24%
		Cambridge Health Alliance	3.2%	38,003	56%	44%
Primary Care ACOs (PCACO)	Community Care Cooperative (C3)		14.5%	173,967	60%	40%
	Mass General Brigham		12.9%	154,228	56%	44%
	Steward Health Choice		12.6%	150,789	57%	43%
MCO-Administered ACO	Lahey Health		0.9%	11,355	93%	7%
ACO Total			**100%**	**1,196,381***	**50%**	**50%**

Enrollment as of 12/31/22, data pulled on 08/09/2024; MCO-administered ACO data pulled on 07/15/2024
*Note this reflects average members enrolled; see appendix (p. 64) for total unique members enrolled by managed care option.

7% growth over year-end 2021 ACO enrollment (1,115,230)

2 In 2022, Most Utilization Rates Were Still Below 2019 (Pre-COVID) Levels

- Compared to 2019, the last full year before the COVID-19 pandemic, utilization was down for most services in 2022 **ranging from -10% to -36%.**
    - Urgent Care saw a 64% increase when comparing 2022 to 2019 due to the removal of referral requirements for certain plans at the start of the COVID pandemic and overall changes in patterns of care.
- Utilization rates continue to reflect **ongoing pandemic impacts** in 2022 (e.g., holds on elective procedures during COVID spikes and overall lower acuity of the population).
- Behavioral Health Inpatient Admissions saw the largest declines of -36%, at least partially due to statewide system capacity issues including staffing shortages and limited bed availability.

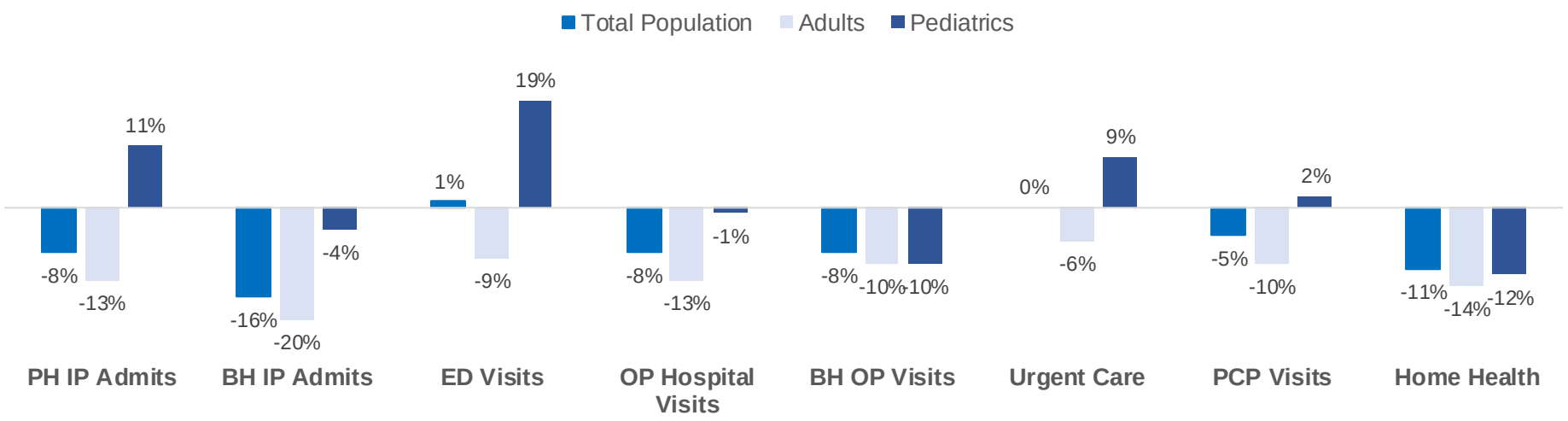


*PCP Visits includes in-person visits and visits delivered via telehealth. Includes ACO, MCO and PCC Plan utilization.
Note: Utilization trends do not reflect the impact of temporary rate increases implemented in response to the COVID-19 PHE

2 From 2021 to 2022, Utilization Declined for Most Services while Hospital, Urgent Care and Primary Care Use Increased for Pediatrics

- Comparing 2021 to 2022, **most services continued to see flat or declining utilization** ranging from a 1% increase to -16% decrease. These overall trends were driven by declining utilization in the adult population.
- However, the **pediatric population experienced increases** in a few acute services as well as primary care. These services included an 11% increase in **Physical Health Inpatient Admissions**, 19% increase in **Emergency Department Visits**, 9% increase in **Urgent Care**, and a 2% increase in **Primary Care**.
    - The winter of 2022-2023 saw increases in respiratory infections driven by influenza, respiratory syncytial virus (RSV), and COVID-19 impacting the pediatric population. This may explain some of these trends.

2021-2022 Market-Level Utilization Trends



PCP Visits includes in-person visits and visits delivered via telehealth. Includes ACO, MCO and PCC Plan utilization.
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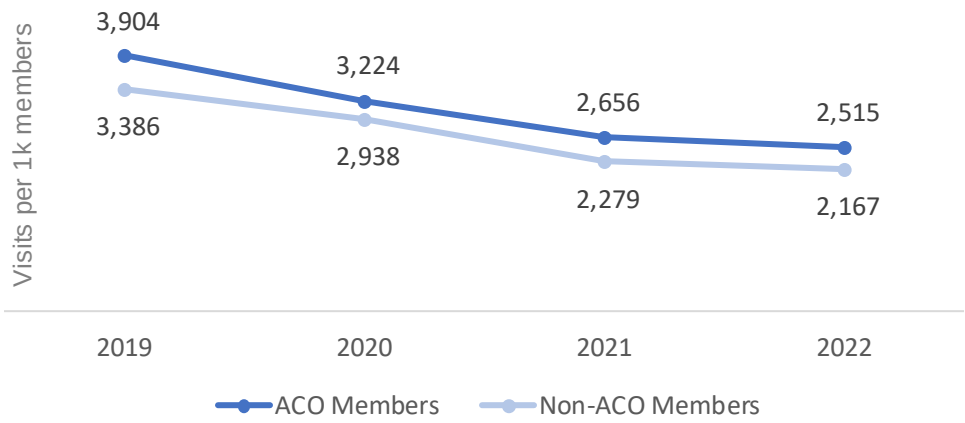
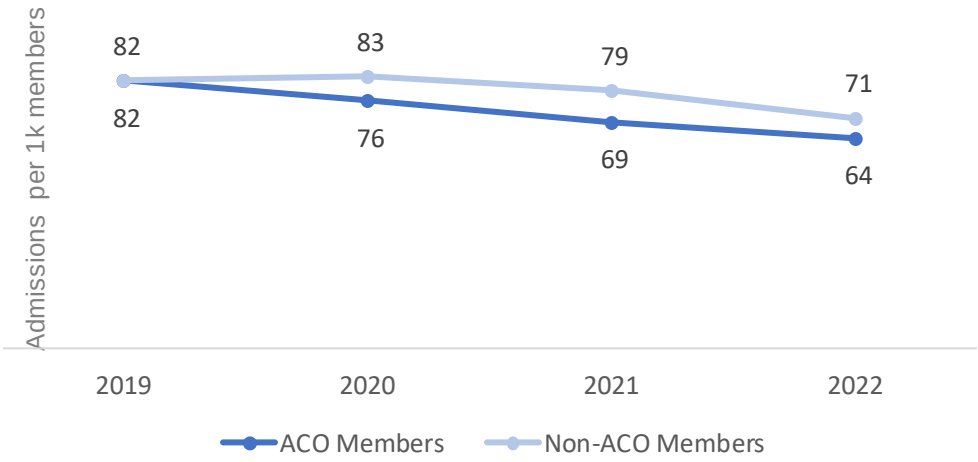
2 Members in ACOs Continued to Retain Higher Rates of Primary Care and Lower Rates of Physical Health Inpatient Admissions

2019-2022 PCP Visits



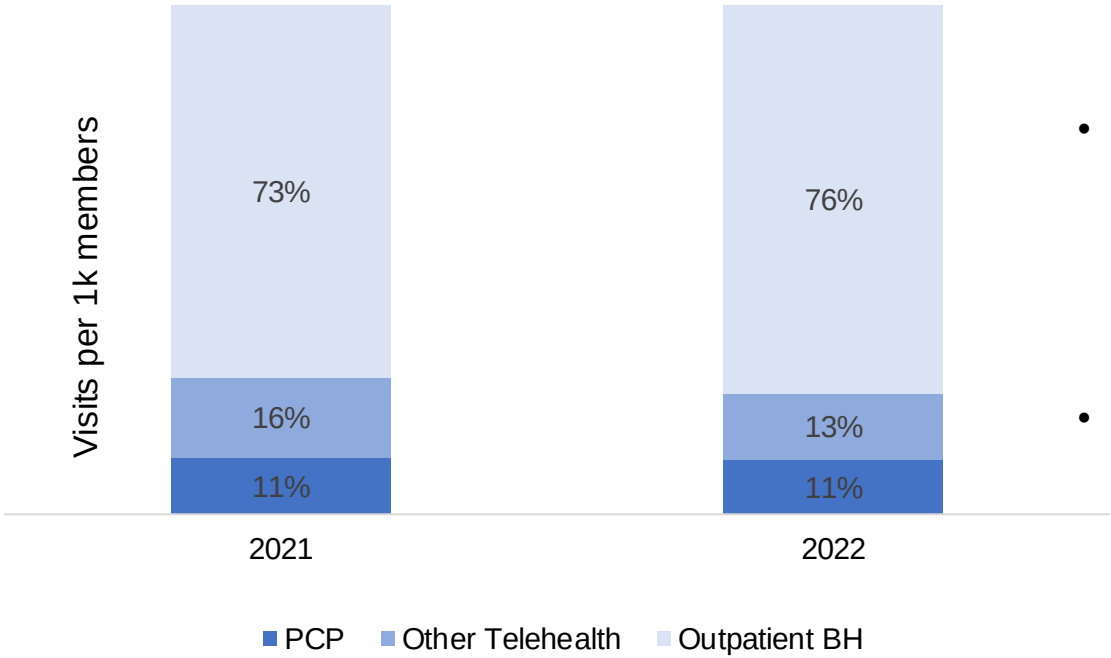
- From 2019 to 2022, PCP visits remained higher among ACO members than non-ACO members.
  - **PCP visits were higher among ACO members by 14% on average**.

2019-2022 Physical Health Inpatient Admissions



- ACO members saw sharper declines in Physical Health (PH) Inpatient Admissions from 2019 to 2021 than non-ACO members and have maintained lower rates into 2022.
  - From 2019 to 2022, **ACOs saw a 21% decline in PH inpatient admissions versus a 14% decline for non-ACO plans.**

2 Telehealth Utilization Declined from 2021 to 2022* for ACO and Non-ACO Members, with Behavioral Health the most used Telehealth Service



- Telehealth utilization surged during the pandemic. While telehealth rates declined in 2022 as the pandemic waned, rates remained higher than pre-pandemic.
- Telehealth utilization did not vary significantly between members enrolled in ACOs and those enrolled in other managed care plans.
- **Outpatient BH services** remained the most common telehealth service, accounting for ~75% of total telehealth visits in both 2021 and 2022.

*CY 2021 and CY 2022 reflects the latest data and data runout and may not tie to prior years' reports. Data is pulled from the Program Management Report (or PMR) version 7 covering CY 2021 and CY 2022 utilization data.

3 ACOs Collaborated with MassHealth to Address BH ED Boarding and Better Support Members with High BH Risk

- In 2022, Massachusetts **continues to experience a large volume of members presenting in EDs seeking inpatient BH care** and waiting extended periods for placement
- To address this ongoing concern, MassHealth **implemented a performance and reporting program** with ACOs to improve engagement in high impact interventions for members with high BH risk. High BH risk was defined by the number of BH ED visits and BH IP admissions a member had during a 3-month period.
- ACOs were asked to report on which **four high impact interventions** they had engaged members with high BH risk in during the previous quarter. The results, including a market comparison, were shared with ACOs.

Performance Engagement Findings:
Performance engagements were held with 9 ACOs in 2022 to better understand best practices, barriers, and facilitators for high BH risk population health management, identifying innovative and successful approaches to managing high BH risk members, including the following:

Fallon 365 utilized separate, tailored adult and youth risk stratification dashboards. They included a variety of variables such as difficulty of engagement, SDOH, preferred language of care, and chronic conditions in addition to the typical total cost of care and hospitalization rates.

Tufts Together with Cambridge Health Alliance had an intensive care management program that was provider facing to ensure seamless care coordination between the care team. Community Health Workers focused on member facing care and coordination and reducing barriers to access.

Boston Medical Center Community Plan had shelter and ED-based liaisons to meet members where they were at to engage them in care management services.

2023 Strategy:

Contract Requirements
Separate risk stratification criteria for adults and youth identified as a best practice and was incorporated into the ACO contracts in 2023.

Information Sharing
A summary of findings and best practices identified in the first 3 rounds of reporting and engagements was disseminated to the plans in October 2023.

Updates to Reporting Program
- The following rounds of reporting and engagement beginning in December 2023 focused on facilitating adoption of best practices from previous rounds and problem-solving barriers.
- Reporting process updates included requiring plans to self-identify members who met the high BH risk criteria and comparing their identified members to those reported to the Massachusetts Behavioral Health Access (MABHA). Plans began to be held to greater accountability for accurately reporting their high-risk members who are waiting for placement on the state portal.

4 ACOs Reviewed Effectiveness of DSRIP Funded Programs to Make Ongoing Investment Decisions

- As time-limited DSRIP funding declined in this final year of the DSRIP program, ACOs evaluated and compared their DSRIP-funded investments to make data-driven choices about which to scale/sustain and which to sunset.
- ACO DSRIP spending was at its highest in 2018 ($189.3M) and continually decreased in the subsequent years ($173.7M in 2019, $135.7M in 2020, $87.5M in 2021, $69M in 2022 through Q1 2023) as ACOs decreased spending on Integration Projects and Data Analytics, Population Health, and HIT Projects.
- In 2022, as in prior years, ACOs made decisions about which programs to fund through DSRIP and which to sunset or move to other funding sources given lower levels of DSRIP funding.

Example: In 2022, FLN-Berkshire continued DSRIP investment in their Hospital Based Community Health Worker (CHW) program based on demonstrated reductions in avoidable ED visits, inpatient admissions, and behavioral health hospital days

- The Hospital Based CHW at Berkshire visits or contacts members when they are in the ED/inpatient setting to engage the member and provide a warm handoff to the care team for ongoing care management and engagement
- The program was evaluated and showed positive outcomes on three measures compared to benchmarks: 1) avoidable ED visits decreased by 24%, 2) inpatient admissions decreased by 23%, 3) residential behavioral health / SUD hospital days decreased 18%.

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Flexible Services Program: Summary of 2022 Progress

- The Flexible Services Program enables ACOs to provide nutritional and housing supports to certain members, with the goal of improving overall member health and outcomes

- The Flexible Services Program was **one of 2022's key successes.** In its third year, the program continued to experience **rapid and substantial growth, became more efficient,** and demonstrated **promising early outcomes**

- The Flexible Services Program **grew faster in 2022 than in 2021, providing more services to more members:**
  - **Overall services* delivered more than doubled:**
    - 2021: 21,051
    - 2022**: 51,281 (2022 total annualized: 41,024**)
  - **Unique members served increased by 60%**
    - 10,229 members served in 2021; 20,475 in 2022 (16,380 annualized**)
  - **Dollars spent on Flexible Services supports doubled**
    - $22.6M in 2021 to $52.4M ($41.9M annualized**) in 2022

- While Flexible Services remained a relatively nascent program in 2022, preliminary analyses already began to show **improvements for members with diabetes (reductions in A1c) and total cost of care**

*MassHealth defines Flexible Services in terms of member-quarters or number of quarters members have received services. A unique member that received services across 4 quarters would count towards 4 services provided.
**The 2022 performance period encompasses five quarters (1/1/2022 – 3/31/2023) rather than the standard four quarters reported in prior years.

ACOs Partnered with SSOs to Offer 85 Flexible Services Programs in 2022

- In 2022, ACOs partnered with community-based Social Services Organizations (SSOs) to offer **85 Flexible Services programs** focused on nutrition and housing support services and goods.
- Compared to 2021, both the number of available programs and partnerships between ACOs and SSOs **increased by approximately 12%.**

ACOs and SSOs launched or continued 85 programs in the following domains in 2022:

- 41 Housing
- 43 Nutrition
- 1 Housing/Nutrition

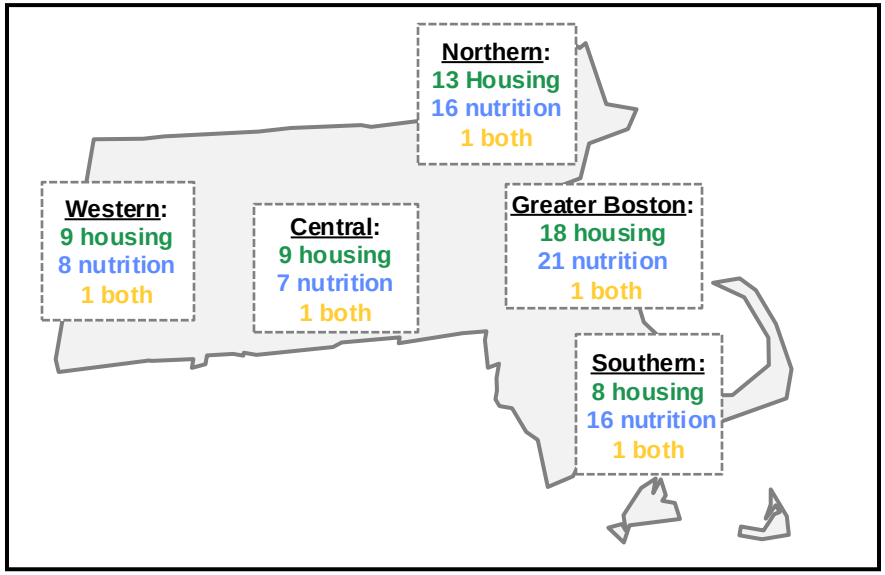
ACOs partnered with **39 SSO partners** to deliver Flexible Services in 2022, including:

- 23 Housing SSOs
- 13 Nutrition SSOs
- 3 Housing/Nutrition SSOs

All **17 ACOs offered at least 1 Flexible Services program** in calendar year 2022.

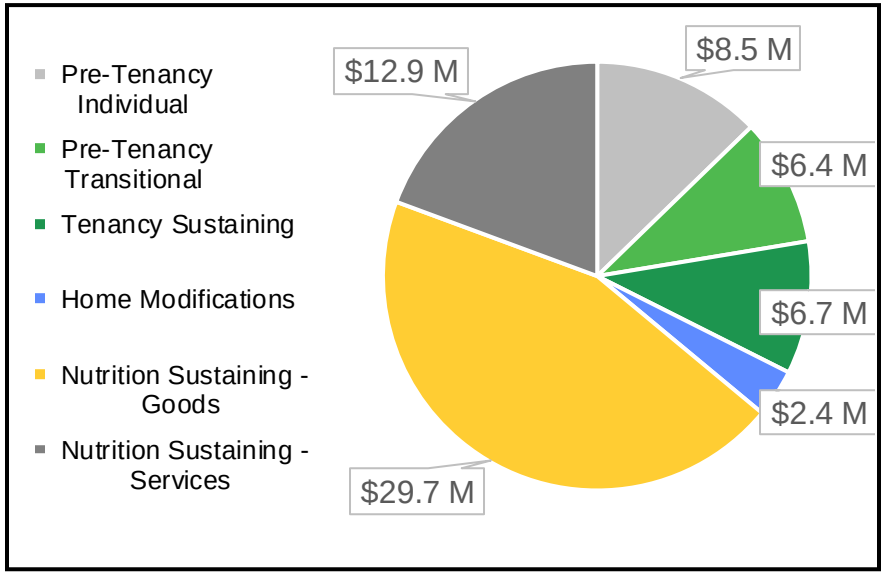
ACOs implemented Flexible Services in every geographic region of the state, across the full breadth of supports allowed by the program

Number of Flexible Services Programs Serving Each Region By Domain



Note: Several programs operated across more than one region of the Commonwealth and are counted more than once above.

Flexible Services Program Funding Breakdown by Sub-Domain ($M)

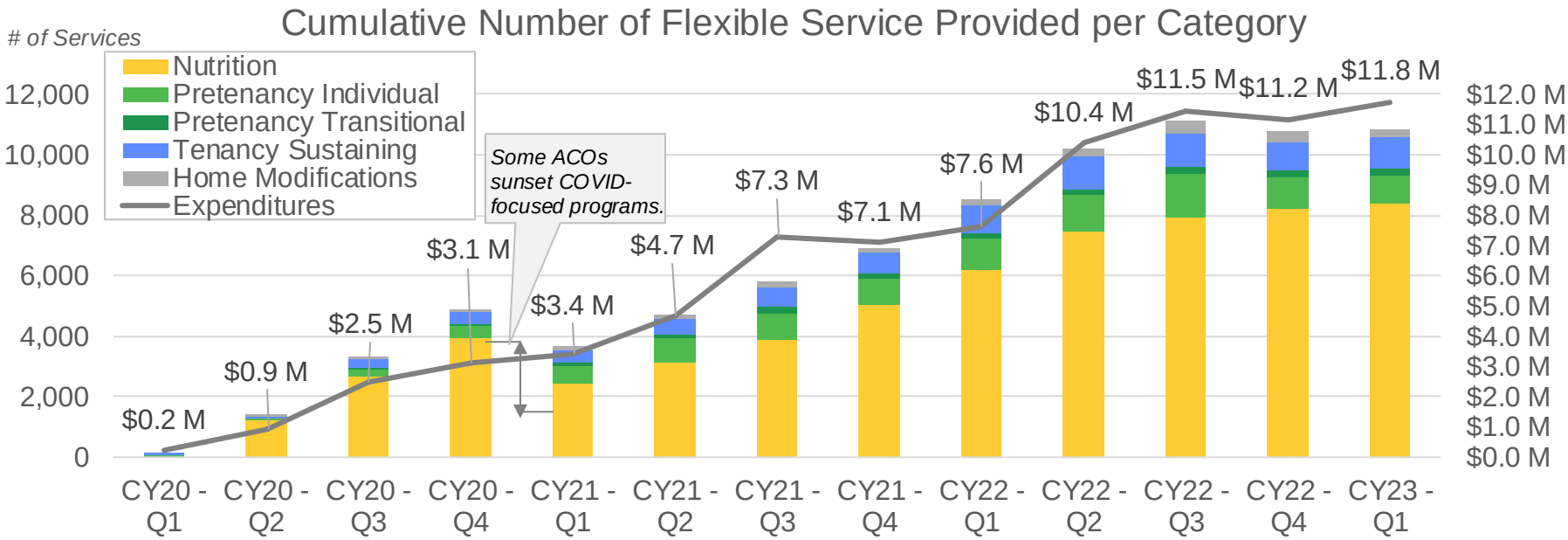


Total CY22 Allocated Funds with rollover: $74.2M
Total CY22 Allocated Funds without rollover: $37M
Total Budgeted in CY22: $66.5M
% Budgeted of Total Allocation with rollover: 90%

From 2020 to 2022, there was continuous growth in Flexible Services uptake each quarter

- **Flexible Services expenditures increased significantly** from 2020 to 2022* ($6.8M to $41.9M), corresponding to a 167**% increase in unique members served** (6,133 to 16,380).
- Cumulatively from program launch in 2020 through Q1 2023, over **82,000 Flexible Services were provided to almost 30,000 unique members.****

Flexible Services	# of Members Served			$ Spent		
	Total CY20	Total CY21	Total CY22*	Total CY20	Total CY21	Total CY22*
# of Unique Members / $ Spent per year	6,133	10,466	16,380	$6.8M	$22.6M	$41.9 M
# of Unique Members / $ Spent Across All Quarters	29,251			$71.3 M		



- *The performance period for the 2022 report encompasses five quarters (1/1/2022 – 3/31/2023) rather than the standard four quarters reported in 2020 and 2021. For the purposes of year over year comparisons, numbers annualized when reporting CY22 and does not include Q1 2023.
- **MassHealth defines Flexible Services in terms of member-quarters or number of quarters members have received services. A unique member that received services across 4 quarters would count towards 4 services provided.

Flexible Services: Early Promising Results

In 2022, individual SSOs were already seeing early improvements in health and social outcomes. MassHealth continues to closely track results and evaluate if specific interventions/models are more impactful than others.

***SSO Highlight*: Project Bread** *observed positive initial impacts on food security and fruit and vegetable consumption based on their members served from October 1, 2021 – September 30, 2022. Their services include nutrition education, food vouchers, coordination, and transportation.*

Snapshot of Services Provided

- ✓ Partnered with 3 ACOs to serve over **3,000 members**
- ✓ **42,731 Gift Cards** Sent
- ✓ **4,776 Kitchen Supply** Orders Placed
- ✓ **896 Cooking Class / Counseling Session Attendees**

- **Social Improvements**
  - **19% decrease in member reported food insecurity** and a **30% increase in SNAP participation** for members receiving nutrition services (N = 2,112) for 6 months

- **Health Improvements**
  - At the end of the six months of services:
    - **91%** of members reported an **improved ability to prepare healthy meals**
    - **94%** of members reported **improvement in their health**
    - **87%** of members reported an increase in their **confidence of their nutrition knowledge**

Note: different "N's" result from variations in survey completeness for initial and 6-month assessments.

Flexible Services: Early Promising Results (Continued)

ACO Highlight: Boston Medical Center Healthnet Plan Community Alliance (BACO) observed encouraging initial impacts on housing status based on their CY2022 members served.

Housing Placement and Maintenance:

- BACO's Housing Supports Program reported **76% of members successfully housed** in their programs (n=34).
- In further results from the above program, **95% of members maintained housing for one year** after placement (n=32).

Member Story: Positive Social Outcomes

A member facing various challenges regarding housing (e.g., in need of financial assistance and guided support for the housing search process) was referred by BACO to a housing program. This program successfully provided the member:

- Assistance with **housing stability** and **eviction defense** (e.g., supported the member in submitting a final motion for extension)
- Assistance with **housing search** and **placement** (e.g., supported search and secured placement in a new unit)
- **Continued guidance and connection to community resources** (e.g., assistance with getting members mental health services reinstated to provide long term, tenancy stabilization support)

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Community Partners: Summary of CP Progress through March 2023

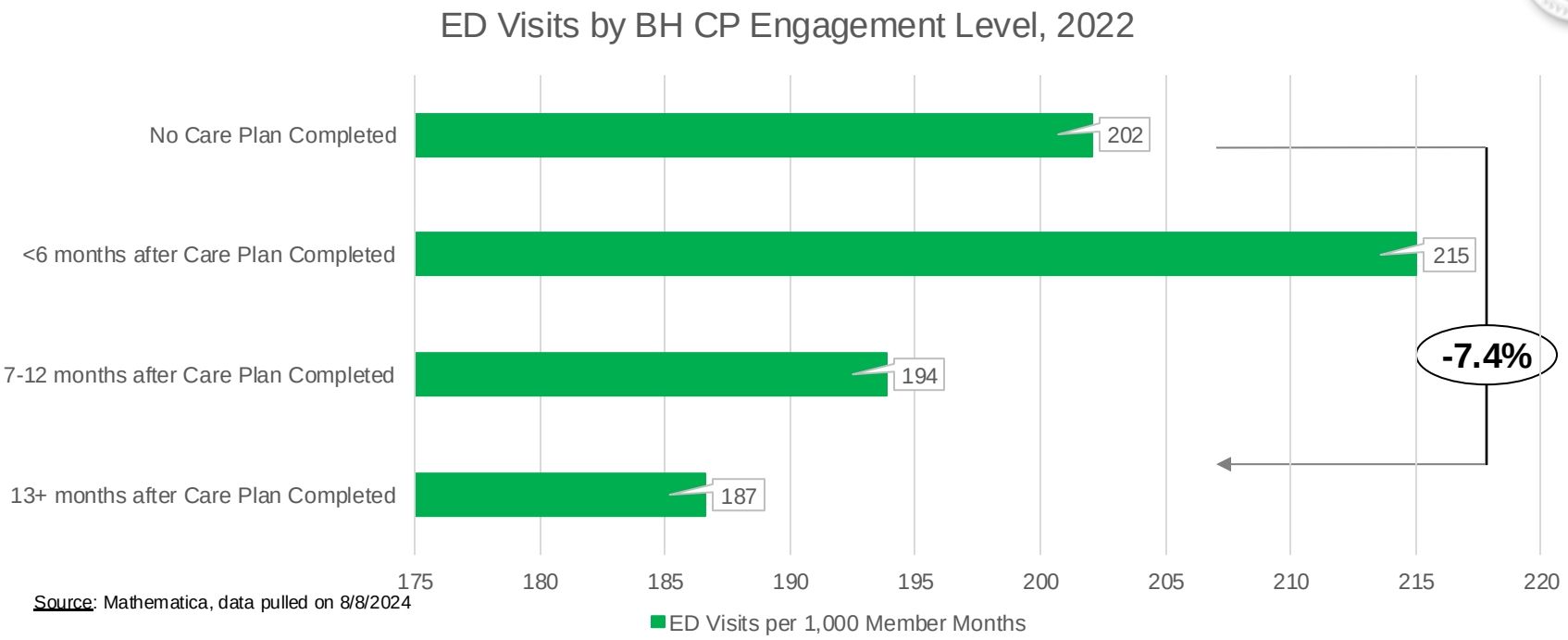
- CPs contract with ACOs to provide **wrap-around expertise and support for behavioral health (BH) services and long-term services and supports (LTSS)**

- The CP program, which ran from September 2018 to March 2023, continued to see positive trends in utilization and cost measures, including:
  - Data showed reductions in ED and BH inpatient utilization rates for members with longer enrollment in the CP program.
  - Risk-adjusted TCOC was 20% lower for BH CP members following graduation from the CP program vs. members in the 12 months preceding enrollment
  - However, these observed reductions may be confounded by overall utilization declines driven by the pandemic and changes in the CP population over time.

- Despite lingering COVID-related challenges, CPs continued to make **gains in member outreach and engagement**. During 2022, CPs:
  - Served ~44,000 unique members
  - Increased the annual engagement rate** of actively enrolled members from 53% to 58%
  - Reduced the statewide average days to a complete care plan (a key indicator of successful coordination with PCPs) from 176 to 152 days (14% reduction)

*Comparing ED utilization and BH inpatient admissions of members enrolled in BH CP in Q3 of 2018 to members enrolled in BH CP in Q1 of 2023.
**Engagement rate represents the % of members enrolled at least 1 day in that month who had a Care Plan completed within the past 12 months

Overall Members with Longer CP Enrollment had Lower ED Utilization

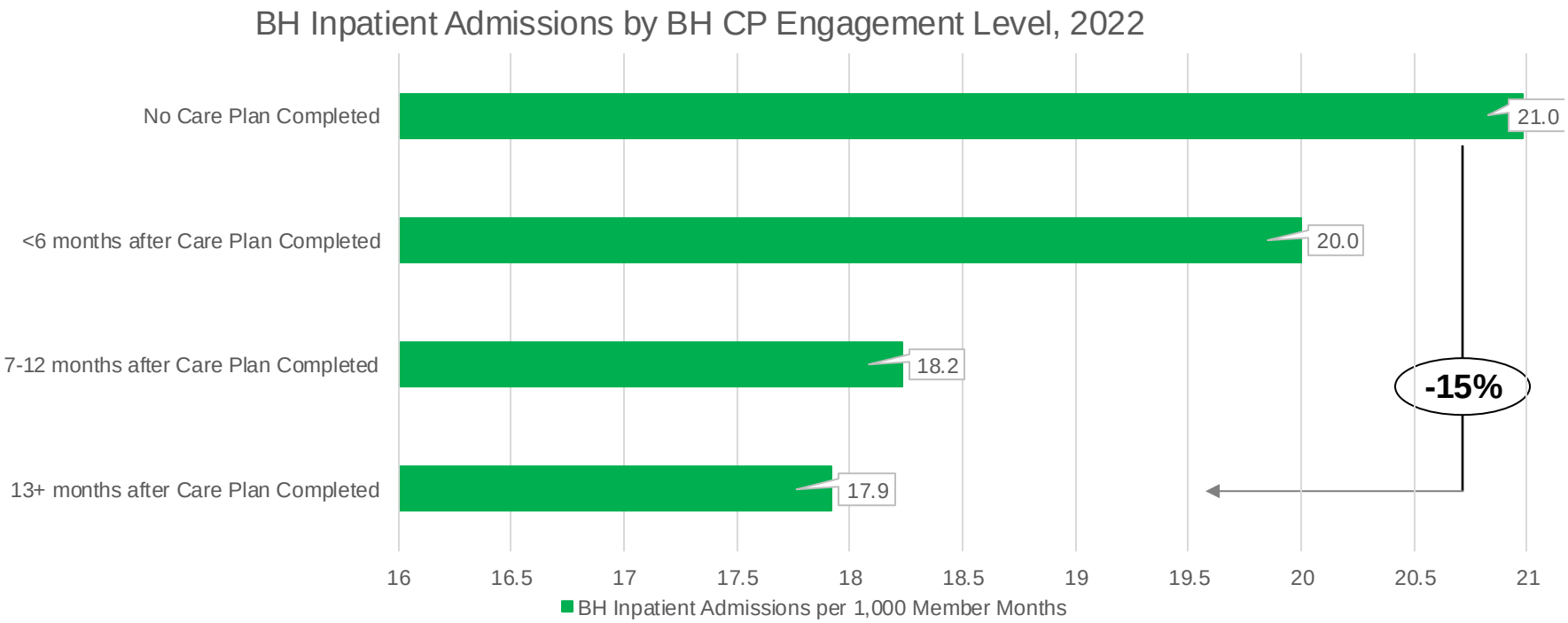


Source: Mathematica, data pulled on 8/8/2024

- In 2022, BH CP enrollees 13 months or more after their initial Care Plan* was completed had **7.4% lower ED visits** than enrollees before their completed Care Plan
- Overall, members with shorter CP enrollment (e.g., ≤ 6 months) had higher ED utilization, while **members with longer CP enrollment had lower ED utilization**.

*Note: "No Completed Care Plan" means the member is enrolled in CP but their care plan has not yet been completed. The Care Plan is considered completed when its development is finalized. Care plans are reviewed and completed annually for every member or updated when significant changes occur in the member's presentation/needs.

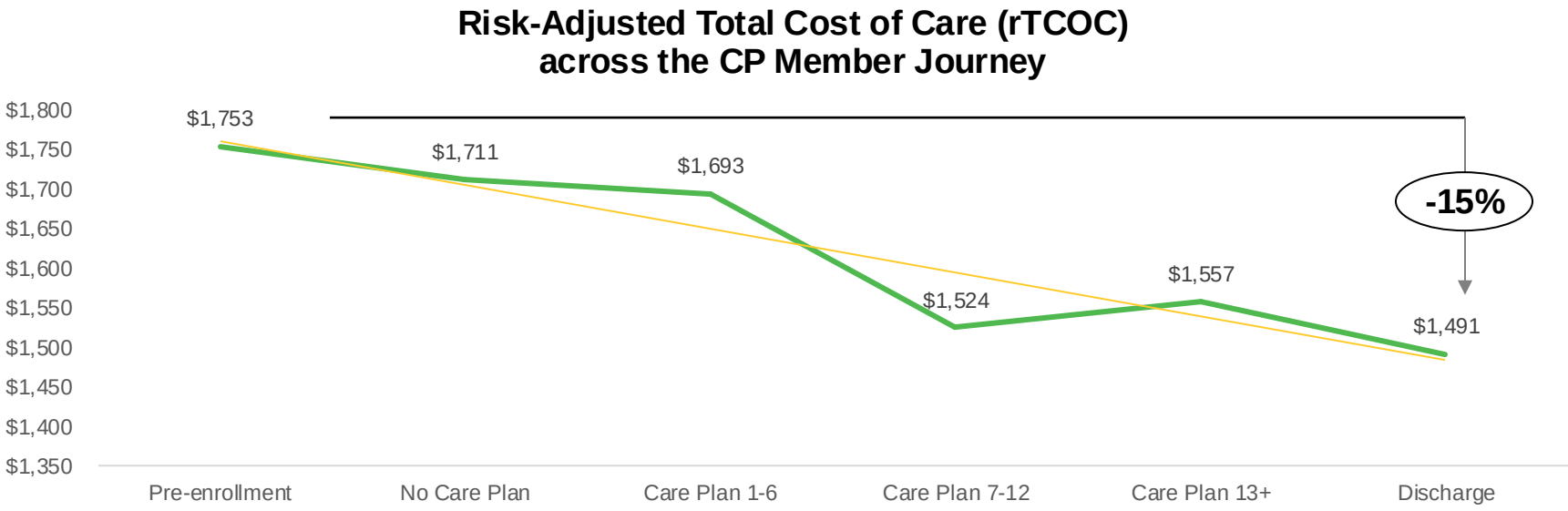
Members with Longer CP Enrollment had Lower BH Inpatient Admissions



Source: Mathematica, data pulled on 8/8/2024

- Overall, **members with longer CP enrollment had lower BH Inpatient Admissions.**
- Members 13 months or more after Care Plan completed had ~**15% lower BH inpatient admissions** than members before their completed Care Plan
- However, this is also confounded by large declines in BH inpatient admissions across the ACO population (see p. 12).

Risk-Adjusted Total Cost of Care (rTCOC) Declined the Longer CP Members were Engaged* in the CP Program

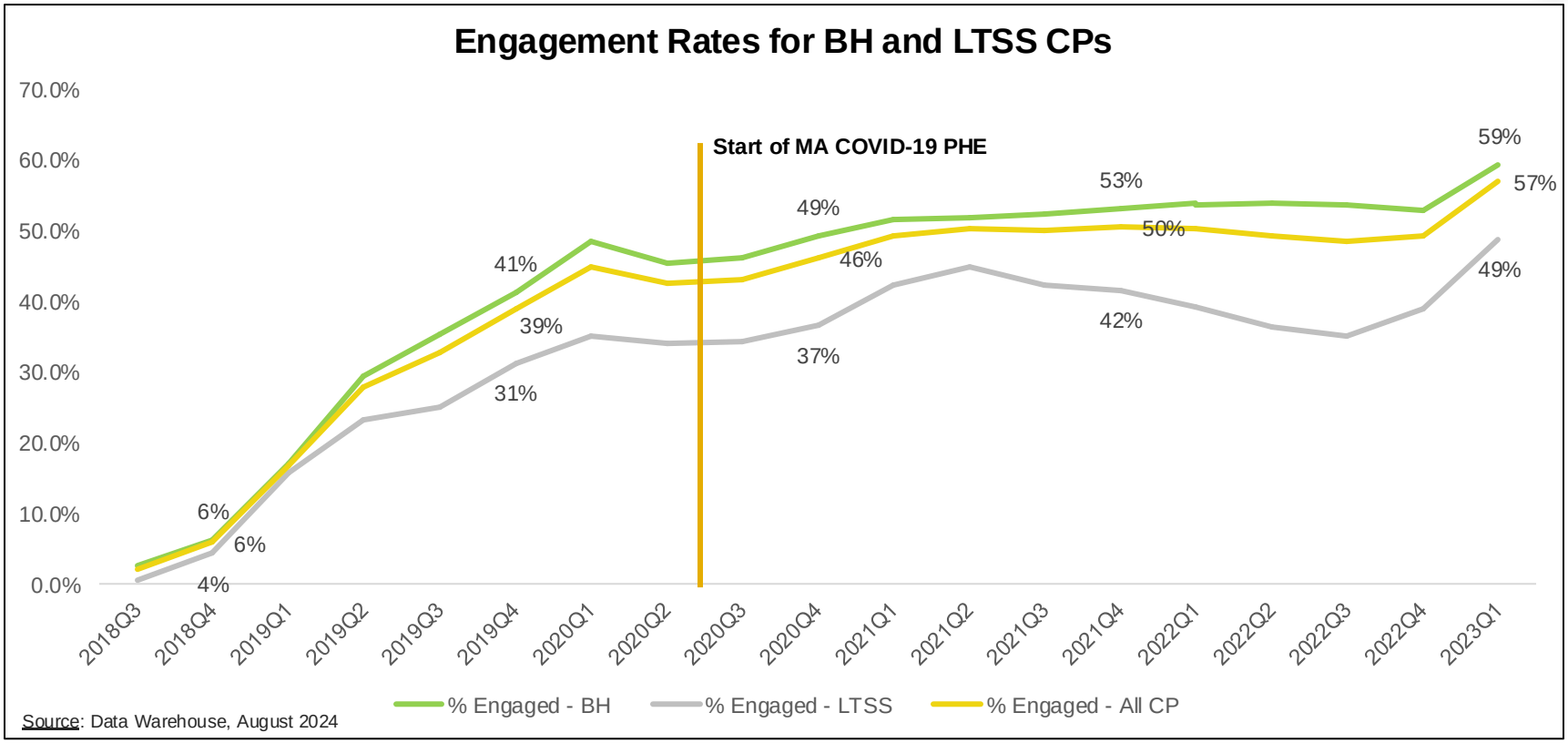


Source: Mathematica, data run in September 2023

- rTCOC is the average amount paid on claims by Medicaid and ACOs/MCOs per CP member per month, risk adjusted within the CP population and excluding members who are dually-eligible for Medicaid and Medicare.
- This graph represents all CP members enrolled in the program between July 1, 2018 to March 31, 2023 and shows the change in rTCOC throughout their time enrolled in the program.
- Overall, **rTCOC decreases throughout the time that CP members are engaged with a CP**
  - On average, CP members have a **15% lower rTCOC** upon discharge compared to CP members in the 12 months prior to enrollment ($1,491 vs. $1,753).

*Members are considered engaged in the CP program when their care plan is completed.

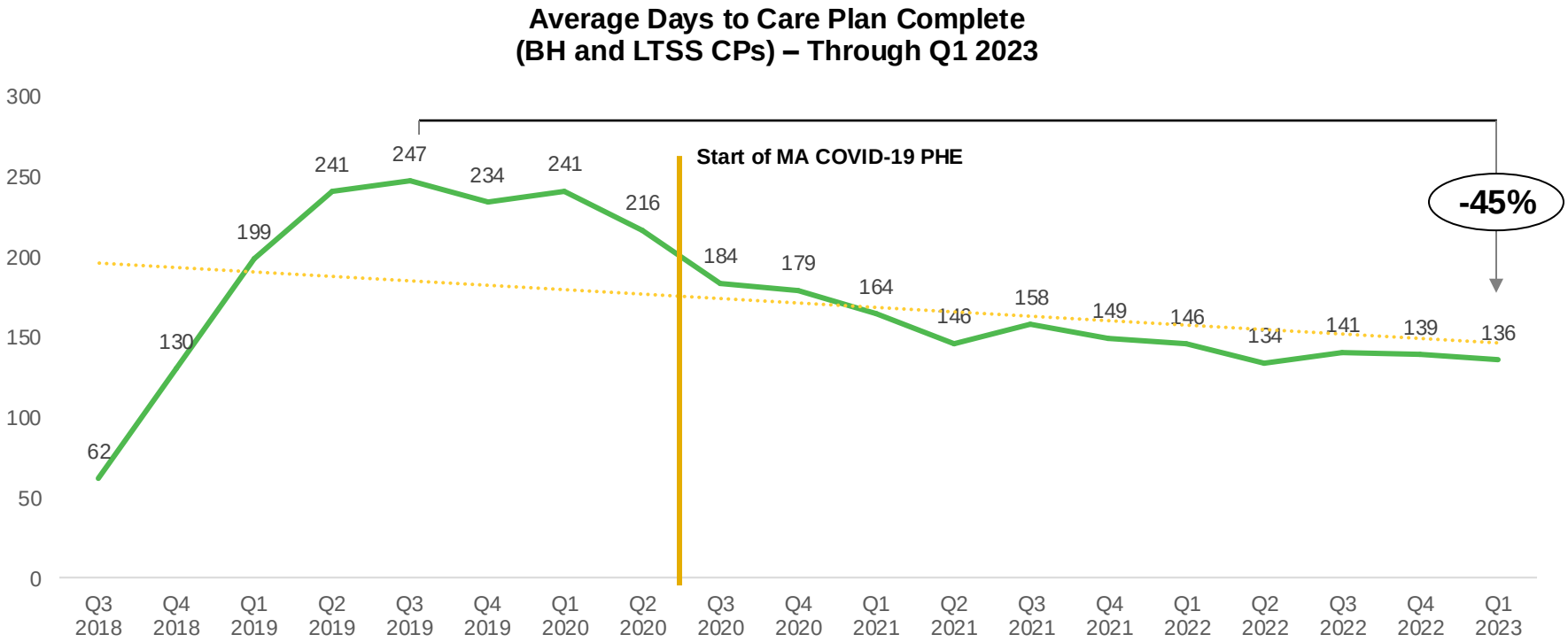
CP Member Engagement Continued to Improve During 2022



- As of March 2023, **66% of members enrolled in CPs were engaged***
- This is an **increase from 57%** in March 2022, 56% in March 2021, 51% in March 2020, and 19% in March 2019.

*Engagement rate represents the % of members enrolled at least 1 day in that month in a CP, who had a Care Plan completed within the past 12 months. Members who have been disenrolled from the program in a given month are not included in the denominator for that month.

CPs Reduced Days to Care Plan Complete in 2022, Building on Improvements in Outreach and Engagement from 2018-2020



Source: Mathematica, data pulled on 8/8/2024

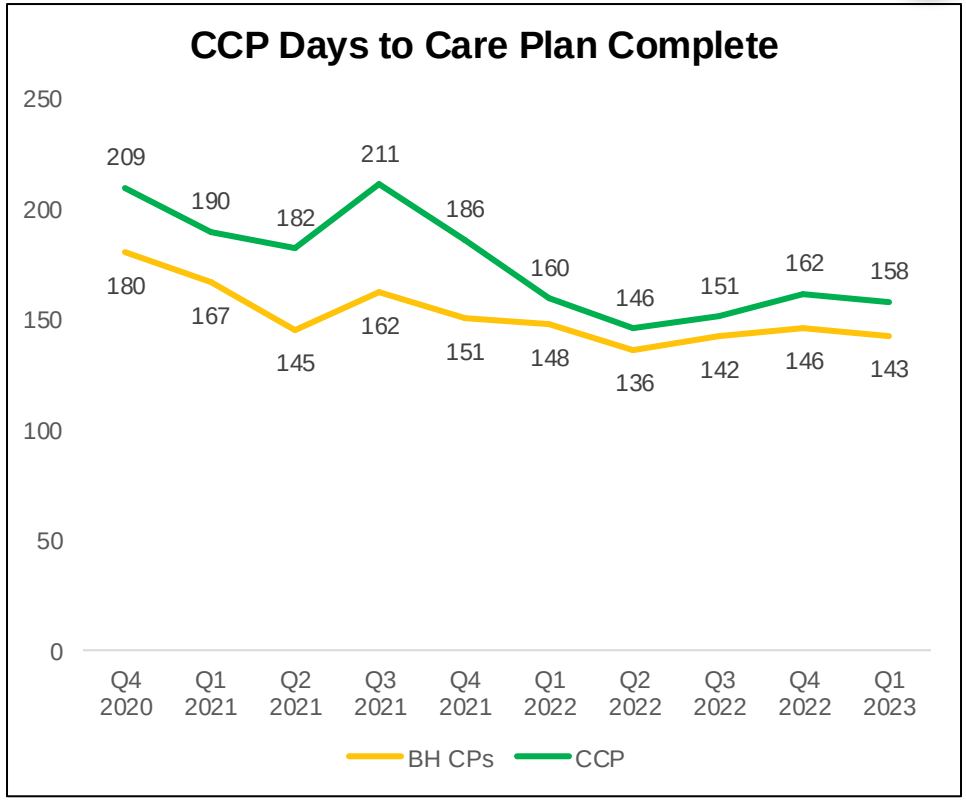
- CP members are considered engaged in the CP Program once their Care Plan is completed and approved by their PCP. The Days to Care Plan Complete measure provides insight into how quickly and efficiently CPs are conducting outreach and engaging members and coordinating with other members of the care team
- During 2022, **CPs continued to bring down the average number of days to Care Plan Complete**, from 146 days in Q1 2022 to 139 days in Q4 2022.
- Days to Care Plan Complete has **decreased 45%** from its peak in Q3 2019 (247 days) to Q1 2023 (136 days)

Examples of CP Success: Community Care Partners Improves Member Engagement Timelines

In 2022, MassHealth engaged with Community Care Partners (CCP) BH CP around performance data related to care plan complete timelines, particularly within their Affiliated Partners, Bay Cove and Vinfen. As a result of these engagements and reviewing MassHealth-provided performance data, CCP CP developed a strategy to focus on decreasing time from enrollment to Assessment and Care Plan Complete milestones.

Strategies implemented:

- Ensuring BH CP staff at both Bay Cove and Vinfen were retrained on how to escalate an outstanding Care Plan;
- Continuing to escalate centrally any care plan outstanding for more than 30 days;
- Updating Assessment and Care Planning trainings in New Employee Training and Refresher trainings;
- Developing Comprehensive Assessment and Care Planning guidance tools and ensure care team usability to promote decrease in time to complete documents; and
- Ensuring BH CP Staff at both Bay Cove and Vinfen are retrained on Comp Assessments and Care Planning to promote further efficiencies



Source: Mathematica, data pulled on 8/8/2024

These strategies resulted in **a 25% reduction and sustained improvement in the days to Care Plan Complete** for their BH CP members from Q4 2020 through Q1 2023.

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Overview of DSRIP Program

- The **Delivery System Reform Incentive Payment (DSRIP)** program was a **$1.8 billion**, five-year investment program authorized through MassHealth's 1115 demonstration to support MassHealth's restructuring efforts; 2022 was the last year of the DSRIP Program.

- ACOs and CPs used DSRIP funds to **design and test innovative programs**, with the expectation that they measure those programs' outcomes, **and to stand up infrastructure required for population health management**

- In 2022* **ACOs and CPs spent $209.1M** in DSRIP funding:
  - **$121.4M** by ACOs (Startup/Ongoing: $69M; and Flexible Services: $52.4M)**
  - **$87.7M** by CPs (Infrastructure and Care Coordination)

- The most common type of DSRIP-funded ACO program in CY2022 was **care coordination and care management programs** (113 programs costing $26M; e.g., embedding community health workers in EDs to help members navigate the health care system and share resources upon ED departure)***

- From July 1, 2018 to March 31, 2023, ACOs and CPs cumulatively spent **$1.2B** in DSRIP funding:
  - **$794.8M** by ACOs (Startup/Ongoing and Flexible Services)
  - **$377.1M** by CPs (Infrastructure and Care Coordination)

- Additionally, **$13.4M of DSRIP funding was used for Statewide Investments in 2022** to support workforce development (training, hiring, retention), technical assistance for ACOs and CPs, and related initiatives.

See Appendix for detailed DSRIP funding charts by ACO, CP, and Statewide Investments programs

*The 2022 performance period encompasses five quarters (1/1/2022 – 3/31/2023) rather than the standard four quarters

**Certain ACOs also received an additional $104.5M for safety net hospital (Delivery System Transformation Initiative) glide-path funding from the beginning of DSRIP through 12/31/2022.

***See p. 35-36 for additional details on how ACOs and CPs utilized their DSRIP funding

2022 DSRIP Investments: by the Numbers

444

# of different ACO investments/programs supported by DSRIP

- Initiatives implemented by ACOs to improve quality of member care and lower total cost of care

$47M

$ spent on personnel/staff by ACOs

- Significant investment in workforce (e.g., care coordinators, community health workers, IT staff) to support ACO efforts

$14.4M

$ spent on infrastructure by CPs

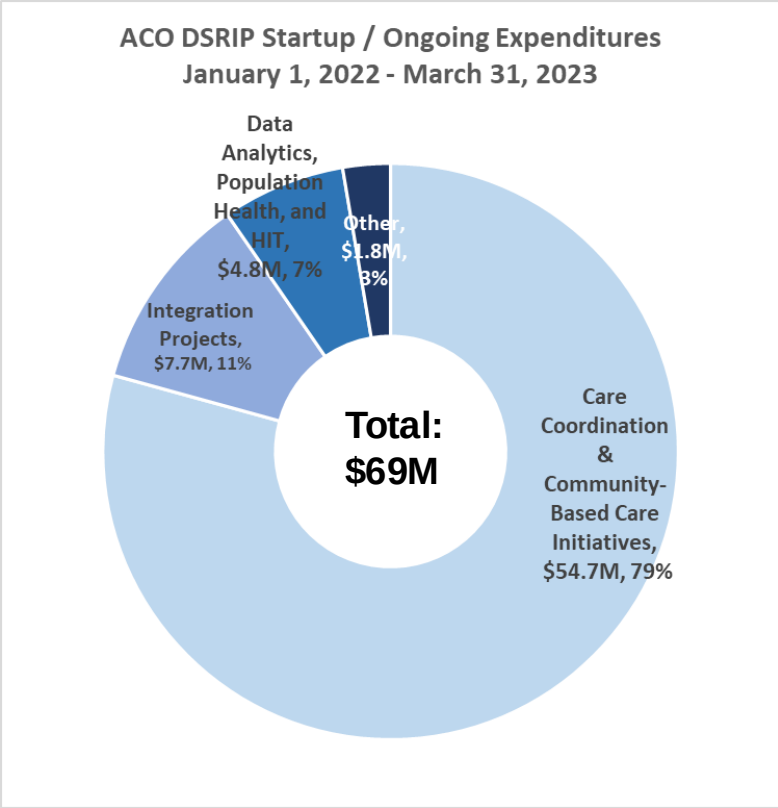
- Build out infrastructure to implement CP program, such as establishing workflows, integrating electronic systems, purchasing tablets to facilitate in-person connections, etc.

$73.2M

$ paid to CPs for care coordination supports

- Payments for outreach, assessing needs, care planning, care coordination, etc.

ACO DSRIP Startup / Ongoing Investments: Overview by Category

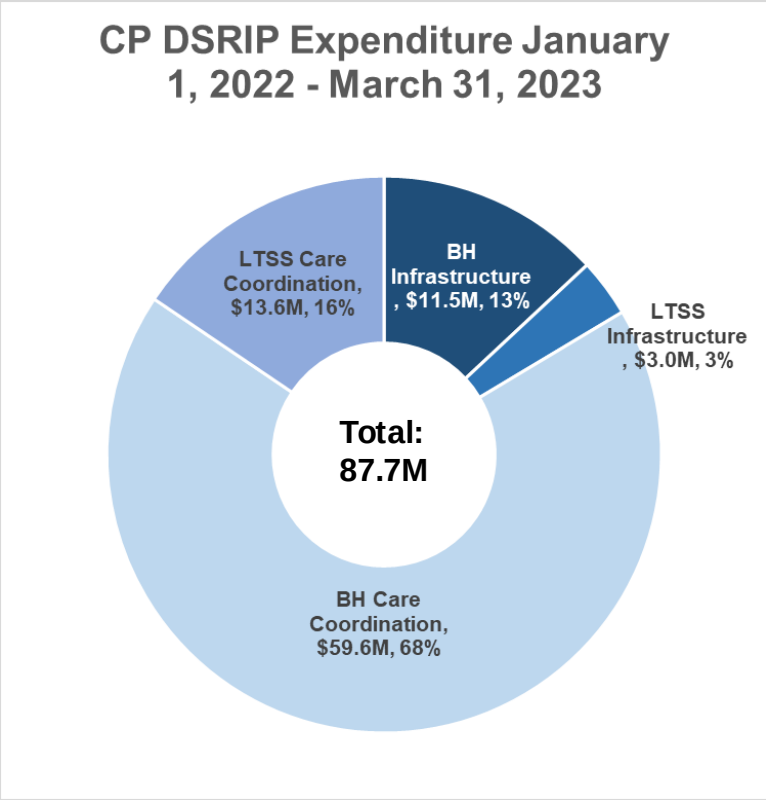


2022 Startup/Ongoing expenditure data ($69M) reflects a decrease from the 2021 report ($87.5M), which corresponds with an overall decrease in DSRIP funding provided to ACOs. ACO DSRIP allocation percentages by category remained relatively constant between 2021 and 2022.

- **Care Coordination & Community-Based Care Initiatives:** Strengthen care coordination/ management and community-based programming
- **Integration Projects:** Increase organizational capacity, as well as integration amongst physical health, BH, LTSS, and health-related social services
- **Data Analytics, Population Health, and Health Information Technology:** Improve data collection, analytic platforms, algorithm development, EHR and care management software improvements, and interoperability
- **Other:** Support workforce development, culturally and linguistically appropriate services, and other investments

*Expenditures do not include ACO Delivery System Transformation Initiative (DSTI) or ACO Flexible Services Expenditures; See appendix for DSRIP funding per ACO.

CP DSRIP Investments: Overview by Category



2022 expenditure data ($87.7M) reflects a decrease from 2021 expenditures ($95.3M), driven by a decrease in Care Coordination payments and an overall decrease in the CP Infrastructure allocations as the program began to wind down.

- **Infrastructure:** Investments in technology, workforce development (e.g., recruitment and training expenses), business start up costs, and operational infrastructure (e.g., data analytics staff)
- **Care coordination**: Payment for outreach, assessing needs, care planning, care coordination, etc.

See appendix for DSRIP expenditures by CP

DSRIP Health-Related Social Needs Spending

One of MassHealth's key priorities for its ACO program is to better address the **health-related socials needs** (HRSNs) of its ACO-enrolled members. ACOs have two funding sources available to address HRSNs:

General DSRIP Funds

- ACOs may use general DSRIP funds on investments such as infrastructure, technology, and workforce in support of ACO goals, and some ACOs have leveraged this funding to address HRSNs.
- CPs may also use DSRIP funds to address certain HRSNs.
- Funds Spent On HRSNs*† – 2017: $7.4M, 2018: $34.3M, 2019: $44M, 2020: $32.9M, 2021: $20.5M**, 2022: $13M***

Flexible Services

- "Flexible Services" funding can be used to pay for certain nutrition and housing supports, including pre-tenancy supports (e.g., transitional assistance), tenancy sustaining supports, home modifications, and nutrition supports, for certain ACO members.
- The Flexible Services Program launched in January 2020.
- Details on Flexible Services spending and utilization can be found on p. 18-23.

* ACOs and CPs made investments in housing stabilization and supports, nonmedical transportation, nutrition, investments that addressed multiple HRSNs, and IT investments that were related to HRSNs. ACOs and CPs did not explicitly report making investments in utility assistance, physical activity, or sexual assault and domestic violence supports.
† It is likely that ACOs/CPs allocated more than this funding to HRSNs. For instance, many ACOs allocated funds to various care management programs, which likely provide some level of support for a member's health-related social needs. However, if the HRSN linkage was not explicitly stated in the ACO or CP budgets, the funding allocation tied to those programs was not included in the total amounts referenced above.
**Flexible Services was launched in 2020; a sizeable portion of HRSN funding shifted over to that program and continued to shift in CY22.
***The decrease from CY21 to CY22 aligns with the overall decrease in DSRIP spending from CY21 to CY22. This amount is inclusive of spending in Q1 2023.

Statewide Investments: by the Numbers – Workforce

Cumulative through CY22*

307
 # student loans repaid for community-based clinicians

$11.1M
$ in student loan repayment

90%
% of BH and primary care providers who received student loan repayment awards from 2018-2022 that are honoring their multi-year service commitment

- Empowers and incentivizes clinicians to work at and remain in safety net provider organizations

1027
 # community health workers and peer specialists trained

- Key members of the extended care team, who help engage members in their care

34
 # community health center-based Family Medicine and Family Nurse Practitioner residency training slots supported

- Clinicians trained in community-based residency programs more likely to remain in community upon training completion

See appendix for DSRIP funding per Statewide Investments program
*Most programs ended in 2021 and wrapped up in 2022

Statewide Investments: by the Numbers – Technical Assistance

Cumulative through CY22

366

 # technical assistance (TA) projects funded at ACOs/CPs

$28.0M

$ of technical assistance support

- ACOs and CPs were given funds to purchase TA support from a curated catalog of 47 TA vendors with expertise in 9 different domains (e.g., population health management, care coordination/integration, performance improvement)

2,233

 # average monthly active users of DSRIP TA website*

- High interest from ACOs and CPs occurred in 2021

DSRIP funding per Statewide Investments program included in appendix

* MA DSRIP TA Marketplace: https://www.ma-dsrip-ta.com/

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Overview of 2022 ACO and CP Quality Data and Performance

- The varying impact of the pandemic across ACO and CP quality measures, as well as the addition of various COVID-based scoring modifications 2020-2022, **makes the comparison of year over year overall quality performance difficult.**

- However, at a high-level, **clinical quality performance improved for ACOs** (73.90% vs. 85.25%) and **declined for CPs** (69.84% vs. 64.40%) **when comparing 2021 to 2022 performance.**
  - In 2022, of the measures that showed substantial declines in performance from 2019 to 2020, all six ACO measures and all four CP measures demonstrated partial to full recovery from their respective previous declines.
  - Despite these improvements, **some measures did not reach their pre-pandemic performance levels or demonstrate improvement over 2021 performance.**

- **Member experience results were similar to 2020-2021**, and demonstrated strong levels of satisfaction with providers, and ongoing opportunities for increased care coordination
- **Note:** Quality results were not generated for the January – March 2023 time period as individual measures and/or benchmarks are designed and tested based on a 12-month measurement period

*Note: Despite the ongoing PHE, MassHealth and CMS determined 2021 and 2022 data was usable for official quality scoring. This is in contrast to 2020 when data was deemed unusable due to the pandemic. In response to concerns over the pandemic's impact on individual quality measures, MassHealth and CMS agreed to certain benchmark reductions for ACO/CP measures demonstrating 2019-2020 performance declines. See the appendix for more details on benchmark reductions and for the ACO and CP measure slates.

Clinical Quality: Overview of ACO and CP Performance 2019-2022

- **ACO/CP clinical quality performance improved for ACOs (73.90% vs. 85.25%) and CPs (69.84% vs. 64.40%)** when comparing 2021 performance data to 2022 performance data
- **Improvements above reflect both measure level increases as well as benchmarks reductions implemented in 2021-2022**. However, the expansion of measures in pay-for-performance status and differences in scoring methodologies (as a result of COVID-19) place limitations on year-over-year comparisons

ACO	2019 Official Quality Score (based on actual 2019 data)	2020 Official Quality Score (based on 2019 data + COVID allowances) *	2020 Actual Quality Score (based on actual 2020 data)	2021 Actual Quality Score (based on actual 2021 data)	2022 Actual Quality Score (based on actual 2022 data)
Measures where median ACO passed Attainment Threshold	14/16 (87.5%)	14/16 (87.5%) – *note: mirrors 2019 by definition*	10/16 (62.5%)	16/18 (88.9%)	17/19 (89.5%)
Median ACO quality score	75.71%	97.14%	61.24% (proxy score)	73.90%	85.25%
CP					
Measures where median CP passed Attainment Threshold	15/15 (100.0%)	15/15 (100.0%) - note: mirrors 2019 by definition	11/15 (73.3%)	20/20 (100.0%)	19/20 (95.0%)
Median CP quality score	34.96%	55.53%	36.92% (proxy score)	69.84%	64.40%

*Official Quality Scores from 2020 utilized data from 2019 plus scoring modifications to help mitigate the impact of the PHE on quality accountability. See appendix for ACO and CP measures.

ACO Clinical Quality: ACO-level Comparison 2019-2022

In 2022, 13/17 ACOs improved their quality performance compared to 2021, and most showed sustained improvements compared to 2019

ACO	2019 Official Quality Score (based on actual 2019 data)	2020 Official Quality Score (based on 2019 data + COVID allowances)**	2020 Actual Quality Score (based on actual 2020 data)*	2021 Actual Quality Score (based on actual 2021 data)	2022 Actual Quality Score (based on actual 2022 data)
Berkshire Fallon Health Collaborative	67.19	89.34	39.18	74.39	66.23
Fallon 365 Care	66.52	100	78.76	96.62	92.17
Wellforce Care Plan	76.90	90.4	53.05	57.95	84.89
BeHealthy Partnership	85.78	98.96	68.04	67.64	83.41
My Care Family	90.23	97.97	55.22	69.21	86.07
Tufts Health Together with Atrius Health	75.71	94.68	68.76	76.59	91.91
Tufts Health Together with BIDCO	66.83	88.94	34.33	60.51	74.39
Tufts Health Together with CHA	99.18	100	65.74	73.90	85.24
Tufts Health Together with Boston Children's ACO	72.19	89.17	71.58	81.00	95.51
BMC HealthNet Plan Community Alliance	96.01	93.99	61.02	74.90	85.58
BMC HealthNet Plan Mercy Alliance	66.93	94.53	66.14	72.04	82.68
BMC HealthNet Plan Signature Alliance	100.00	98.96	61.63	81.93	92.94
BMC HealthNet Plan Southcoast Alliance	74.55	93.53	70.28	87.33	87.13
Community Care Cooperative	80.28	95.85	61.24	88.81	87.96
Partners HealthCare Choice	74.53	93.52	54.93	63.52	70.03
Steward Health Choice	64.24	90.15	50.19	68.23	76.17
Lahey	80.82	80.77	45.31	52.86	85.25

*2021 Official Quality Scores compared to 2020 Actual Quality Scores and 2019 Official Quality Scores.
**2020 Official Quality Scores included adjustments determined with CMS in light of PHE-related challenges and were used for ACO quality-based payments. 2020 Actual Quality Score is provided for comparison purposes only and was not tied to payments.

ACO Clinical Quality: 2022 Measures with Substantial Performance Drop

- In 2020, six ACO quality measures demonstrated substantial drops in performance from 2019 to 2020 (likely due to COVID) and were deemed priority measures for monitoring through 2022

- The table below demonstrates the percentage of initial performance drops in 2020 and the recovery % by the end of 2022. **In 2022, five measures demonstrated partial recovery from their initial 2019-2020 declines, and one measure demonstrated full recovery.** However, three of those measures (#s 1, 2, 4) had partially recovered in 2021 and remained stable in 2022.

Measure	Performance Monitoring				
	2019-2020 Perf. Drop	2019-2021 Perf. Drop	2019-2022 Perf. Drop	Recovery	Recovery %
1. Metabolic monitoring for children using antipsychotics	-7.9	-5.6	-5.5	+2.4	30%
2. Diabetes care: a1c poor control	-11.0	-3.9	-3.6	+7.4	67%
3. Controlling high blood pressure	-12.6	-6.1	-5.3	+7.3	58%
4. Oral health evaluation	-16.7	-7.4	-7.1	+9.6	57%
5. Screening for depression and follow-up plan	-9.0	-3.7	-0.8	+8.2	91%
6. ED Visits for individuals with mental illness and/or addiction (observed/expected ratio)	-0.4	-0.5	0.1	0.5	100%

CP Clinical Quality: BH CP-level Comparison, 2019-2022

In 2022, clinical quality performance declined among most BH CPs relative to 2021, but sustained improvements overall compared to 2020 and 2019.*

	2019 Official Quality Score (based on actual 2019 data)	2020 Official Quality Score (based on 2019 data + COVID allowances)**	2020 Actual Quality Score (based on actual 2020 data)	2021 Official Quality Score (based on actual 2021 data)	2022 Official Quality Score (based on actual 2022 data)
Boston Coordinated Care Hub	62.88	71.35	43.68	32.92	39.42
South Shore Community Partnership	30.03	48.59	40.37	83.80	71.61
Brien Center Community Partner Program	16.70	52.14	27.82	56.53	41.03
Eliot Community Human Services	60.78	73.52	44.04	88.09	60.11
Behavioral Health Network, Inc.	64.45	74.79	27.20	61.05	64.82
Clinical and Support Options, Inc.	34.20	62.63	27.64	70.64	44.34
Lahey Health Behavioral Services	16.78	32.19	14.90	45.76	84.37
Community Healthlink, Inc.	25.70	48.84	26.38	43.92	43.83
Lowell Community Health Center, Inc,	23.25	49.01	58.16	92.06	64.40
Sstar Care Community Health Center, Inc.	41.45	53.68	64.57	56.18	55.93
Community Counseling of Bristol County, Inc.	75.05	79.33	57.62	81.68	88.73
Riverside Community Care	21.85	51.51	21.67	93.88	73.23
Coordinated Care Network	67.95	67.95	36.92	89.08	70.61
Central Community Health Partnership	23.40	50.70	19.16	94.14	43.79
Innovative Care Partners, LLC	26.33	49.57	83.16	100.00	65.73
Community Care Partners, LLC	45.38	54.41	35.22	63.88	56.27
Behavioral Health Partners of MetroWest, LLC	32.55	47.29	43.89	100.00	63.93
Southeast Community Partnership, LLC	44.73	55.37	31.01	45.20	60.40

*2022 Official Quality Scores compared to 2020 Actual Quality Scores and 2019 Official Quality Scores.
**2020 Official Quality Scores included adjustments determined with CMS in light of PHE-related challenges and were used for CP quality-based payments. 2020 Actual Quality Score is provided for comparison purposes only and was not tied to any CP quality-based payments.

CP Clinical Quality: LTSS CP-level Comparison, 2019-2022

In 2022, clinical quality performance declined among most LTSS CPs relative to 2021, but sustained improvements overall compared to 2020 and 2019.*

LTSS CP	2019 Official Quality Score (based on actual 2019 data)	2020 Official Quality Score (based on 2019 data + COVID allowances) **	2020 Actual Quality Score (based on actual 2020 data)	2021 Actual Quality Score (based on actual 2021 data)	2022 Actual Quality Score (based on actual 2022 data)
Care Alliance of Western Mass	27.48	55.32	29.59	60.94	69.43
Merrimack Valley Community Partner	90.44	90.44	49.48	62.10	80.28
North Region LTSS Partnership	43.52	48.98	48.79	100.00	98.00
Central Community Health Partnership	42.96	49.50	50.21	77.46	96.85
Family Service Association	69.12	75.36	22.92	63.52	76.42
Massachusetts Care Coordination Network	34.96	57.58	39.79	85.31	83.11
Boston Allied Partners	13.80	55.92	18.79	43.70	16.20
Innovative Care Partners, LLC	49.08	76.92	62.51	100.00	60.31
LTSS Care Partners, LLC	27.92	65.54	10.41	51.61	48.99

*2022 Official Quality Scores compared to 2020 Actual Quality Scores and 2019 Official Quality Scores.
**2020 Official Quality Scores included adjustments determined with CMS in light of PHE-related challenges and were used for CP quality-based payments. 2020 Actual Quality Score is provided for comparison purposes only and was not tied to any CP quality-based payments.

CP Clinical Quality: 2020 Measures with Substantial Performance Drop

- In 2020, four of the 13 measures demonstrated substantial drops in performance from 2019 to 2020 (likely due to COVID) and were deemed priority measures for monitoring through 2022

- The table below demonstrates the percentage of initial performance drops in 2020 and the recovery % by the end of 2022. **In 2022, two measures demonstrated partial recovery from their initial 2019-2020 declines, and two measure demonstrated full recovery.** However, three measures had partially recovered by 2021.

Measure	CP Type	Performance Monitoring				
		2019-2020 Perf. Drop	2019-2021 Perf. Drop	2019-2022 Perf. Drop	Recovery	Recovery %
Annual Treatment Plan	BH CP	-7.36	-0.92	-0.01	+7.35	100%
Diabetes Screening for Individuals w/Bipolar Disorder	BH CP	-5.37	-4.33	-4.71	+0.66	12.29%
Oral Health Evaluation	LTSS CP	-15.43	-1.37	0.00	+15.43	100%
Hospital Readmissions (observed/ expected ratio)	LTSS CP	-0.36	-0.39	-0.08	+0.28	77.77%

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Member Experience: Summary of 2019-2022 Results

- **ACOs are accountable for performance on two member experience measures**:*
  1) Overall care delivery; and 2) Integration/ coordination of care
  - These measures are based on results from a subset of questions **in the primary care survey**, based on a nationally validated tool

- As in 2021, members in 2022 expressed **strong levels of satisfaction** with their providers, and **the need for increased coordination managing BH and other specialists and services**

- As with 2019-2021 results, 2022 continues to **identify opportunities for progress**, especially in the **integration and coordination of BH care**, and in the **experience for the LTSS population**

Performance Measure	2019 Aggregate Statewide Score	2020 Aggregate Statewide Score	2021 Aggregate Statewide Score*	2022 Aggregate Statewide Score	Threshold	Goal
Overall Care Delivery	89.9	88.6	88.9	87.8	75.0	92.0
Integration/ Coordination of Care	83.2	81.8	80.8	81.1	71.25	86.25

ACO Patient Safety

- ACPPs and MCOs report two types of patient safety-related events on an annual basis:

Serious Reportable Events (SREs)	Events that occur in hospital or hospital-licensed ambulatory surgical center (ASC) facilities that result in an adverse patient outcome that has been identified as usually or reasonably preventable, and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the hospital or ASC
Provider Preventable Conditions (PPCs)	PPCs are a Health Care Acquired Condition or an Other Provider Preventable Condition as defined by CMS regulations and MassHealth policy.

- Both **SRE events and rate per 1,000 members decreased** in 2022 .
- Both **PPC events and rate per 1,000 members decreased** in 2022.
- Overall, the **occurrence of these events is relatively rare** and the numbers are small (e.g., <10 per ACO/MCO).

Event	Metric	Plan Type	Year 5 (2022)	Year 4 (2021)	Year 3 (2020)	Year 2 (2019)	Year 1 (Mar - Dec.2018)	Prior MCO*
SREs	Range per plan	ACPP	0 to 12	0 to 13	0 to 13	0 to 14	0 to 9	
		MCO	2 to 13	3 to 35	7 to 19	4 to 21	3 to 36	0 to 17
	Rate per 1000 members	Combined	0.06	0.08	0.11	0.12	0.09	
PPCs	Range per plan	ACPP	0 to 20	0 to 25	0 to 29	0 to 17	0 to 10	
		MCO	2 to 40	3 to 40	7 to 51	1 to 19	3 to 62	0 to 23
	Rate per 1000 members	Combined	0.08	0.10	0.21	0.09	0.13	

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Overview of 2022 Cost Data and ACO Financial Performance

Overall spend

- In 2022, the ACO program accounted for $6.9B* of MassHealth spending, with an average annual total cost of medical services per member of ~$5,800; when including Q1 2023, through the end of the ACO contract, an additional ~$1.8B was spent for a total five-quarter period expense of **$8.7B**.
- ACO medical spend per member increased on average by approximately 2% from 2021 to 2022:
  - Increase concentrated in child population; adult member per year spend was slightly higher
  - Decreases in inpatient were offset by increases in pharmacy, outpatient, and other routine care

Financial Performance

- Most ACOs experienced financial gains in 2022
- ACPP/PCACOs were in 1.5%** profits (following market adjustment)

Variation in spend

- Among 13 ACPPs, profit/loss performance varied by **up to ~14 percentage points** across ACPPs after applying adjustments
- Among 3 PCACOs, performance varied by **up to ~2 percentage points** across PCACOs after applying adjustments

Continuation of New Pricing Policies: Market Adjustment

- In 2021, MassHealth implemented new pricing policies to adjust for changes that impacted the market as a whole. Through these changes, MassHealth ensures that actual funding (i.e., the rate / benchmark) is adjusted to meet actual costs for the ACO/MCO program overall while continuing to incentivize individual ACOs to perform better than the market. The main changes included:
  - **Concurrent risk score** adjustments which adjust for member acuity throughout the year
  - **Market corridor** which applies a market-wide adjustment in instances of significant profits or losses across all plans

*January – December 2021 & 2022 medical expenditures; includes all medical covered services (incl. maternity supplemental and HCD), and excludes ABA, CBHI, and HCV. Excludes MCO-Administered ACOs. Total spend and PMPY figures are not directly comparable to estimates in previous annual reports

**The Market % profit/loss above will not tie out to the 2022 refresh market corridor report because the above data excludes MCO and PCC plans

Total Cost of Care: Comparison across 2021 & 2022

Both **total spend and average per member per year spending increased** compared to 2021, driven by the **child population.** Adult member per year spend decreased slightly from 2021 to 2022.

Overall trend*

2021	2022	
~$6.3B	~$6.9B	Total spent on covered services for ACO members
~$5,700	~$5,800	Average per member per year (PMPY) spending

Trend by population type**

	2021		2022		2022 vs 2021 % Change	
Average PMPY	With disabilities	Without disabilities	With disabilities	Without disabilities	With disabilities	Without disabilities
Adults	~$21,100	~$6,700	~$21,900	~$6,500	4%	-2%
Children	~$10,400	~$2,200	~$11,300	~$2,500	9%	12%

*January – December 2021 & 2022 medical expenditures; includes all medical covered services (incl. maternity supplemental and HCD), and excludes ABA, CBHI, and HCV. Excludes MCO-Administered ACOs.
**Non-disabled adults include RC IA, RC IX, RC X; disabled adults include RC IIA; non-disabled children include RC IC; disabled children include RC II C
Notes:
- Total spend and PMPY figures are not directly comparable to estimates in previous annual reports

Total Cost of Care: Category of Service Breakdown 2021 vs. 2022

Trend by category of service* (ACPP & PCACO combined)

Average PMPY	2021	2022	2021 vs. 2022 % change
Inpatient Hospital	1,033	980	-5%
Outpatient Hospital	1,078	1,133	5%
Inpatient BH	219	219	0%
Outpatient BH	632	630	0%
Professional services	925	953	3%
Pharmacy	1,579	1,657	5%
All other	259	263	1%
Total	5,725	5,835	2%

- Inpatient Hospital down -5% vs. 2021
- Most categories saw slight increases vs. 2021. Largest increases were in Outpatient Hospital, Pharmacy, and Professional services
- Inpatient BH and Outpatient BH were flat vs 2021
- Total spend is up 2% vs. 2021

*January – December 2021 & 2022 medical expenditures. Inpatient includes inpatient physical health maternity and non-maternity. Outpatient includes outpatient hospital, emergency room, and lab and radiology (facility). Pharmacy includes high-cost drugs and excludes HCV. All Other includes DME and supplies, emergency transportation, LTC, home health, and other medical services. Excludes MCO-Administered ACOs.

Financial Performance: Majority of ACOs saw financial gains in 2022

2022 projected performance against capitation rates/benchmark*
# of ACOs

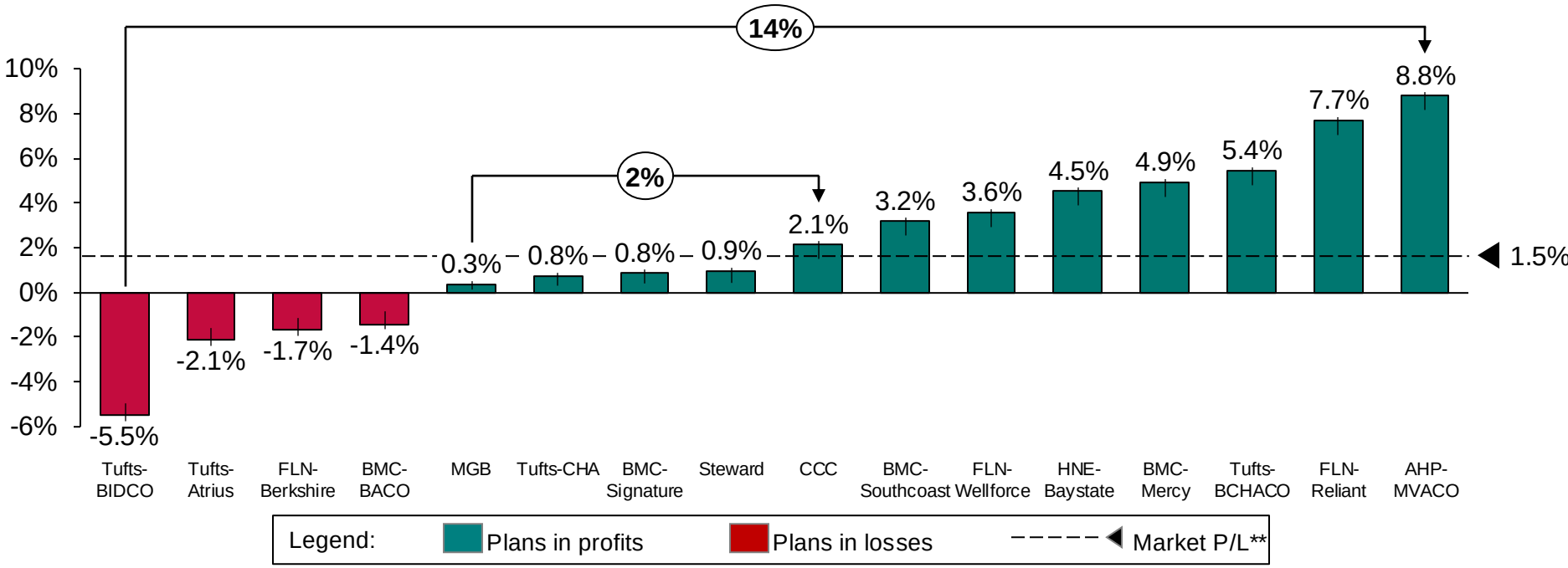
	ACPP	PCACO
>2% gains	**7**	**1**
+/- 2% of breakeven	**4**	**2**
>2% losses	**2**	**0**
	13	**3**

- Most ACOs experienced financial gains or were at breakeven in 2022
- For 2021 and beyond, MassHealth adjusted funding to meet actual costs for the ACO program overall.
  - This is done by adjusting for situations in which the market overall is in savings or losses due to some market-wide trend (e.g., pandemic utilization changes, shifts in acuity of the overall caseload).
  - Even in the context of these adjustments, individual ACOs remain incented to perform better than the market overall

*January – December 2022 core medical expenditures. ACPP and PCACO data sourced from the 2022 refresh market corridor report which reflects concurrent risk scores and the market corridor adjustment. Figures subject to final reconciliation (including final concurrent risk scores and market corridor adjustments), all percentages presented are prior to risk-sharing. Excludes MCO-Administered ACOs.

ACO Financial Performance Varied by Plan

By plan profit/(loss) compared to ACPP and PCACO market profit/loss*



- ACPP/PCACO market experienced 1.5%** gains after applying concurrent risk scores and the market corridor adjustment (see p. 55)
- Across the ACPP market, performance varied by **up to ~14 percentage points** across ACOs.
- Across the PCACO market, performance varied by **up to ~2 percentage points** across ACOs.

*January – December 2022 core medical expenditures. ACPP and PCACO data sourced from the 2022 refresh market corridor report which reflects concurrent risk scores and the market corridor adjustments. Figures subject to final reconciliation (including final concurrent risk scores and market corridor adjustments), all percentages presented are prior to risk-sharing. Excludes MCO-Administered ACOs.
**The Market % profit/loss above will not tie out to the 2022 refresh market corridor report because the above data excludes MCO and PCC plans

2023 Q1 Extension Overview

The 2023 Q1 period was treated as its own contract period prior to the launch of new ACO contracts in April 2023. During this period, the ACO program accounted for $1.78B of MassHealth spending, with an average total cost of medical services per member of ~$807.

Trend by Category of Service[**]

Average PMPM	2023 Q1
Inpatient Hospital	132
Outpatient Hospital	162
Inpatient BH	24
Outpatient BH	67
Professional services	148
Pharmacy	236
All other	38
Total	807

Trend by population type[**]

	2023 Q1 Extension	
Average PMPM	**With disabilities[2]**	**Without disabilities[2]**
Adults	~$2,786	~$955
Children	~$1,295	~$332

[*]January – March 2023 medical expenditures; includes all medical covered services (incl. maternity supplemental and HCD), and excludes ABA, CBHI, and HCV. Excludes MCO-Administered ACOs.
[**]Non-disabled adults include RC IA, RC IX, RC X; disabled adults include RC IIA; non-disabled children include RC IC; disabled children include RC II C

Table of Contents

Conclusion of 2017-2022 1115 Demonstration

Continued recovery from / response to the pandemic

- In the final year of the 2017-2022 1115 demonstration, ACOs, CPs, and MassHealth continued to address the effects of the pandemic on MassHealth members and the healthcare workforce
- Efforts to re-engage members in care, ramp up home- and community-based services, continue telehealth use as appropriate, promote BH access, and address workforce shortages continued to be crucial.

Planning for the end of DSRIP funding

- 2022 marked the last full year for DSRIP funding to support ACO population health strategies as well as funding for the CPs, Flexible Services, and Statewide Investments
- ACOs continued to iterate and refine their DSRIP spending and population health strategies as DSRIP funding declined in the last year, requiring ACOs to continue to prioritize programs that demonstrated success and sustainability
- MassHealth underwent a planning phase to review the successes and challenges of the 2017-2022 waiver, launched stakeholder meetings, and drafted the next 1115 demonstration proposal to continue to invest in and build off of the reforms accomplished under the 2017-2022 demonstration

Building on successes for the 2022-2027 1115 demonstration

- In drafting the 2022-2027 1115 demonstration proposal, MassHealth took the most successful program designs and best practices being tested under the 2017-2022 demonstration and incorporated them as core, funded expectations for ACOs, CPs, and primary care practices in 2023 and beyond.
- Critical investment areas include:
  - Enhanced care coordination by ACOs and CPs serving members with complex needs
  - Increased resources to support health equity and health-related social needs along with critical investments in strategic focus areas (e.g., maternal health, pediatrics)
  - High-value MassHealth-serving primary care practices
- Additional information about MassHealth's 2022 – 2027 1115 demonstration extension can be found at: https://www.mass.gov/info-details/1115-masshealth-demonstration-waiver

Appendix

- Additional context on the 2018 restructuring
- 2020 to 2021 utilization trends
- Quality and member experience: detail
- Lists of MassHealth CPs
- DSRIP funding detail by entity and funding stream

Context: What are MassHealth Accountable Care Organizations?

- ACOs are health care organizations that are rewarded for **better health outcomes, lower cost, and improved member experience**

- ACOs are responsible for achieving these results through **team-based care coordination** and integration of behavioral and physical health care; ACOs are also responsible for taking a whole person view of their members, including LTSS and HRSN

- MassHealth members enrolled in an ACO select, or are assigned, a **specific primary care provider** and have **access to networks of specialty providers** (e.g., hospitals, specialists, BH providers) that participate in their plan

- ACOs assume **upside and downside risk** and are financially accountable for specific quality measures

- ACOs represent a **diverse range of provider systems:**
  - Hospital-based and community primary care-based ACOs
  - Large, statewide and regional ACOs
  - Provider-led and provider-health plan partnership ACOs

Context: What are MassHealth Community Partners?

- Community Partners (CPs) contract with ACOs to provide **wrap-around expertise and support for behavioral health (BH) services and long-term services and supports (LTSS)**

- CPs serve **the most complex ACO members**, with serious mental illness, substance use disorders, co-occurring disorders, or disabilities that require LTSS

- CPs are paid to **engage** these members and collaborate with the health care system to **coordinate and improve** their care

- CPs are **community-based organizations** with expertise in supporting the populations they serve

Context: What is the Delivery System Reform Incentive Payment (DSRIP) Program?

- CMS authorized **$1.8B** in **one-time** DSRIP funding for **upfront investments in the delivery system.**

- Funding is divided among **3 main streams** over 5 years:

ACOs	CPs	Statewide Investments
$1B	**$550M**	**$115M**

- ACOs and CPs use funding to **launch innovative programs** and coordinate care for their members. Funding is **tied to performance on quality and the total cost of care**
  - $1B ACO allocation includes **$149M allocated for Flexible Services** investments, which provide goods and services to address **health-related social needs**. See p. 18-23 for more detail

- DSRIP funding is **time limited and ends in Q1 2023**

2022 Enrollment by Managed Care Enrollment Option

Plan Type	Health Plan	ACO Name	Unique Members Enrolled as of 12/31/22		2022 Disenrollments**		Difference Between % Enrolled and Disenrolled
			#	%	#	%	
Accountable Care Partnership Plans (ACPP)	BMC HealthNet Plan	Boston Accountable Care Organization	157,853	11%	5,682	8%	2.4%
		Mercy Medical Center	34,452	2%	1,601	2%	0.0%
		Signature Healthcare	25,158	2%	1,224	2%	-0.1%
		Southcoast Health	21,728	1%	790	1%	0.3%
	Fallon Health	Health Collaborative of the Berkshires	21,633	1%	313	0%	1.0%
		Reliant Medical Group	41,533	3%	696	1%	1.8%
		Wellforce	62,515	4%	3,097	5%	-0.3%
	Health New England	Baystate Health Care Alliance	50,234	3%	1,506	2%	1.2%
	Allways Health Plan	Merrimack Valley ACO	45,880	3%	1,354	2%	1.1%
	Tufts Public Plans	Atrius Health	45,115	3%	935	1%	1.7%
		Boston Children's Health ACO	136,148	9%	4,648	7%	2.4%
		Beth Israel Deaconess Care Organization	48,621	3%	1,865	3%	0.6%
		Cambridge Health Alliance	40,154	3%	1,374	2%	0.7%
Primary Care ACOs (PCACO)	Community Care Cooperative (C3)		182,248	12%	8,531	13%	-0.2%
	Mass General Brigham		159,723	11%	5,248	8%	3.1%
	Steward Health Choice		154,112	10%	7,962	12%	-1.2%
	ACO Total*		**1,227,107**	**83%**	**46,826**	**69%**	
Managed Care Organizations	**MCO-BMC Health Net Plan**		46,477	3%	4,581	7%	-3.6%
	MCO-Tufts Public Plans		71,042	5%	4,289	6%	-1.5%
PCC Plan	**PCC Plan**		129,552	9%	12,387	18%	-9.4%
	Total		**1,474,178**	100%	**68,083**	100%	

This 2022 comparison of the health plans' *"% of 2022 Enrollees"* to *"% of 2022 Disenrollments"* is generally in line with disenrollments for ACOs and MCOs but shows an increase in disenrollments for the PCC Plan.

*Note this reflects total unique members enrolled as compared to average members shown on slide 11. This total excludes 11,355 average members in the Lahey Health ACO (as of 12/31/2022); members cannot enroll directly into Lahey Health – they must be enrolled in either BMC Health Net Plan or Tufts Public Plans.
**These numbers represent disenrollment *events*, which differ from the snapshot enrollment number reported in the earlier column, from 1/1/2022 to 12/31/22 that are driven by the member (e.g., a member calling the Customer Service Center to disenroll from an ACO).

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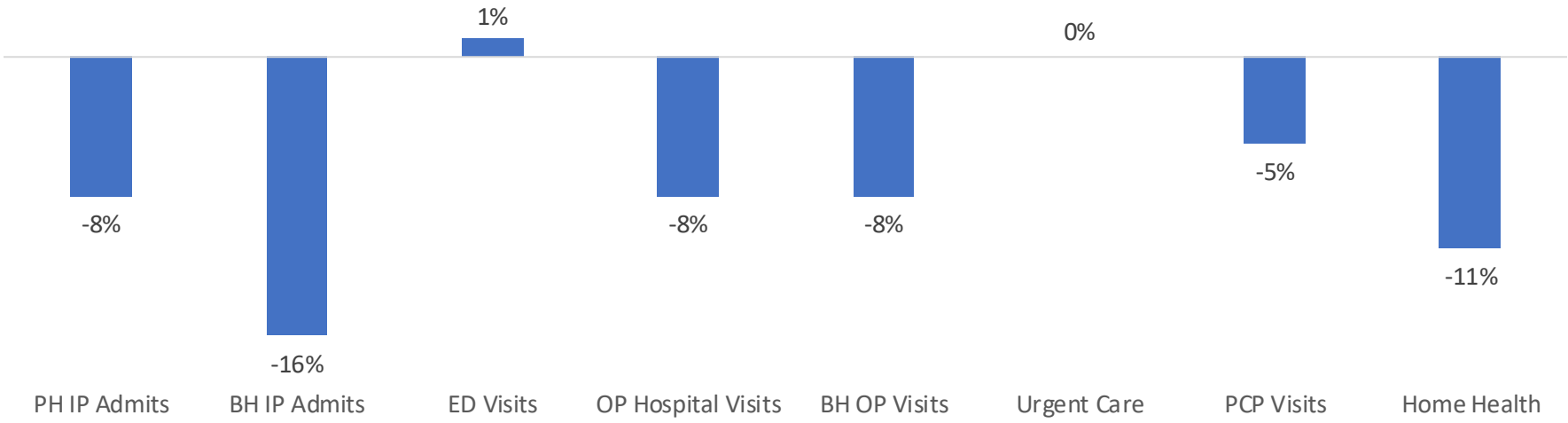
There were significant utilization shifts from 2021 to 2022 driven by the pandemic and lower member acuity

- Utilization **declines ranged from -5% to -16%** when comparing 2021 to 2022 with **ED Visits** seeing a slight increase (1%).
- Utilization shifts are driven by holds on elective procedures, members deferring care or seeking care in alternative settings due to the COVID-19 PHE and overall lower acuity of the population.



*Includes in-person visits and visits delivered via telehealth. Includes ACO, MCO and PCC Plan utilization.
Note: Utilization trends do not reflect the impact of temporary rate increases implemented in response to the COVID-19 PHE

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ACO Quality Measures: 21 Clinical Quality and Member Experience Measures

	Measures	First Performance Year
1.	Follow Up After Emergency Dept. Visit for Mental Illness	2020
2.	Poor Control of HbA1c Levels (Diabetes Care)	2019
3.	Follow Up After Hospitalization for Mental Illness	2019
4.	Metabolic Monitoring for Children or Adolescents on Antipsychotics	2019
5.	Initiation and Engagement of Alcohol, Opioid or other Drug Use Treatment	2019
6.	Appropriate Medications for Asthma	2019
7.	Controlling High Blood Pressure	2020
8.	Screening for Depression and Follow Up Plan*	2022
9.	Unplanned Hospital Readmissions	2021
10.	Childhood Immunizations	2019
11.	Adolescent Immunizations	2019
12.	Timeliness of Prenatal Care	2019
13.	Health Related Social Needs Screening	2021
14.	Emergency Department Visits for Individuals with Serious Mental Illness or Addiction	2021
15.	Community Tenure*	2022
16.	Depression Remission/Response	2021
17.	Behavioral Health Community Partner Engagement	2021
18.	Long Term Service and Supports Community Partner Engagement	2021
19.	Oral Health Evaluation	2021
20.	Overall Quality of Care	2019
21.	Integration/ Care Coordination	2021

19 Clinical Quality Measures

2 Member Experience Measures

*In 2021, these measure were in reporting-only status; the remaining measures were in pay-for-performance status.

CP Quality Measures: Clinical Quality and Member Experience Measures

BH/ LTSS #	Measures	BH CP	LTSS CP	ACO Crossover
1	Community Partner Engagement	X	X	X
2	Annual Treatment/Care Plan Completion	X	X	
3	Enhanced Person-Centered Care Planning	X	X	
4	Follow-up with CP after acute or post-acute stay (3 days)	X	X	
5	Follow-up with CP after ED visit	X		X
6	Annual primary care visit	X	X	
7.A	Initiation of Alcohol, Opioid, or Other Drug Abuse of Dependence Treatment	X		X
7.B	Engagement of Alcohol, Opioid, or Other Drug Abuse of Dependence Treatment	X		X
8	Follow-up After Hospitalization for Mental Illness (7 days)	X		X
9	Diabetes Screening for Individuals with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication	X		
10	Antidepressant Medication Management	X		
11	ED Visits for Adults with SMI, Addiction or Co-occurring Conditions	X		X
12	Hospital Readmissions	X	X	X
13	Oral Health Evaluation		X	X
14	All-Cause ED visits		X	
15	Member Experience: Member Engagement and Care Planning	X	X	X

ACO Clinical Quality Measures

	Measure	Description
1	Follow Up After ED for Mental Illness	Percentage of ED visits for members 6 to 64 years of age with a principal diagnosis of mental illness, where the member received follow-up care within 7 days of ED discharge
2	Comprehensive Diabetes Care: HbA1c Poor Control	Percentage of members 18 to 64 years of age with diabetes whose most recent HbA1c level demonstrated poor control (>9.0%)
3	Follow Up After Hospitalization for Mental Illness	Percentage of discharges for members 6 to 64 years of age, hospitalized for mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge
4	Metabolic Monitoring for Children or Adolescents on Antipsychotics	Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing
5a & 5b	Initiation and Engagement of AOD Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and who receive 2 or more additional services within 30 days of the initiation visit
6	Asthma Medication Ratio	Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater
7	Controlling High Blood Pressure	Percentage of members 18 to 64 years of age with hypertension and whose blood pressure was adequately controlled
8	Screening for Depression and Follow Up Plan	Percentage of members 12 to 64 years of age who had an outpatient visit with a screening for depression and a follow-up plan if the screen was positive
9	Hospital Readmissions	Case-mix adjusted rate of acute unplanned hospital readmissions within 30 days of discharge for members 18 to 64 years of age
10	Childhood Immunizations	Percentage of members who received all recommended immunizations by their 2nd birthday
11	Adolescent Immunizations	Percentage of members 13 years of age who received all recommended vaccines, including the HPV series
12	Timeliness of Prenatal Care	Percentage of deliveries in which the member received a prenatal care visit in the first trimester or within 42 days of enrollment
13	Health Related Social Needs Screening	Percentage of members who were screened for health-related social needs in the measurement year
14	Emergency Dept Visits for Individuals with Serious Mental Illness or Addiction	Number of ED visits for members 18 to 64 years of age identified with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions
15	Depression Remission and/or Response	Percentage of members 12 to 64 years of age with a diagnosis of depression and elevated PHQ-9 score, who received follow-up evaluation with PHQ-9 and experienced response or remission in 4 to 8 months following the elevated score
16	Behavioral Health Community Partner Engagement	Percentage of members 18 to 64 years of age who engaged with a BH Community Partner and received a treatment plan within 3 months (122 days) of Community Partner assignment
17	Long Term Service and Supports Community Partner Engagement	Percentage of members 18 to 64 years of age who engaged with a LTSS Community Partner and received a treatment plan within 3 months (122 days) of Community Partner assignment
18	Oral Health Evaluation	Percentage of members under age 21 years who received a comprehensive or periodic oral evaluation during the year
19	Community Tenure	Percentage of eligible days that members w/psychotic disorders or LTSS services reside in their community settings

ACO Clinical Quality: Measures Meeting Attainment, 2019, 2020, 2021, 2022

MEASURE	2019 Official Quality Score (based on actual 2019 data)	2020 Official Quality Score (based on 2019 data + COVID allowances)	2020 Actual Quality Score (based on actual 2020 data)	2021 Official Quality Score (based on actual 2021 data)	2022 Official Quality Score (based on actual 2022 data)
Follow-up after ED for Mental Illness	Yes	Yes	Yes	Yes	Yes
Diabetes Poor Control	Yes	Yes		Yes	Yes
Follow-up After Hospitalization	Yes	Yes	Yes	Yes	Yes
Metabolic Monitoring	Yes	Yes	Yes	Yes	Yes
Initiation of AOD Treatment	Yes	Yes	Yes	Yes	Yes
Engagement of AOD Treatment				Yes	Yes
Controlling High Blood Pressure	Yes	Yes		Yes	Yes
Screening for Depression	Yes	Yes	Yes	Yes	Yes
Childhood Immunization	Yes	Yes	Yes	Yes	Yes
Immunization for Adolescents	Yes	Yes	Yes	Yes	Yes
Timeliness of Prenatal Care	Yes	Yes		Yes	Yes
Depression Remission / Response	Yes	Yes	Yes	Yes	Yes
Asthma Medication Ratio			Yes		Yes
Oral Health Evaluation	Yes	Yes		Yes	Yes
Health Related Social Screening	Yes	Yes	Yes	Yes	Yes
ED Visits for Individuals w/Serious Mental Illness and/or Addiction	Yes	Yes		Yes	Yes
Behavioral Health CP Engagement	Yes	Yes	Yes	Yes	Yes
LTSS CP Engagement	Yes	Yes	Yes	Yes	Yes
Total	**16/18**	**16/18**	**16/18**	**16/18**	**18/18**

Note: Performance above describes the median ACO for each given metric

Note**:** Quality results were not generated for the January – March 2023 time period as individual measures and/or benchmarks are designed and tested based on a 12-month measurement period

CP Clinical Quality: Measures Meeting Attainment 2019, 2020, 2021, 2022

MEASURE	2019 Official Quality Score (based on actual 2019 data)	2020 Official Quality Score (based on 2019 data + COVID allowances)	2020 Actual Quality Score (based on actual 2020 data)	2021 Official Quality Score (based on 2021 data)	2022 Official Quality Score (based on 2022 data)
BH CP					
Community Partner Engagement	Yes	Yes	Yes	Yes	*TBD
Enhanced Annual Treatment Plan Completion	Yes	Yes	Yes	Yes	
Annual Primary Care Visit	Yes	Yes	Yes	Yes	
Diabetes Screening for Ind. w/ Schizophrenia or Bipolar Disorder who are using Antipsychotic Meds	Yes	Yes		Yes	
Initiation of AOD Treatment	Yes	Yes	Yes	Yes	
Engagement of AOD Treatment	Yes	Yes	Yes	Yes	
Follow Up After Hospital Visit for Mental Illness	Yes	Yes	Yes	Yes	
ED Visits for Individuals w/Serious Mental Illness and/or Addiction	Yes	Yes	Yes	Yes	
Hospital Readmission	Yes	Yes		Yes	
LTSS CP					
Community Partner Engagement	Yes	Yes	Yes	Yes	Yes
Enhanced Annual Care Plan Completion	Yes	Yes	Yes	Yes	Yes
Annual Primary Care Visit	Yes	Yes	Yes	Yes	Yes
Oral Health Evaluation	Yes	Yes		Yes	
All Cause ED Visits	Yes	Yes	Yes	Yes	
Plan All Cause Readmission	Yes	Yes		Yes	Yes
Total	**15/15**	**15/15**	**11/15**	**15/15**	**N/A**

Note: Performance above describes the median CP rate for each given metric
*Pending MY22 BH CP quality score
Note**:** Quality results were not generated for the January – March 2023 time period as individual measures and/or benchmarks are designed and tested based on a 12-month measurement period

Quality Measure Benchmark Reductions due to COVID-19 PHE

Given concerns over the pandemic's impact on quality measure performance, MassHealth and CMS agreed to the following stepwise methodology for determining ACO and CP **benchmark reductions** applicable to CY2021-2022 quality measure calculations

Step 1:

- Assess each measure for a drop in performance from **CY2019** to **CY2020**
- Performance drop is determined by any negative change in median level performance across ACOs/CPs

Step 2:

- For any measure with a performance drop identified in Step 1, adjust that measure's **CY2021** Attainment Threshold and Goal Benchmark to exactly match the median performance drop

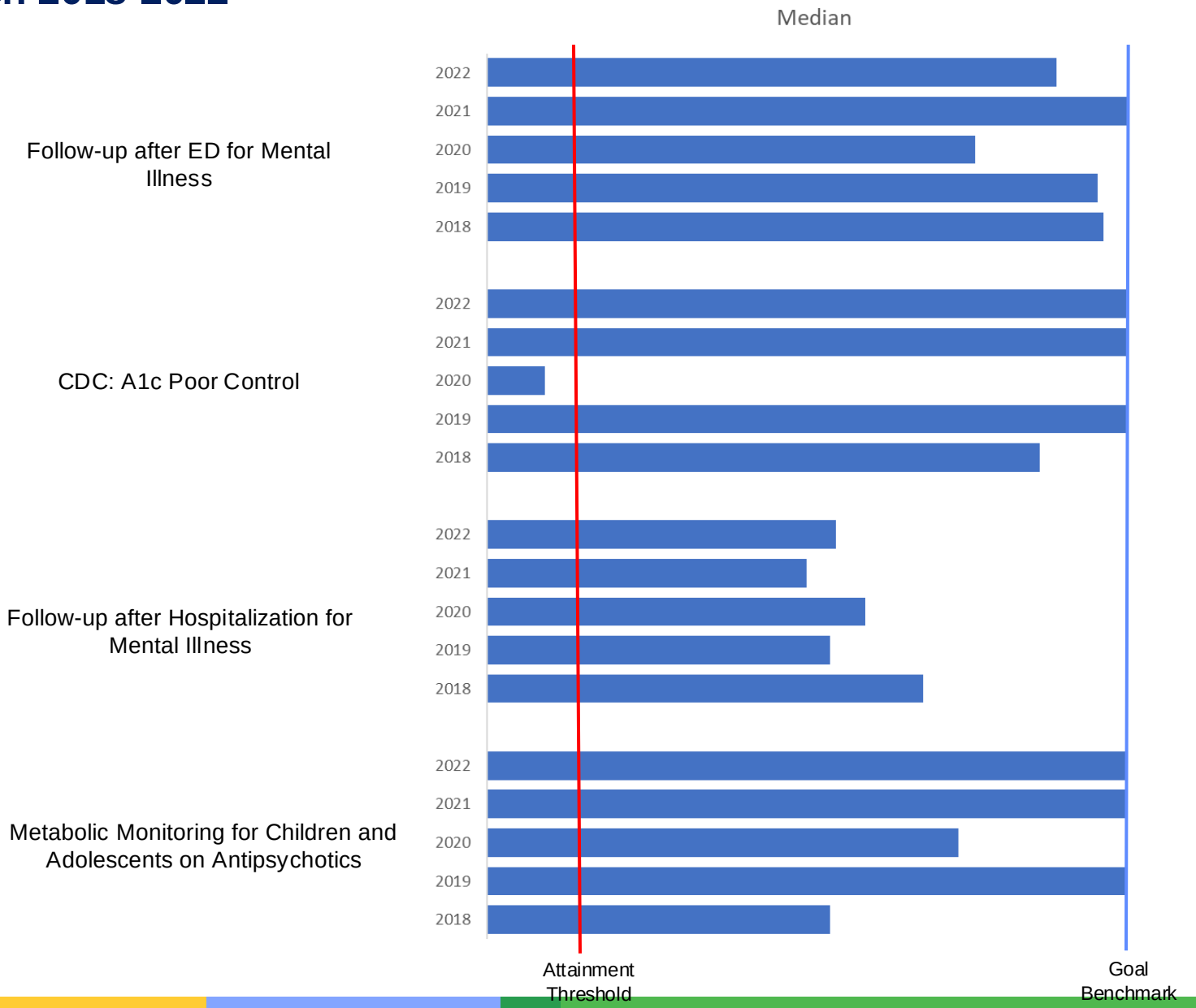
Example:

- Measure: Childhood Immunization Status
- Attainment Threshold: 48.9%
- Goal Benchmark: 59.4%
- **CY2019** Median Performance: 55.7%
- If the **CY2020** ACO median performance drops by 4.1 points, then the Attainment Threshold and Goal Benchmark would be adjusted to 44.8% and 55.3%, respectively.

Step 3:

- For measures with benchmark adjustments in Step 2, determine if those measures demonstrate a two-thirds recovery in **CY2021** as compared to the original **CY2020-2021** performance drops.
  - Measures demonstrating a two-thirds or greater recovery will have their original pre-COVID benchmarks reinstated for **CY2022**
  - Measures failing to demonstrate a two-thirds recovery will maintain their COVID benchmark adjustments in **CY2022** (as determine in Step 2)

ACO Clinical Quality: Overview of measure scores and comparison between 2018-2022



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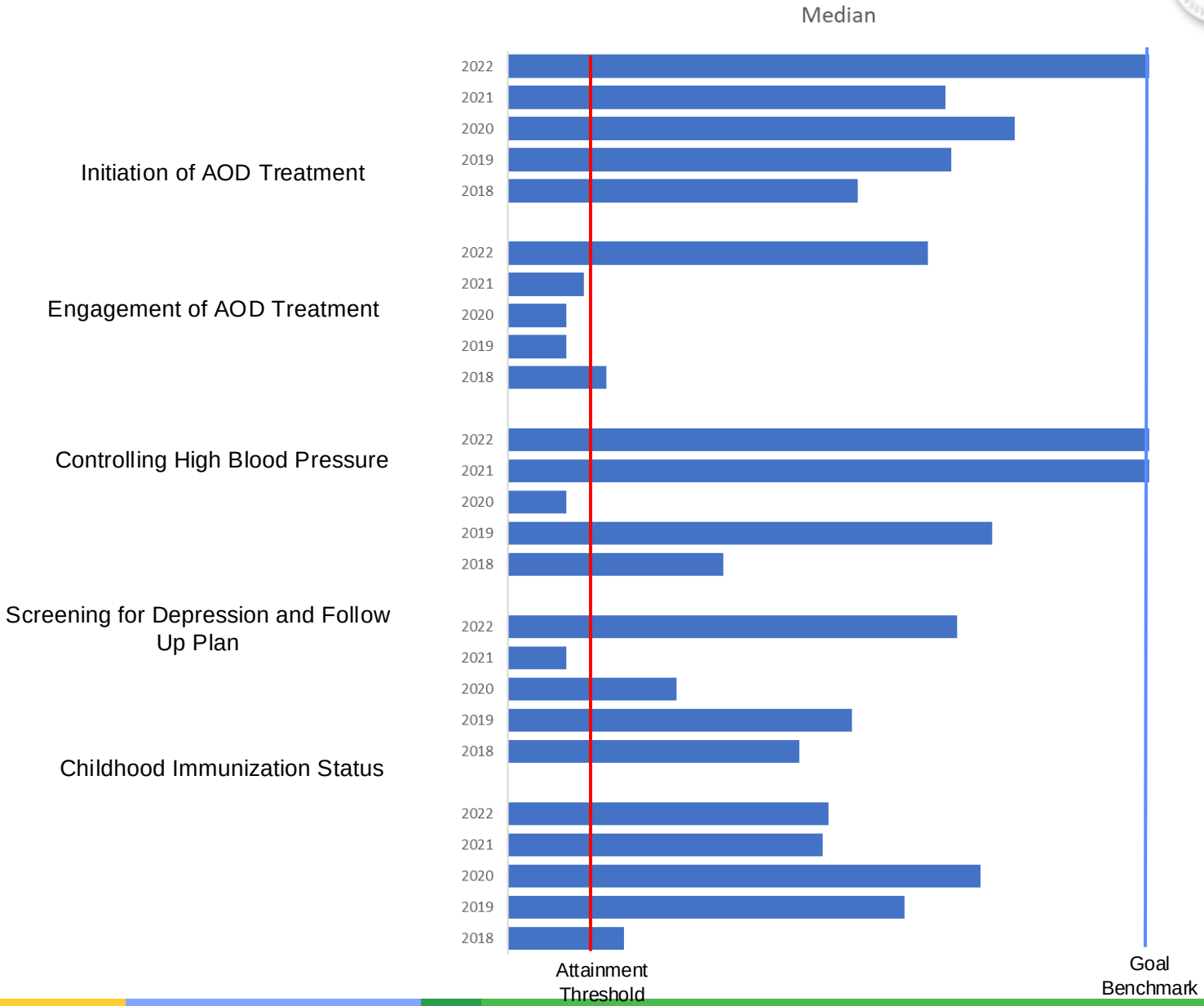

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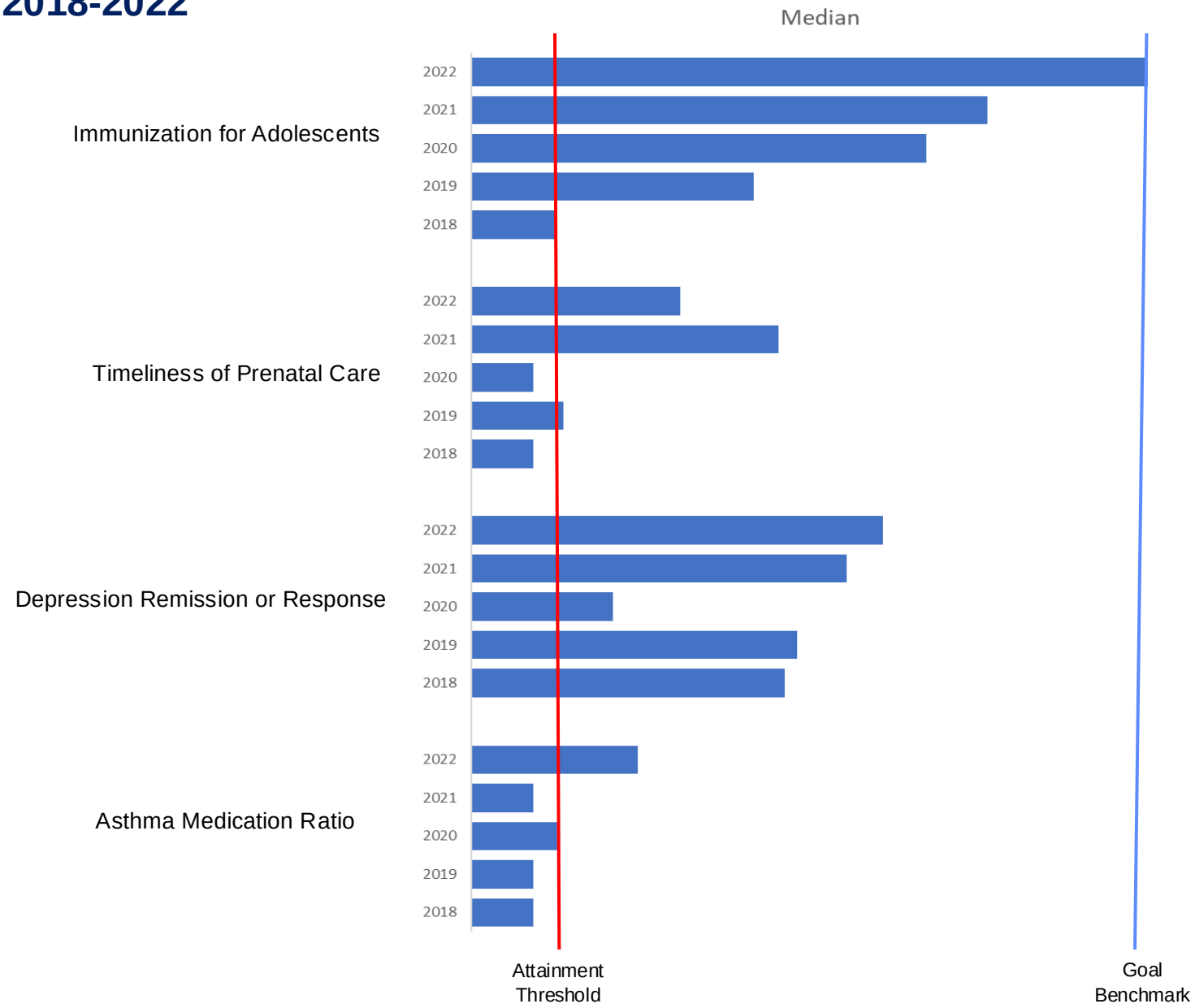
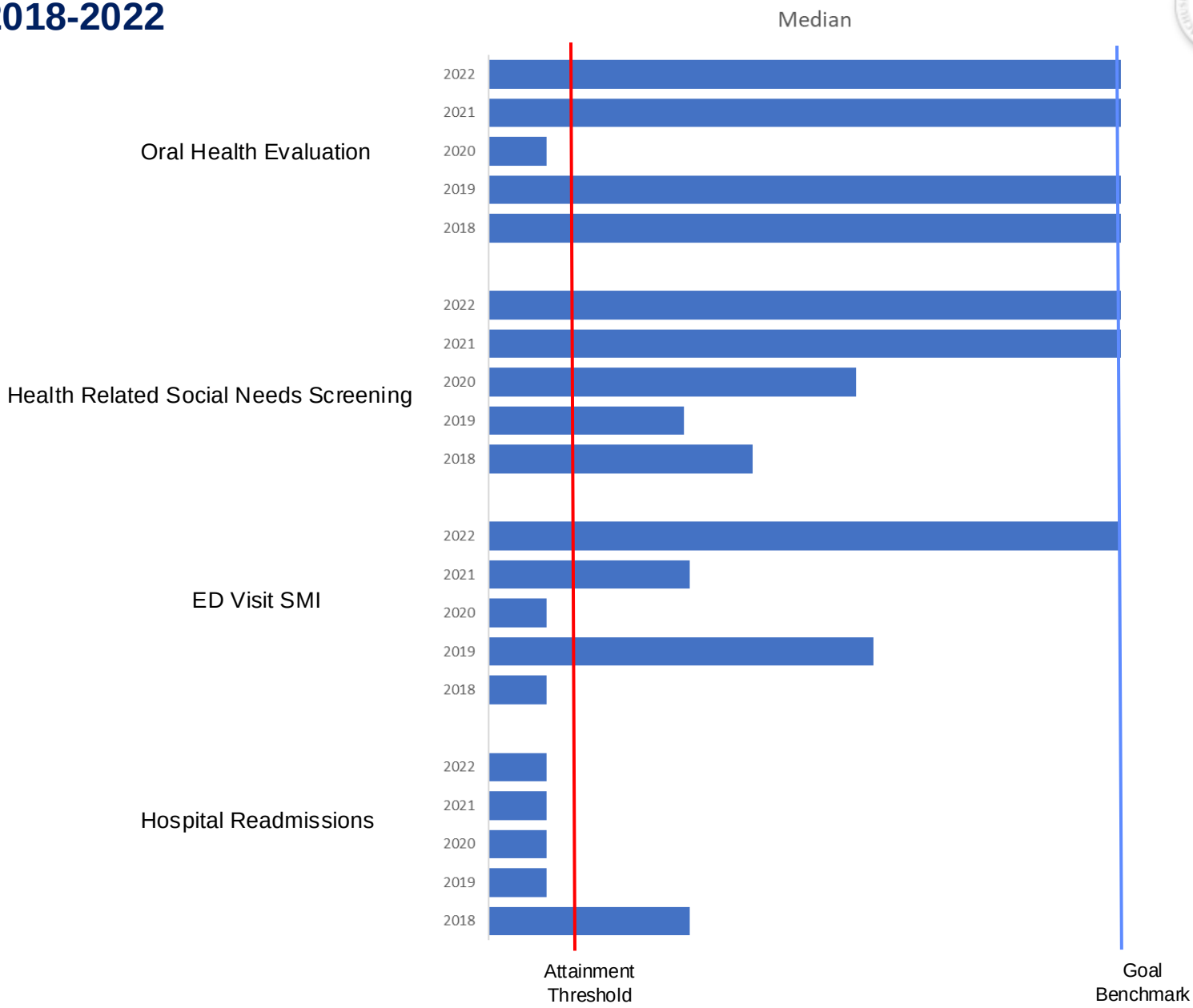
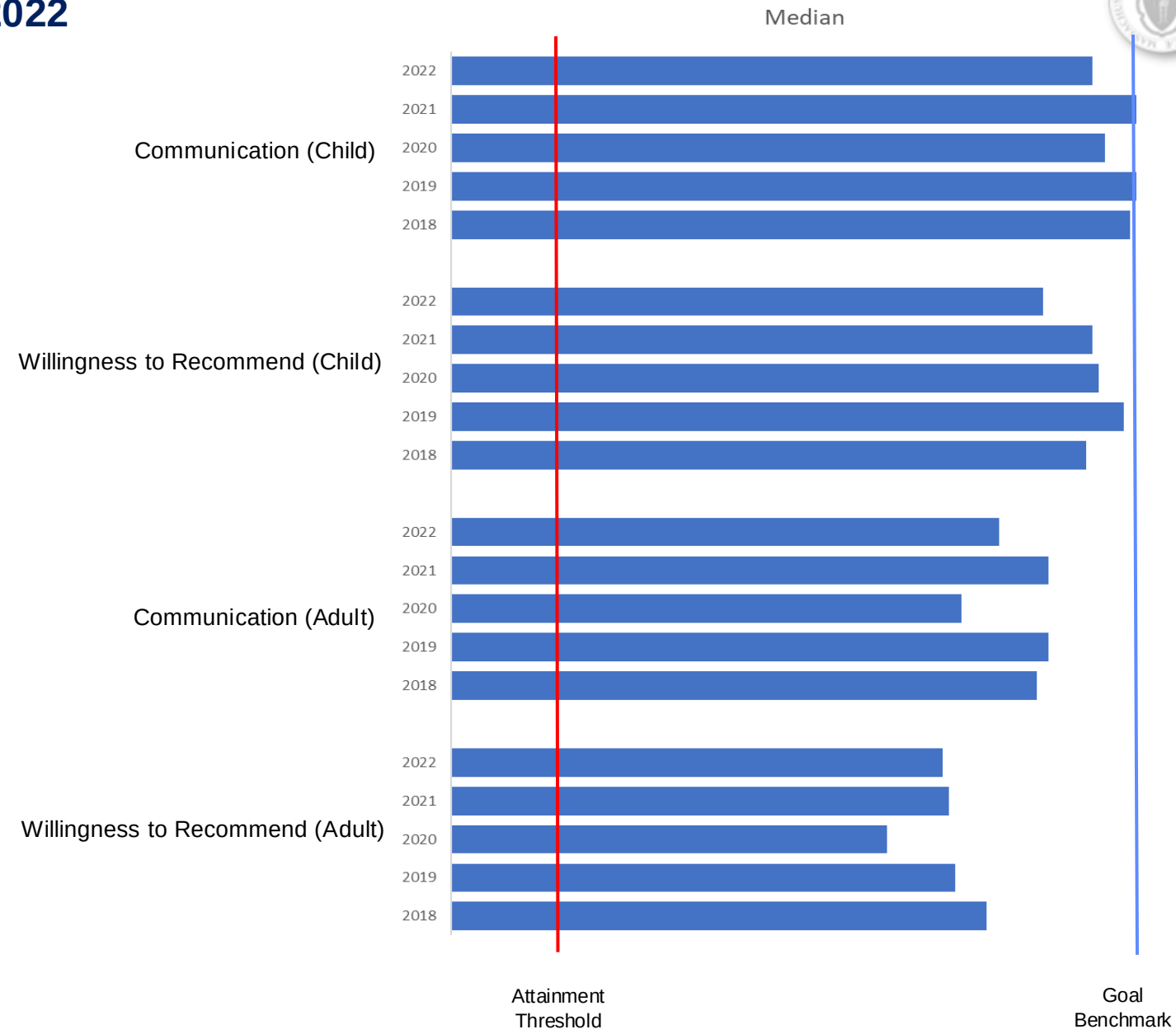


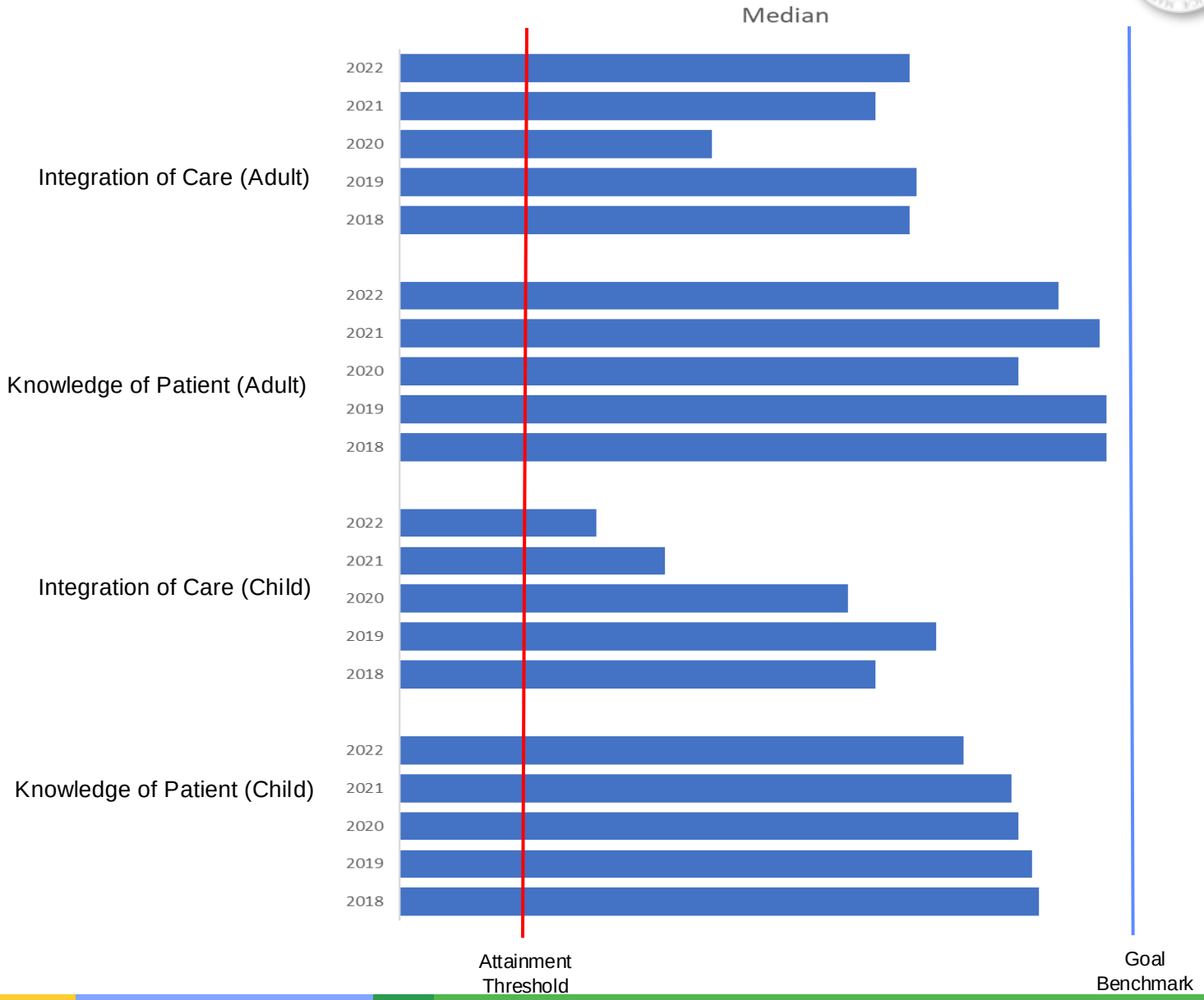
ACO Clinical Quality: Overview of measure scores and comparison between 2018-2022



ACO Member Experience: Overview of measure scores and comparison between 2018-2022



ACO Member Experience: Overview of measure scores and comparison between 2018-2022



Detailed ACO Quality Results (1 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
1. Follow Up After ED Visit	Percentage of ED visits for members 6 to 64 years of age with a principal diagnosis of mental illness, where the member received follow-up care within 7 days of ED discharge	0 – 100	2018	75.8	73.0	77.5	62.60	76.30
			2019	75.6	72.2	77.5		
			2020	72.9	68.9	75.8		
			2021	76.3	73.9	80.6		
			2022	74.7	71.8	77.8		
2. Comprehensive Diabetes Care: A1c Poor Control	Percentage of members 18 to 64 years of age with diabetes whose most recent HbA1c level demonstrated poor control (>9.0%)	0 – 100 *(lower is better)*	2018	31.9	36.7	26.8	50.03	41.63
			2019	29.3	33.8	26.9		
			2020	40.3	35.1	42.6		
			2021	33.2	31.9	39.0		
			2022	32.9	29.8	37.0		
3. Follow Up After Hospitalization for Mental Health	Percentage of discharges for members 6 to 64 years of age, hospitalized for mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	0 – 100	2018	51.2	45.5	52.4	39.1	57.7
			2019	48.2	42.7	52.1		
			2020	49.3	46.6	52.6		
			2021	47.5	45.5	50.9		
			2022	48.0	42.0	50,7		

** Lower score is better* *+ Reported as observed/expected rate*

Detailed ACO Quality Results (2 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
4. Metabolic Monitoring for Children or Adolescents on Antipsychotics	Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing	0 – 100	2018	35.8	33.8	42.3	23.06	32.56
			2019	46.7	42.6	53.4		
			2020	37.7	33.7	44.9		
			2021	40.7	34.3	49.6		
			2022	42.4	33.3	48.9		
5.a Initiation AOD Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis	0 – 100	2018	35.8	33.8	42.3	36.80	50.20
			2019	46.7	42.6	53.4		
			2020	37.7	33.7	44.9		
			2021	40.7	34.3	49.6		
			2022	42.4	33.3	48.9		

Detailed ACO Quality Results (3 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
5.b Engagement AOD Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who receive 2 or more additional services within 30 days of the initiation visit	0 – 100	2018	16.9	14.3	18.8	16.4	23.8
			2019	16.3	14.0	19.2		
			2020	15.5	13.1	17.6		
			2021	15.8	13.8	18.6		
			2022	19.3	18.0	22.6		
6. Asthma Medication Ratio	Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had appropriate medications	0 – 100	2018	62.2	57.9	64.4	57.2	67.5
			2019	52.0	51.4	57.4		
			2020	57.6	54.2	65.5		
			2021	54.2	53.0	57.2		
			2022	58.9	58.0	61.9		
7. Controlling High Blood Pressure	Percentage of members 18 to 64 years of age with hypertension and whose blood pressure was adequately controlled	0 – 100	2018	67.2	63.6	72.8	50.96	64.06
			2019	73.2	67.6	75.5		
			2020	60.6	58.2	68.6		
			2021	67.2	60.8	70.6		
			2022	67.9	65.6	70.1		

** Lower score is better* *+ Reported as observed/expected rate*

Detailed ACO Quality Results (4 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
8. Screening for Depression and Follow Up Plan*	Percentage of members 12 to 64 years of age who had an outpatient visit with a screening for depression and a follow-up plan if the screen was positive	0 – 100	2018	40.2	19.9	45	19.02	49.32
			2019	42.9	36.2	52.4		
			2020	33.9	25.0	39.3		
			2022	42.1	38.4	44.5		
9. Hospital Readmissions	Case-mix adjusted rate of acute unplanned hospital readmissions within 30 days of discharge for members 18 to 64 years of age	0 – 1.0 *(lower is better)*	2018	0.94	1.0	0.8	1.18	0.93
			2019	1.1	1.1	0.98		
			2020	1.25	1.3	1.1		
			2021	1.2	1.1	1.5		
			2022	1.3	1.2	1.4		
10. Childhood Immunization	Percentage of members who received all recommended immunizations by their 2nd birthday	0 – 100	2018	49.9	40.2	60.2	48.9	59.4
			2019	55.7	49.1	63.7		
			2020	56.4	48.3	61.3		
			2021	53.5	46.9	57.3		
			2022	51.5	43.0	56.1		

** Lower score is better; Screening for Depression and Follow up Plan was not part of the quality score for 2021.* *+ Reported as observed/expected rate*

Detailed ACO Quality Results (5 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
11. Immunizations for Adolescents	Percentage of members 13 years of age who received all recommended vaccines, including the HPV series	0 – 100	2018	32.2	26.9	39.6	31.4	49.4
			2019	41.1	33.2	53.7		
			2020	43.0	35.0	55.9		
			2021	45.6	40.9	50.9		
			2022	50.6	45.3	54.6		
12. Timeliness of Prenatal Care	Percentage of deliveries in which the member received a prenatal care visit in the first trimester or within 42 days of enrollment	0-100	2018	80.8	71.6	84.7	86.0	93.6
			2019	86.4	80.3	91.0		
			2020	82.5	77.1	89.0		
			2021	85.2	76.7	88.8		
			2022	87.7	75.0	90.7		
13. Health Related Social Needs	Percentage of members who were screened for health-related social needs in the measurement year	0-100	2018	9.5	1.5	14.6	1.5	23.5
			2019	6.8	2.4	32.9		
			2020	13.4	5.6	18.7		
			2021	25.1	11.0	32.1		
			2022	24.8	14.1	37.5		

Detailed ACO Quality Results (6 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Thre shold	Goal Bench mark
14. Emergency Departm ent Visits for Individuals with Serious Mental Illness or Addiction*+	Number of ED visits for members 18 to 64 years of age with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions	0.00-1.00	2018	1.28	1.11	1.42	1.54	1.28
			2019	.99	.93	1.14		
			2020	1.40	1.31	1.53		
			2021	1.5	1.3	1.6		
			2022	0.9	0.8	1.0		
15. Depression Remissio n and/or Response	Percentage of members 12 to 64 years of age with a diagnosis of depression and elevated PHQ-9 score, who received follow-up evaluation with PHQ-9 and experienced response or remission in 4 to 8 months following the elevated score	0-100	2018	4.8	1.6	8.3	1.7	9.2
			2019	4.9	3.2	8.1		
			2020	5.3	2.0	11.7		
			2021	5.6	2.4	10.8		
			2022	5.6	3.6	8.2		
16. Behavioral Health CP Engagement	Percentage of members 18 to 64 years of age who engaged with a BH CP and received a treatment plan within 3 months (122 days) of CP assignment	0-100	2018	3.5	2.2	5.1	5.4	12.2
			2019	6.8	4.9	11.2		
			2020	10.6	9.1	12.7		
			2021	11.2	10.0	16.7		
			2022	11.8	9.7	14.4		

** Lower score is better* *+ Reported as observed/expected rate*

How to Read the Quality Measure Charts on Upcoming Slides

Charts are shown that **summarize key information** about ACO quality performance

- The **median** quality score per measure per year is represented by the bar chart
- This chart allows easy comparison of the median scores against the **attainment threshold and goal benchmark** by lining these up (the red line and blue line, respectively); because the attainment threshold and goal benchmark values actually **vary from measure to measure**, lining them up like this requires the **scale for each measure to vary as well**
- Therefore, these charts show how the medians varied **relative to the benchmarks**, but the bars are not to scale with each other and should not be used to determine the relative performance between one measure and another

Detailed ACO Quality Results (7 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
17. Long Term Services and Supports CP Engagement	Percentage of members 18 to 64 years of age who engaged with a LTSS CP and received a care plan within 3 months (122 days) of CP assignment	0-100	2018	1.3	0.0	2.3	2.9	9.2
			2019	4.1	2.9	7.3		
			2020	5.1	3.9	6.8		
			2021	8.7	6.3	10.6		
			2022	10.1	7.4	13.1		
18. Oral Health Evaluation	Percentage of members under age 21 years who received a comprehensive or periodic oral evaluation during the year	0-100	2018	62.6	58.1	63.5	34.28	43.28
			2019	60.8	58.2	63.4		
			2020	44.1	39.6	48.0		
			2021	53.3	48.3	55.1		
			2022	53.7	50.6	55.1		

ACO MES Performance Measures

Measure	Description	How it is scored	Survey Group	Year	Median Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
Willingness to Recommend	Overall measure of the experience and the provider	0 – 100	Adult	2018	87.9	86.0	89.8	73.4	90.4
				2019	87.0	86.0	88.5		
				2021	85.3	84.4	87.3		
				2022	85.1	83.2	86.9		
			Child	2018	90.8	89.3	92.8	74.3	91.3
				2019	90.7	88.8	92.9		
				2021	90.2	87.3	91.4		
				2022	90.1	86.8	91.2		

Detailed Quality Results (8 of 8): ACO MES Performance Measures

Measure	Description	How it is scored	Survey Group	Year	Median Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
Communication	Effective communication between provider and patient or caregiver	0 – 100	Adult	2018	89.3	87.7	90.4	73.2	90.2
				2019	89.6	88.3	89.9		
				2021	87.8	86.2	88.8		
				2022	86.4	86.0	88.3		
			Child	2018	91.8	90.0	93.1	73.8	90.8
				2019	92.5	90.6	93.1		
				2021	91.1	89.9	92.2		
				2022	89.8	88.6	91.7		
Integration of Care	Effective coordination of services (e.g., labs, referrals, follow-up, and information exchanged between provider, patient, and services)	0 – 100	Adult	2018	79.8	77.7	81.8	67.9	82.9
				2019	79.9	78.0	81.0		
				2021	76.8	75.3	79.7		
				2022	77.6	74.9	79.8		
			Child	2018	78.4	77.4	81.1	74.1	89.1
				2019	80.4	77.6	81.0		
				2021	78.4	77.4	79.7		
				2022	77.6	73.8	79.3		
Knowledge of Patient	Provider knowledge of important medical information about patient and understanding patient's challenges to staying healthy	0 – 100	Adult	2018	84.1	81.6	85.1	68.3	83.3
				2019	84.1	82.2	84.6		
				2021	82.3	81.3	83.1		
				2022	81.3	80.6	82.9		
			Child	2018	87.6	85.5	89.3	74.1	89.1
				2019	87.4	86.4	88.8		
				2021	86.1	84.9	87.9		
				2022	85.1	83.5	87.5		

Primary Care Member Experience Measure Performance

Detail: Overall Care Delivery (#21)

Question Topics	Description	Adult/ Child	Statewide Score					Threshold	Goal
			2018	2019	2020	2021	2022		
Willingness to Recommend	Overall measure of the experience and the provider	Adult	87.1	86.8	85.2	85.3	84.5	73.4	90.4
		Child	91.3	91.6	90.9	90.2	89.2	74.3	91.3
Communication	Effective communication between provider and patient or caregiver	Adult	89.2	88.9	87.1	87.6	86.9	73.2	90.2
		Child	92.3	92.4	91.2	90.8	90.4	73.8	90.8

Detail: Integration/Coordination of Care (#22)

Question Topics	Description	Adult/ Child	Statewide Score					Threshold	Goal
			2018	2019	2020	2021	2022		
Integration of Care	Effective coordination of services (e.g., labs, referrals, follow-up, and information exchanged between provider, patient, and services)	Adult	80.5	80.2	78.1	78.6	78.1	67.9	82.9
		Child	80.7	81.1	80.2	79.3	78.6	74.1	89.1
Knowledge of Patient	Provider knowledge of important medical information about patient and understanding patient's challenges to staying healthy	Adult	83.7	83.3	81.6	82.0	81.5	68.3	83.3
		Child	88.1	88.1	87.2	86.6	86.2	74.1	89.1

Member Experience: Additional Primary Care Composites & Questions

Question topics	Description	Adult/ Child	Statewide Score				
			2018	2019	2020	2021	2022
Self-Management Support	Provider engagement with patients to talk about their goals for their health and things that make it hard to take care of their health	Adult	63.1	63.1	59.2	61.3	61.6
		Child	51.2	54.4	52.3	53.5	55.3
Behavioral Health*	Provider engagement with patients to talk about their behavioral health needs	Adult	64.9	68.0	63.7	65.2	66.6
Child Development**	Provider engagement with patients to talk about their child's physical, emotional and social development	Child	71.0	72.1	68.4	70.0	69.8
Pediatric Prevention**	Provider engagement with patients to talk about their child's home environment (addressing exercise, food, computer, safety, etc.)	Child	67.3	68.5	65.3	65.9	65.8
Office Staff	Helpfulness of the office staff, and being treated with courtesy and respect	Adult	86.4	86.4	84.1	84.4	84.0
		Child	86.9	87.1	86.2	85.6	85.0
Organizational Access	Access to timely routine and urgent appointments, and same day response to questions	Adult	80.7	80.3	78.1	77.5	75.6
		Child	86.1	85.8	84.2	82.2	80.9
Overall Provider Rating	Rating of provider	Adult	88.3	88.0	86.7	87.1	86.4
		Child	91.1	91.6	91.0	90.6	89.8
Child Provider Communication**	Effective communication between provider and patient	Child	95.7	95.7	95.2	94.9	94.7

*There is no BH Child composite in the Primary Care survey.
**These composites are in the Child Primary Care survey only.

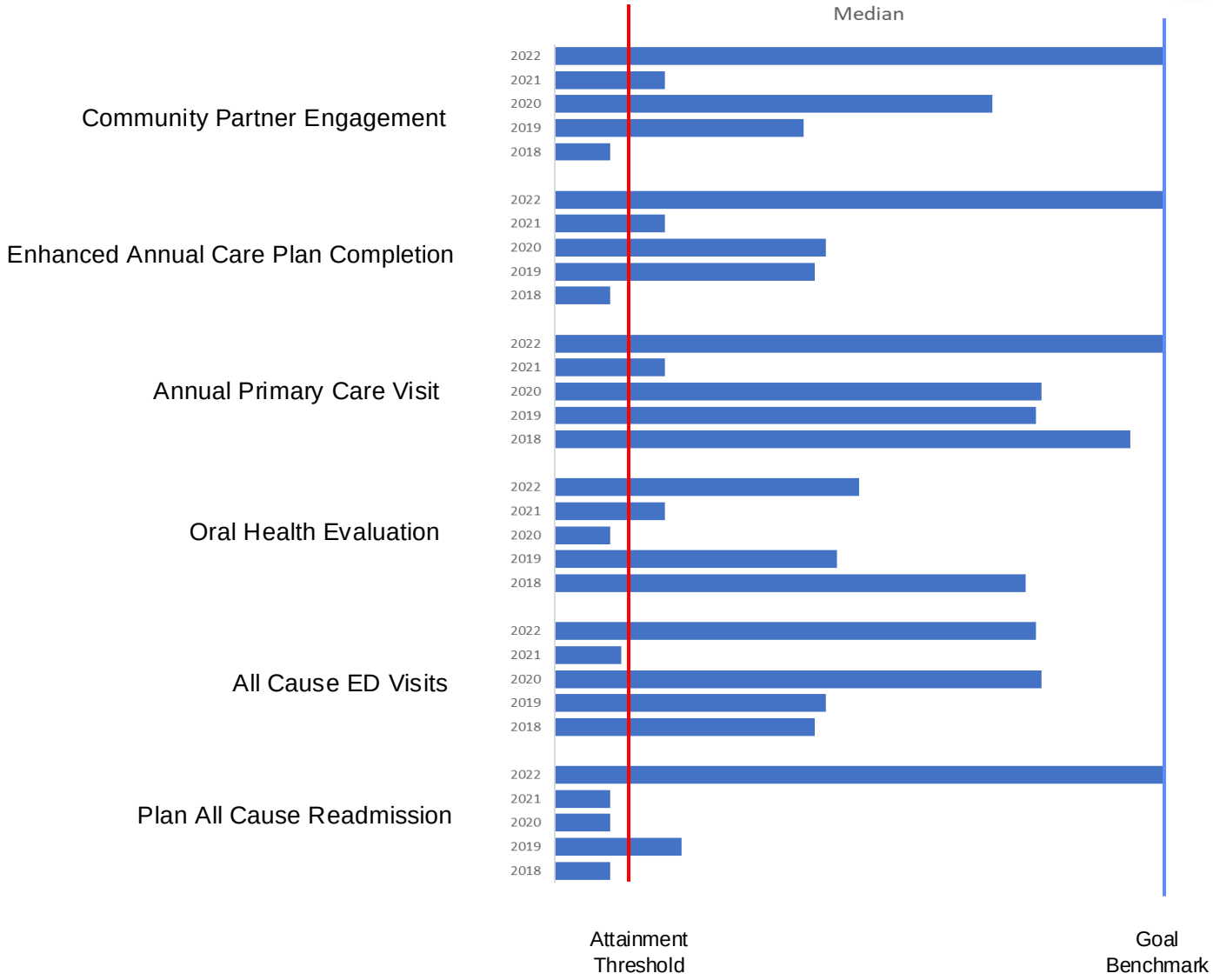
Member Experience: BH Composites (Sets of Questions)

Question topics	Description	Adult / Child	Statewide Score				
			2018	2019	2020	2021	2022
Willingness to Recommend	Overall measure of the experience and the provider(s)	Adult	80.6	79.4	80.1	79.4	78.4
		Child	79.5	81.2	79.0	75.8	77.4
Communication	Effective communication between provider and patient	Adult	86.8	85.6	85.5	84.7	84.2
		Child	87.1	87.8	86.1	81.8	83.8
Care Coordinator	Help in obtaining assistance with referrals or services; knowledge of the patient as a person and important medical information about the patient	Adult	72.2	71.3	72.2	71.1	70.0
		Child	74.8	78.4	73.6	73.2	77.1
Care Plan	Effective care planning including identification and assessment of needs, services included in the plan, & member choice of providers and services	Adult	73.8	69.9	70.1	67.9	68.9
		Child	75.0	71.0	68.8	66.8	67.5
Member Engagement w/ Care Team	How often help or advice was received when member contacted someone from care team	Adult	--	--	74.0	71.3	70.5
		Child	--	--	75.3	67.9	68.9
Teamwork	Effectiveness of teams working together to provide needed care and services	Adult	56.2	58.2	57.3	55.1	53.8
		Child	53.4	56.0	55.6	53.8	53.0
Needs Met BH	How well needs for mental health service, substance use treatment, and prescription medication were met	Adult	81.8	72.1	72.2	70.2	69.7
		Child	77.5	70.8	66.2	63.0	64.4
Service Scheduling	Access and availability to services	Adult	75.3	75.2	75.6	73.6	73.8
		Child	74.4	77.0	75.1	69.0	69.6
Overall Rating	Rating of overall behavioral health services in the last 12 months	Adult	75.6	74.7	75.5	73.7	73.8
		Child	75.7	77.0	74.4	71.7	72.7
Healthy Living in Community	Care team support in ability to manage physical & mental health, participate in activities with friends/family, self-care at place of residence	Adult	--	--	68.3	67.2	67.6
		Child	--	--	70.3	68.6	68.5

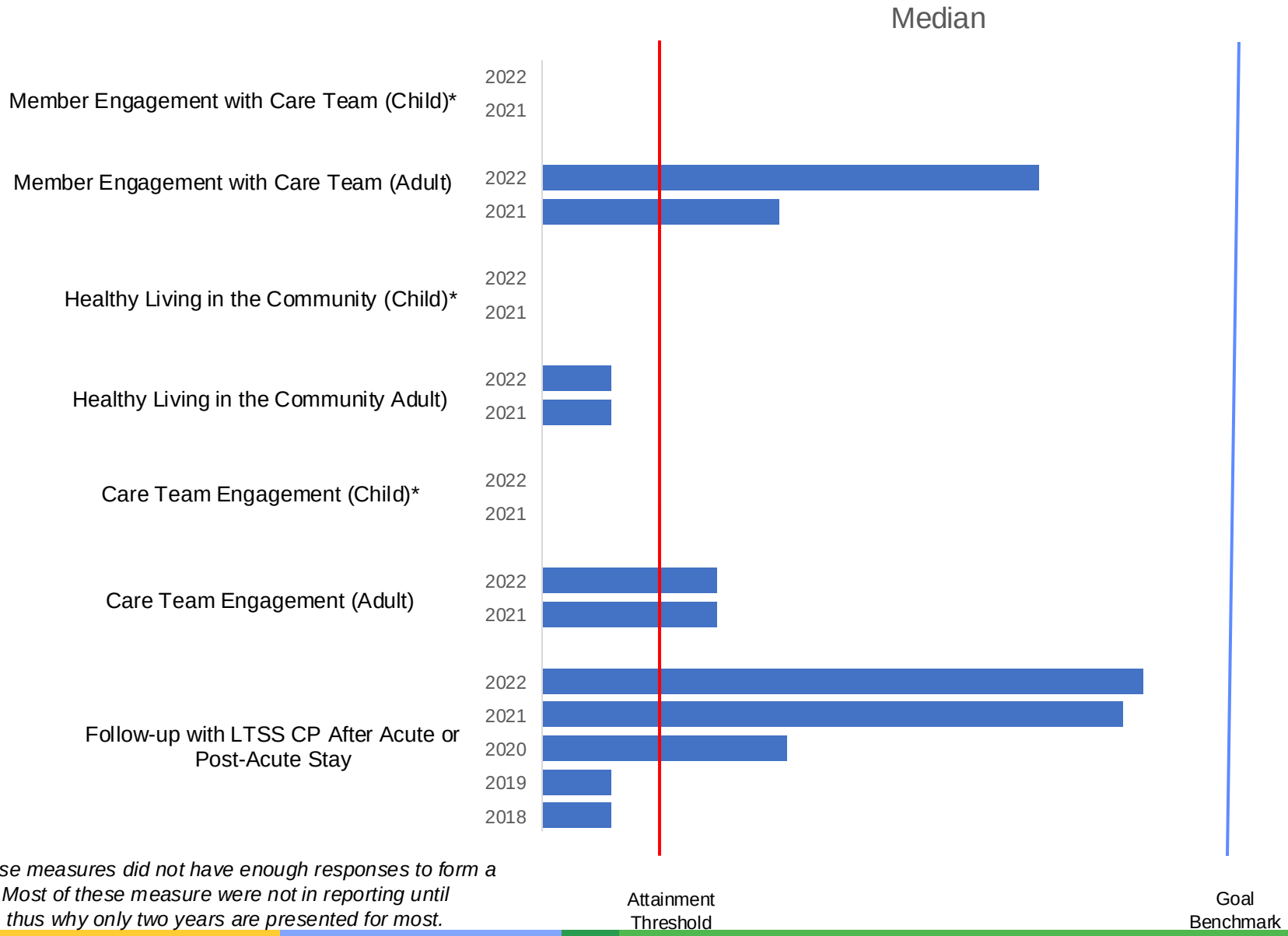
Member Experience: LTSS Composites (Sets of Questions)

Question topics	Description	Adult/ Child	Statewide Score				
			2018	2019	2020	2021	2022
Willingness to Recommend	Overall measure of the experience with LTSS services	Adult	86.0	84.9	84.6	84.1	85.5
		Child	86.2	82.3	87.3	86.1	84.1
Communication	Effective communication between provider and patient	Adult	86.3	86.3	87.0	85.9	87.1
		Child	85.6	85.5	87.3	84.5	85.5
Care Coordinator	Help in obtaining assistance with referrals or services; knowledge of the patient as a person and important medical information	Adult	76.7	74.3	73.5	74.4	75.8
		Child	75.3	64.2	73.7	73.8	68.8
Care Plan	Effective care planning including identification and assessment of needs, services included in the plan, & member choice of providers and services	Adult	75.9	71.3	71.4	71.1	71.0
		Child	76.3	71.3	71.1	71.5	70.1
Member Engagement w/ Care Team	How often help or advice was received when member contacted someone from care team	Adult	--	--	74.7	74.2	72.3
		Child	--	--	72.8	70.4	71.1
Teamwork	Effectiveness of teams working together to provide needed care and services	Adult	75.8	73.8	71.7	71.6	72.6
		Child	71.6	61.4	70.2	63.6	64.8
Needs Met - Core Services	How well needs for core LTSS services were met (e.g., physical therapy, skilled nursing, day programs)	Adult	82.8	74.8	74.6	73.8	73.6
		Child	81.8	71.3	69.2	70.8	71.8
Needs Met – Non-core Services	How well needs for non-core LTSS services were met (e.g., assistive technology, transportation services)	Adult	84.0	78.3	77.7	76.2	76.5
		Child	83.0	77.8	74.9	73.3	73.8
Service Scheduling	Access to and availability of services	Adult	81.7	81.5	80.9	80.3	80.9
		Child	81.0	79.1	81.9	80.2	80.7
Overall Rating	Rating of overall LTSS services	Adult	78.5	75.1	78.0	75.9	76.7
		Child	78.0	74.6	77.1	77.7	77.9
Healthy Living in the Community	Care team support in ability to manage physical & mental health, participate in activities with friends/family, self-care at place of residence	Adult	--	--	67.6	67.7	68.7
		Child	--	--	71.7	69.9	71.2

LTSS CP Clinical Quality: Overview of measure scores and comparison between 2018-2022

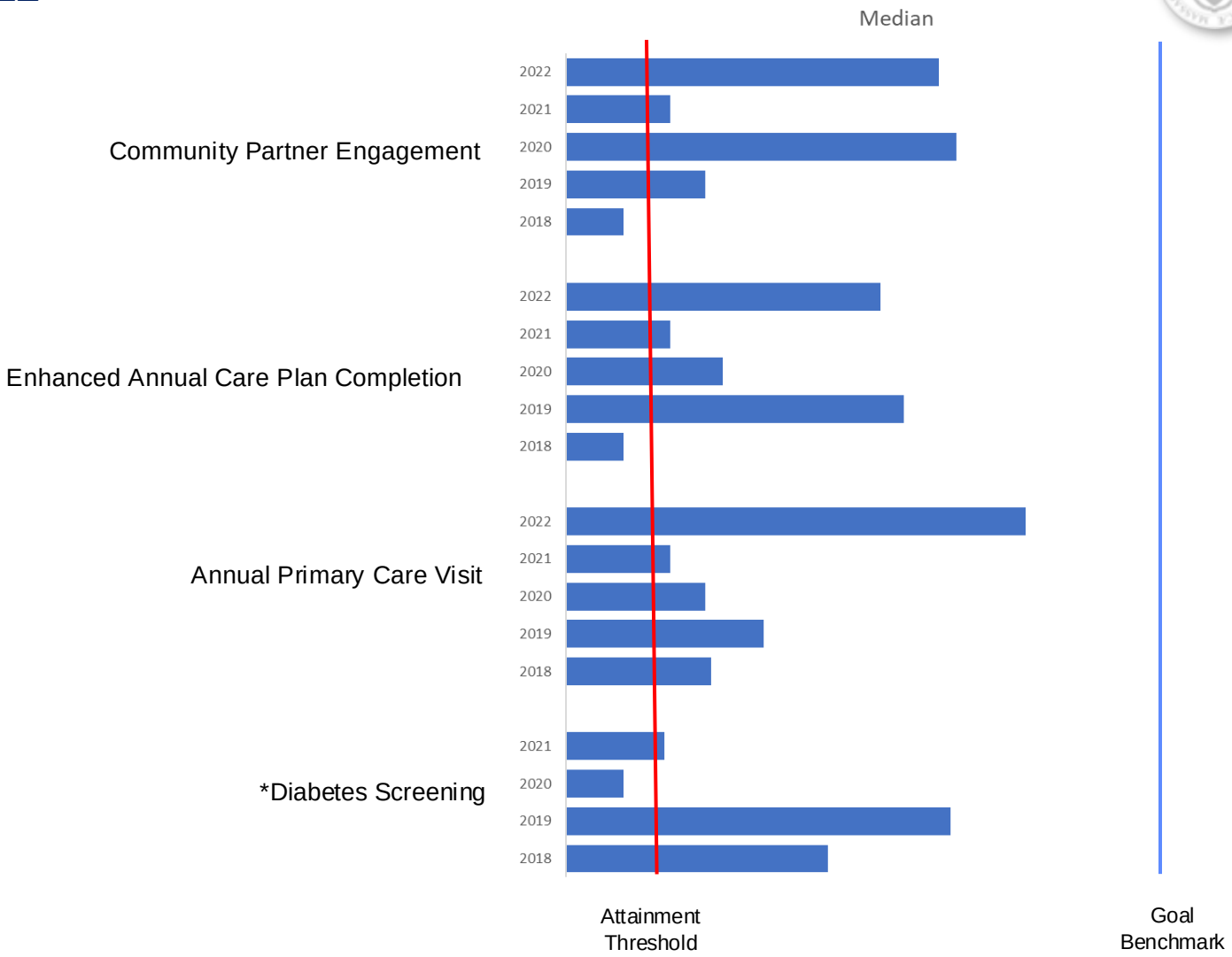


LTSS CP Clinical Quality: Overview of measure scores and comparison between 2018-2022



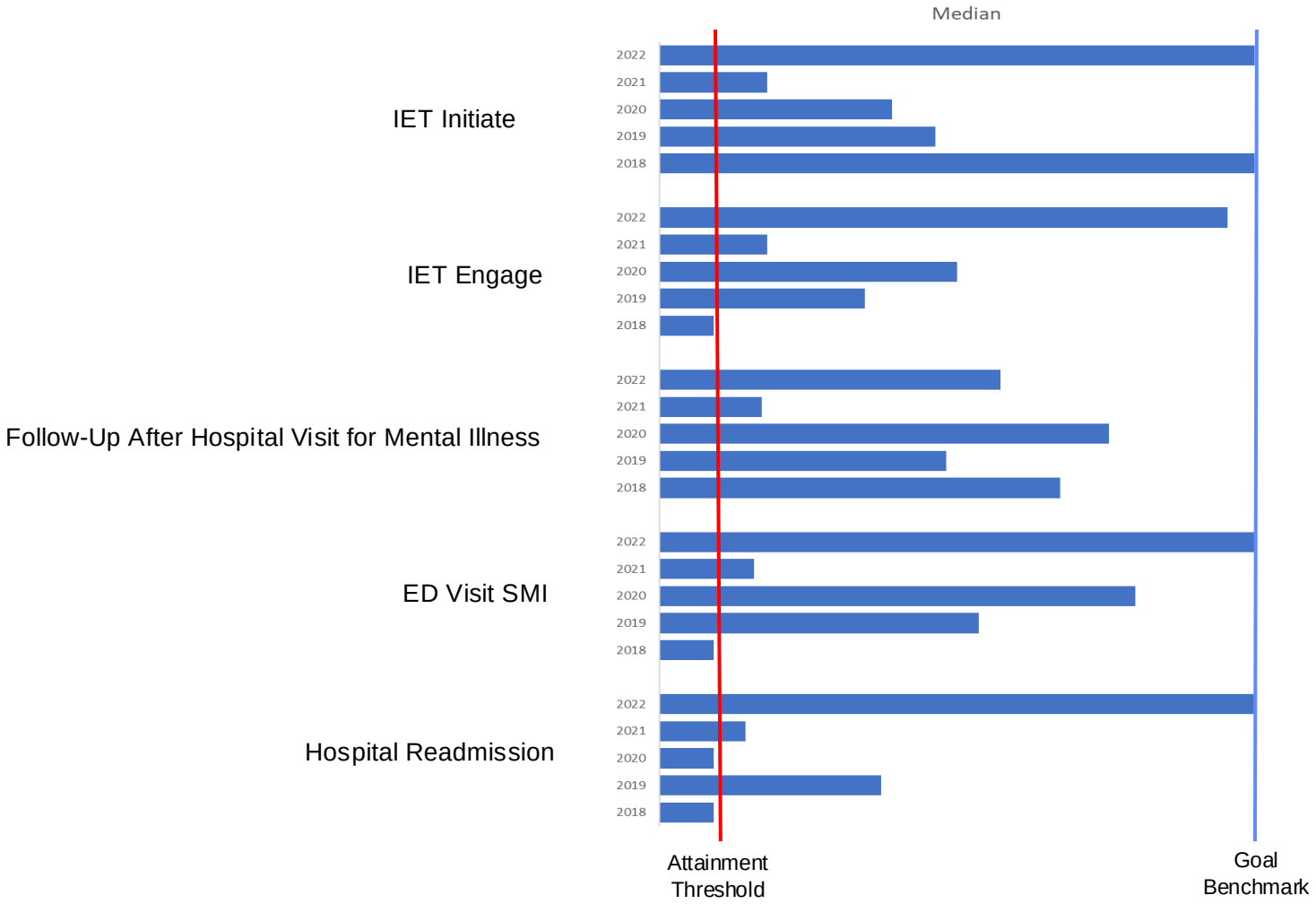
**These measures did not have enough responses to form a rate. Most of these measure were not in reporting until 2021 thus why only two years are presented for most.*

BH CP Clinical Quality: Overview of measure scores and comparison between 2018-2022

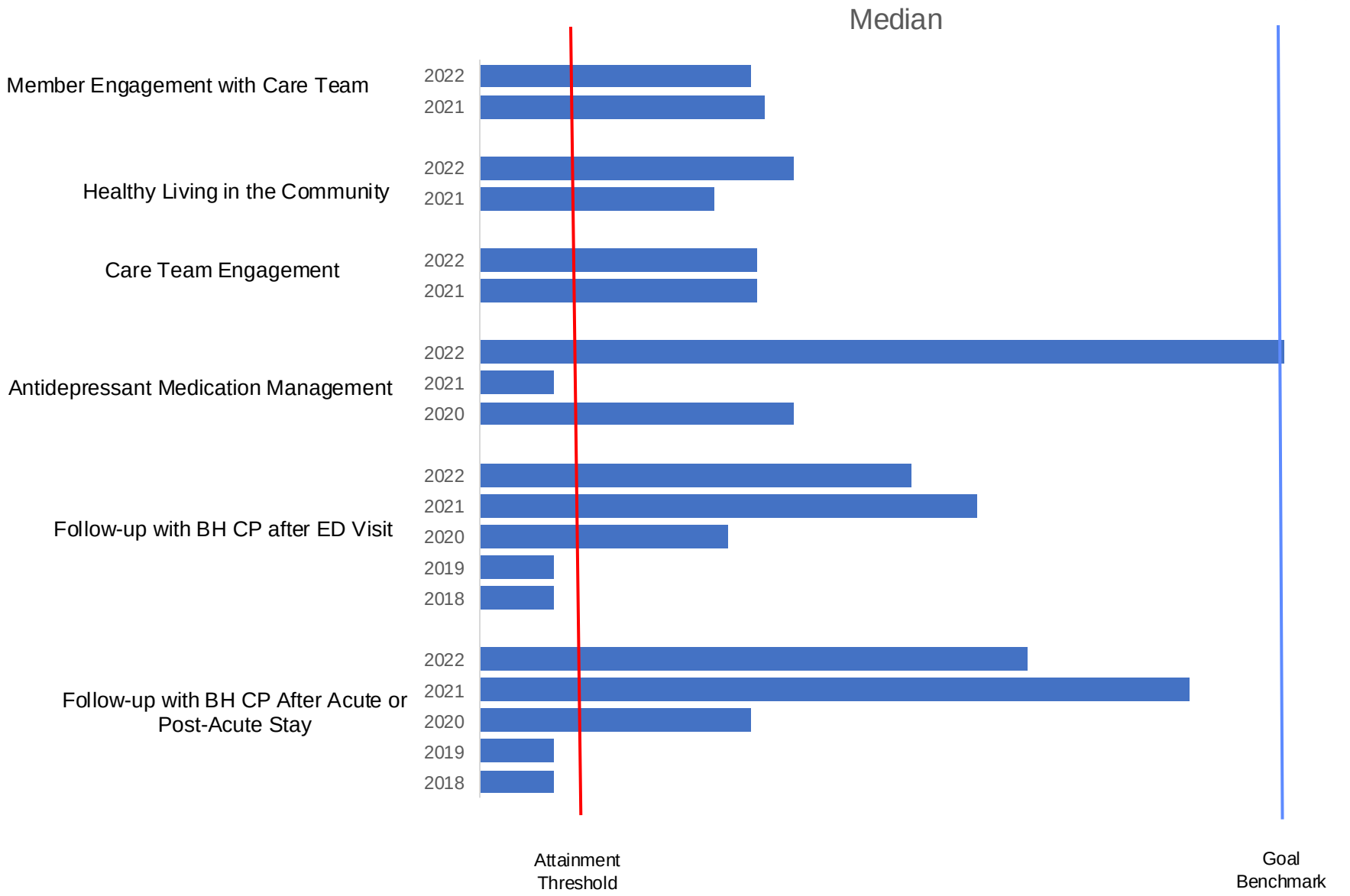


*Pending rates for MY22 Diabetes Screening

BH CP Clinical Quality: Overview of measure scores and comparison between 2018-2022



BH CP Clinical Quality: Overview of measure scores and comparison between 2018-2022



Detailed BH CP Quality Results (1 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
Community Partner Engagement	The percentage of Behavioral Health Community Partner assigned enrollees 18 to 64 years of age with documentation of engagement within 122 days of the date of assignment to a BH CP.	0 – 100	2018	2.4	1.0	8.5	4.04	11.71
			2019	5.1	4.0	8.7		
			2020	8.4	6.7	11.2		
			2021	10.1	7.2	14.0		
			2022	8.2	6.5	15.2		
Enhanced Person-Centered Care Planning	Percentage of enrollees 18 to 64 years of age with timely completion of a new or updated Care Plan during the measurement year	0 – 100	2018	7.0	3.7	19.0	42.81	64.44
			2019	53.3	45.3	62.3		
			2020	46.5	42.8	62.1		
			2021	52.9	40.3	58.2		
			2022	52.4	46.9	58.5		
Follow-up with BHCP after acute or post-acute stay (3 days)	Percentage of discharges from acute or post-acute stays for enrollees 18 to 64 years of age that were succeeded by a follow-up with a Contractor within 3 business days of discharge	0 – 100	2018	1.0	0.7	2.5	13.13	22.16
			2019	4.9	3.3	8.7		
			2020	15.6	13.1	20.3		
			2021	21.0	11.2	24.2		
			2022	19.0	14.4	23.9		

Detailed BH CP Quality Results (2 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
Follow-up with BH CP or provider after ED visit	Percentage of ED visits for enrollees 18 to 64 years of age that had a follow-up visit within 7 days of the ED visit	0 – 100	2018	.4	.0	1.4	24.62	51.98
			2019	11.5	6.8	23.1		
			2020	31.3	24.6	45.9		
			2021	40.6	30.1	51.4		
			2022	37.9	30.0	55.6		
Annual primary care visit	Percentage of enrollees 18 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	0 – 100	2018	52.6	47.4	60.3	46.18	64.13
			2019	54.2	50.0	61.9		
			2020	52.4	48.2	58.4		
			2021	60.2	57.3	66.7		
			2022	58.6	51.4	63.7		
Initiation of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment	Percentage of enrollees 18 to 64 years of age who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiated treatment within 14 days of diagnosis	0 – 100	2018	N/A	N/A	N/A	79.16	85.6
			2019	81.8	79.2	83.3		
			2020	81.3	80.0	84.1		
			2021	94.8	93.4	96.3		
			2022	95.9	95.0	96.9		

Detailed BH CP Quality Results (3 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment	Percentage of enrollees 18 to 64 years of age who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who received ≥2 additional services within 30 days of the initiation visit	0 – 100	2018	N/A	N/A	N/A	53.16	63.70
			2019	56.1	53.2	62.1		
			2020	57.9	55.5	61.4		
			2021	65.2	62.3	69.0		
			2022	63.2	61.3	67.7		
Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for enrollees 18 to 64 years of age, hospitalized for treatment of mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	0 – 100	2018	49.5	45.8	52.1	40.24	54.62
			2019	46.5	40.2	49.4		
			2020	51.2	49.6	55.1		
			2021	52.4	47.8	55.2		
			2022	47.9	42.7	49.0		
Diabetes Screening for Individuals With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	Percentage of enrollees with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication, and had diabetes screening test during the measurement year	0 – 100	2018	87.1	84.6	91.4	79.27	86.29
			2019	88.6	84.6	90.8		
			2020	83.3	79.8	85.9		
			2021	84.3	83.6	87.7		
			2022	83.89	83.07	89.47		
Antidepressant Medication Management	Percentage of members (18-64) treated with antidepressant and had diagnosis of major depression who remained on antidepressant medication treatment	0 – 1.0	2018	N/A	N/A	N/A	42.29	51.78
			2019	N/A	N/A	N/A		
			2020	34.7	30.4	38.2		
			2021	52.3	47.1	54.3		
			2022	53.4	47.6	54.7		

*Pending rates for MY22 Diabetes Screening

Detailed BH CP and LTSS CP Quality Results (4 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
BH CP MEASURES								
ED Visits for Adults with SMI, Addiction, or Co-occurring Conditions	The rate of ED visits for enrollees 18 to 64 years of age identified with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions	Utilization per 1000 member months (lower is better)	2018	243.1	267.0	219.4	241.1	179.26
			2019	210.5	241.1	196.5		
			2020	192.7	223.1	176.1		
			2021	195.2	174.3	204.9		
			2022	166.4	157.8	172.3		
Hospital Readmissions (Adult)	The rate of acute unplanned hospital readmissions within 30 days of discharge for enrollees 18 to 64 years of age	0-10 (lower is better)	2018	2.7	2.9	2.5	2.45	1.82
			2019	2.0	2.1	1.6		
			2020	2.3	2.5	2.1		
			2021	2.1	1.9	2.1		
			2022	1.7	1.4	1.8		
LTSS CP MEASURES								
Community Partner Engagement	Percentage of assigned enrollees 3 to 64 years of age with documentation of engagement within 122 days of assignment to a Community Partner	0-100	2018	1.0	0.8	1.1	2.43	7.45
			2019	4.2	2.4	5.4		
			2020	5.9	3.5	6.2		
			2021	9.6	7.7	11.2		
			2022	9.0	6..9	9.6		
Enhanced Person-Centered Care Planning	Percentage of enrollees 18 to 64 years of age with timely completion of a new or updated Care Plan during the measurement year	0-100	2018	6.1	3.4	8.8	48.05	59.74
			2019	52.4	44.2	61.9		
			2020	52.6	48.1	54.1		
			2021	63.8	47.4	73.0		
			2022	69.3	61.5	72.2		

Detailed LTSS CP Quality Results (5 of 8)

Measure	Description	How it is scored	Year	Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
Follow-up with LTSS CP After Acute or Post-Acute Stay (3 Business Days)	Percentage of discharges from acute or post-acute stays for enrollees 3 to 64 years of age that were succeeded by a follow-up with a Contractor within 3 business days of discharge	0-100	2018	0.8	0.0	1.7	8.04	30.71
			2019	3.4	1.9	8.5		
			2020	13.8	8.6	23.5		
			2021	24.7	12.5	38.5		
			2022	25.3	14.1	36.5		
Annual primary care visit	Percentage of enrollees 3 to 64 years of age who had at least one comprehensive well-care visit during the measurement year	0-100	2018	59.1	55.9	69.1	49.78	67.46
			2019	63.2	53.2	66.6		
			2020	58.2	49.2	67.1		
			2021	75.2	64.8	77.1		
			2022	72.4	62.8	74.7		
Oral Health Evaluation	Percentage of enrollees 3 to 20 years of age who received a comprehensive or periodic oral evaluation within the measurement year	0-100	2018	67.7	57.8	68.7	61.54	69.76
			2019	64.9	61.5	68.5		
			2020	49.0	42.5	50.8		
			2021	63.1	60.6	65.1		
			2022	65.2	61.6	68.7		
All-Cause ED Visits	The rate of ED visits for enrollees 3 to 64 years of age	0-100 (lower is better)	2018	66.2	71.6	61.7	74.91	51.50
			2019	65.8	75.0	55.0		
			2020	56.7	63.5	49.3		
			2021	69.7	67.9	76.5		
			2022	56.8	52.8	64.4		

Detailed LTSS CP Quality Results (6 of 8)

Measure	Description	How it is scored	Survey Group	Year	Median Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold
Hospital Readmissions	The rate of acute unplanned hospital readmissions within 30 days of discharge for enrollees 18 to 64 years of age	0.0-2.0 obs/ exp ratio (lower is better)	2018	1.6	1.7	1.2	1.7	1.45
			2019	1.5	1.5	1.3		
			2020	1.7	1.8	1.5		
			2021	1.7	1.6	1.9		
			2022	1.4	1.1	1.5		

Detailed BHCP Quality Results: MES Performance Measures

Measure	Description	How it is scored	Survey Group	Year	Median Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
BH CP									
Care Team Engagement	Composites related to member connection to care team and resources available within community setting	0 – 100	Adult	2019	66.9	65.0	69.3	63.0	73.0
				2020	66.3	64.8	68.8		
				2021	65.6	62.8	66.9		
				2022	63.9	60.6	67.1		
Healthy Living in the Community		0 – 100	Adult	2019	N/A	N/A	N/A	64.97	73.92
				2020	66.9	65.3	70.7		
				2021	67.0	64.6	68.6		
				2022	67.2	63.5	68.4		
Member Engagement with Care Team		0 – 100	Adult	2019	71.2	69.9	74.9	67.0	77.0
				2020	74.2	67.9	75.5		
				2021	69.9	63.9	73.8		
				2022	68.3	62.0	72.7		

Detailed LTSS CP Quality Results (7 of 8): MES Performance Measures

Measure	Description	How it is scored	Survey Group	Year	Median Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
LTSS CP									
Care Team Engagement	Composites related to member connection to care team and resources available within community setting	0 – 100	Adult	2019	70.2	68.1	73.0	64.8	74.8
				2020	70.8	66.5	72.3		
				2021	66.3	65.5	72.5		
				2022	66.3	65.8	73.0		
			Child	2019	70.3	63.7	71.8	60	75
				2020	68.9	66.4	72.4		
				2021	70.8	64.0	71.2		
				2022	74.2	70.6	76.5		
Healthy Living in the Community		0 – 100	Adult	2019	N/A	N/A	N/A	68.8	71.7
				2020	71.0	69.1	71.2		
				2021	68.1	66.2	70.9		
				2022	68.5	65.8	74.6		
			Child	2019	N/A	N/A	N/A	NA	NA
				2020	70.0	65.0	75.0		
				2021	71.6	69.2	73.8		
				2022	75.9	68.4	80.9		

Detailed LTSS CP Quality Results (8 of 8): MES Performance Measures

Measure	Description	How it is scored	Survey Group	Year	Median Score	Lowest/ 25th percentile	Highest/ 75th percentile	Attainment Threshold	Goal Benchmark
LTSS CP									
Member Engagement with Care Team	Composites related to member connection to care team and resources available within community setting	0 – 100	Adult	2019	72.0	68.9	77.8	70.0	80.0
				2020	73.2	71.9	76.7		
				2021	72.0	69.6	73.3		
				2022	74.5	64.0	76.1		
			Child	2019	66.6	58.8	71.4	50.0	80.0
				2020	72.9	69.4	82.3		
				2021	61.5	57.9	66.6		
				2022	66.0	64.8	76.2		

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- DSRIP funding detail by entity and funding stream

BH CPs

- In 2022, MassHealth contracted with eighteen (18) BH CPs throughout the state.
- CPs are contracted to cover certain Service Areas.

BH CPs	Consortium Entities and Affiliated Partners	Service Areas Covered by Region
Behavioral Health Network, Inc.		**Western:** Holyoke, Springfield, Westfield
Behavioral Health Partners of Metrowest, LLC	• *Advocates, Inc.* • *South Middlesex Opportunity Council* • *Spectrum Health Systems, Inc.* • *Wayside Youth and Family Support,* • *Family Continuity (FCP), Inc.*	**Northern:** Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn **Central:** Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, Worcester
Boston Coordinated Care Hub	• *McInnis Health Group/Boston Health Care for the Homeless Program* • *Bay Cove Human Services, Inc.* • *Boston Public Health Commission* • *Boston Rescue Mission, Inc.* • *Casa Esperanza, Inc.* • *Pine Street Inn, Inc.* • *St. Francis House; Victory Programs, Inc.* • *Vietnam Veterans Workshop, Inc.*	**Greater Boston:** Boston Primary
Brien Center Community Partner Program		**Western:** Adams, Pittsfield
Central Community Health Partnership	• *The Bridge of Central Massachusetts* • *Alternatives Unlimited, Inc.* • *LUK, Inc.* • *Venture Community Services* • *AdCare*	**Central:** Athol, Framingham, Gardner-Fitchburg, Southbridge, Worcester

BH CPs (cont.)

BH CPs	Consortium Entities and Affiliated Partners	Service Areas Covered by Region
Clinical and Support Options, Inc.		**Central:** Athol **Western:** Adams, Greenfield, Northampton, Pittsfield
Community Counseling of Bristol County		**Greater Boston:** Quincy **Southern:** Attleboro, Brockton, Fall River, New Bedford, Plymouth, Taunton
Community Healthlink, Inc.		**Central:** Gardner-Fitchburg, Worcester
Community Care Partners, LLC	• *Vinfen Corporation* • *Bay Cove Human Services, Inc.*	**Greater Boston:** Boston Primary, Revere, Somerville, Quincy **Northern:** Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Waltham **Southern:** Attleboro, Barnstable, Brockton, Fall River, Falmouth, New Bedford, Orleans, Plymouth, Taunton, Wareham
Coordinated Care Network	• *High Point Treatment Center* • *Brockton Area Multi Services, Inc. (BAMSI)* • *Bay State Community Services, Inc.* • *Child & Family Services, Inc.* • *Duffy Health Center* • *Steppingstone, Inc.*	**Greater Boston:** Quincy **Southern:** Attleboro, Barnstable, Brockton, Fall River, Falmouth, New Bedford, Orleans, Plymouth, Taunton, Wareham
Eliot Community Human Services, Inc.		**Greater Boston:** Boston Primary, Revere, Somerville, Quincy **Northern:** Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn **Central:** Framingham, Gardner-Fitchburg, Waltham **Southern:** Brockton

BH CPs (cont.)

BH CPs	Consortium Entities and Affiliated Partners	Service Areas Covered by Region
Innovative Care Partners, LLC	• *Center for Human Development* • *Gandara Mental Health Center, Inc.* • *Service Net, Inc.*	**Western:** Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
Lowell Community Health Center, Inc.	• *Lowell Community Health Center, Inc.* • *Lowell House, Inc.*	**Northern:** Lowell
Lahey Health Behavioral Services		**Northern:** Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn
Riverside Community Partners	• *Riverside Community Care* • *Brookline Community Mental Health Center, Inc.* • *The Edinburg Center, Inc.* • *North Suffolk Mental Health Association, Inc.* • *Upham's Corner Health Center*	**Greater Boston:** Boston Primary, Revere, Somerville, Quincy **Northern:** Lowell, Lynn, Malden, Woburn **Central:** Framingham, Southbridge, Waltham
Southeast Community Partnership	• *Aspire Health Alliance (Formerly South Shore Mental Health Center, Inc.)* • *Gosnold, Inc.*	**Southern:** Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham
South Shore Community Partnership, LLC.	• *Aspire Health Alliance (Formerly South Shore Mental Health Center, Inc.)* • *Spectrum Health Systems, Inc.**	**Greater Boston:** Quincy
Stanley Street Treatment and Resources (SSTAR) Care Community Partners	• *SSTAR* • *Greater New Bedford Community Health Center, Inc.* • *HealthFirst Family Care Center, Inc.* • *Fellowship Health Resources, Inc.*	**Greater Boston:** Quincy **Southern:** Attleboro, Barnstable, Brockton, Fall River, Falmouth, New Bedford, Orleans, Taunton, Wareham

*Spectrum Health Systems, Inc. left the partnership as of January 1, 2023

LTSS CPs

- In 2022, MassHealth contracted with nine (9) LTSS CPs throughout the state.
- CPs are contracted to cover certain Service Areas.

LTSS CPs	Consortium Entities and Affiliated Partners	Service Areas Covered by Region
Boston Allied Partners	• *Boston Medical Center Corporation* • *Boston Senior Home Care, Inc.* • *Central Boston Elder Services* • *Southwest Boston Senior Services d.b.a. Ethos*	**Greater Boston:** Boston-Primary, Revere
Care Alliance of Western Massachusetts	• *WestMass Elder Care, Inc.* • *Behavioral Health Network, Inc.*	**Central:** Athol **Western:** Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
Central Community Health Partnership	• *The Bridge of Central Massachusetts, Inc.* • *Open Sky Community Services, Inc. (formerly Alternatives Unlimited, Inc.)* • *LUK, Inc.* • *Venture Community Services, Inc.* • *AdCare*	**Central:** Athol, Framingham, Gardner-Fitchburg, Southbridge, Worcester
Family Service Association		**Southern:** Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham

LTSS CPs (cont.)

LTSS CPs	Consortium Entities and Affiliated Partners	Service Areas Covered by Region
Innovative Care Partners, LLC	• *Center for Human Development* • *Gandara Mental Health Center, Inc.* • *Service Net, Inc.*	**Western:** Adams, Greenfield, Holyoke, Northampton, Pittsfield, Springfield, Westfield
LTSS Care Partners, LLC	• *Vinfen* • *Bay Cove Human Services* • *Justice Resource Institute (JRI)* • *Boston Center for Independent Living* • *Mystic Valley Elder Services* • *Somerville Cambridge Elder Services* • *Boston Senior Home Care, Inc.*	**Greater Boston:** Boston-Primary, Revere, Somerville, Quincy **Northern:** Malden **Central:** Waltham
Massachusetts Care Coordination Network	• *Seven Hills Family Services, Inc.* • *Advocates, Inc.* • *Boston Center for Independent Living, Inc.* • *BayPath Elder Services, Inc.* • *Brockton Area Multi Services, Inc. (BAMSI)*	**Greater Boston:** Quincy, Revere **Northern:** Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn **Southern:** Attleboro, Barnstable, Brockton, Fall River, Falmouth, Nantucket, New Bedford, Oak Bluffs, Orleans, Plymouth, Taunton, Wareham **Central:** Athol, Framingham, Gardner-Fitchburg, Southbridge, Waltham, Worcester
Merrimack Valley Community Partnership	• *Elder Services of Merrimack Valley* • *Northeast Independent Living Program, Inc.*	**Northern:** Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn
North Region LTSS Partnership	• *Bridgewell, Inc.* • *Northeast Arc, Inc.* • *Greater Lynn Senior Services*	**Greater Boston:** Revere **Northern:** Beverly, Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn

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DSRIP Expenditures by ACO (Excluding Delivery System Transformation Initiatives Funding)

ACO Name	CY2022 Startup/Ongoing Expenditures	CY 2022 Flexible Services Expenditures	CY 2022 Total DSRIP Expenditures
Atrius Health	$8.2M	$0.5M	$8.7M
Boston Accountable Care Organization	$2.2M	$7.7M	$9.9M
Baystate Health Care Alliance	$0.8M	$3.1M	$3.9M
Boston Children's Health ACO	$0.9M	$5.2M	$6.1M
Health Collaborative of the Berkshires	$2.8M	$1.3M	$4.1M
Beth Israel Deaconess Care Organization	$3.4M	$1.0M	$4.4M
Community Care Cooperative	$6.7M	$10.7M	$17.4M
Cambridge Health Alliance	$1.0M	$2.2M	$3.2M
Lahey Health	$1.8M	$0.2M	$2.0M
Mercy Medical Center	$7.9M	$0.4M	$8.3M
Merrimack Valley ACO	$2.9M	$2.9M	$5.8M
Partners HealthCare Choice	$13.3M	$7.2M	$20.5M
Reliant Medical Group	$8.6M	$0.4M	$9.0M
Signature Healthcare	$2.1M	$0.3M	$2.4M
Steward Health Choice	$1.4M	$6.7M	$8.1M
Southcoast Health	$3.0M	$1.0M	$4.0M
Wellforce	$2.1M	$1.5M	$3.6M
Total	**$69.0M**	**$52.4M**	**$121.4M**

DSRIP Expenditures by CP

CP Name	CY 2022 Infrastructure Expenditures	CY 2022 Care Coordination Payments	Total 2022 DSRIP Expenditures
Alternatives Unlimited, Inc.	$0.2M	$1.0M	$1.1M
Behavioral Health Network	$0.7M	$3.9M	$4.5M
Behavioral Health Partners of Metrowest	$0.9M	$6.2M	$7.1M
Boston Alliance Partners (BMC/BAP)	$0.3M	$1.6M	$1.9M
Boston Health Care for the Homeless	$0.4M	$2.8M	$3.2M
Brien Center	$0.2M	$0.9M	$1.2M
Care Alliance of Western MA (CAWM)	$0.2M	$0.9M	$1.1M
Clinical and Support Options	$0.1M	$0.8M	$0.9M
Community Care Partners (CCP)	$1.5M	$7.4M	$8.9M
Community Counseling of Bristol County (BH)	$1.0M	$9.7M	$10.7M
Community Healthlink	$0.3M	$1.6M	$1.9M
Eliot Community Partner	$0.8M	$5.3M	$6.1M
Family Service Association	$0.4M	$1.5M	$1.9M
Greater Lowell Behavioral Health	$0.2M	$1.7M	$1.9M
High Point Treatment Center (HPTC) (BH)	$0.9M	$4.2M	$5.1M
Innovative Care Partners, LLC (ICP) LTSS	$0.3M	$3.9M	$4.2M
Innovative Care Partners, LLC. (ICP) BH	$0.5M	$1.7M	$2.1M
Lahey Health and BH Services	$0.4M	$1.6M	$2.0M
LTSS Care Partners (LTSSCP)	$0.3M	$1.2M	$1.5M
Massachusetts Care Coordination Network (MCCN) (LTSS)	$0.8M	$2.2M	$2.9M
Merrimack Valley CP (ESMV)	$0.2M	$0.7M	$0.9M
Northern Region LTSS Partner (GLSS)	$0.3M	$0.7M	$1.0M
Riverside Community Care, Inc.	$1.3M	$3.9M	$5.3M
Southeast	$0.8M	$2.2M	$3.0M
Southshore	$0.2M	$1.2M	$1.4M
Stanley Street Treatment and Resources	$0.9M	$2.5M	$3.4M
The Bridge of Central Massachusetts, Inc. (The Bridge) (BH)	$0.3M	$2.1M	$2.5M
TOTAL	**$14.4M**	**$73.2M**	**$87.7M**

DSRIP Funding by Statewide Investments Program

Program	Funding as of 12/31/2022
Community-Based Workforce	
Student Loan Repayment Program	$11.8M
Behavioral Health Workforce Development Program	$1.7M
Community Partners (CP) Recruitment Incentive Program	$1.1M
Primary Care/Behavioral Health Special Projects Program	$3.5M
Family Medicine/Family Nurse Practitioner Residency Program	$8.2M
Community Mental Health Center (CMHC) Behavioral Health (BH) Recruitment Program	$3.7M
Subtotal | Community-Based Workforce	$30.1M
Frontline Workforce	
Community Health Worker (CHW) Training Capacity Expansion Grant Program	$1.2M
Peer Specialist Training Capacity Expansion Grant Program	$1.6M
Community Health Worker (CHW) Supervisor Training Grant Program	$0.8M
Competency-Based Training Program	$3.0M
Subtotal | Frontline Workforce	$6.5M
Capacity Building for ACOs, CPs, CSAs, and Providers	
Technical Assistance Program for ACOs and CPs	$34.1M
Community Health Center (CHC) Readiness Program	$2.0M
Standardized Online Training for CPs and CSAs	$0.5M
Alternative Payment Methods (APM) Preparation Fund	$2.2M
Subtotal | Capacity Building for ACOs, CPs, CSAs, and Providers	$38.8M
Initiatives to Address Statewide Gaps in Care Delivery	
Enhanced Diversionary Behavioral Health Activities	$1.3M
Accessibility Improvement Program	$5.5M
Subtotal | Initiatives to Address Statewide Gaps in Accessibility	$6.8M
Total Statewide Investments Spending Thru 12/31/2022	**$82.4M**