

# **Medical Care Advisory Committee (MCAC) and Payment Policy Advisory Board (PPAB) Meeting**

Executive Office of Health and Human Services

**September 6, 2023**

# Table of Contents



MassHealth's 1115 Demonstration: Update

MassHealth Redeterminations: Update



# **MassHealth's 1115 Demonstration: Update**



# MassHealth's 1115 demonstration extension represents a five-year \$67.2 billion agreement supporting MassHealth reforms

On September 28th, 2022, CMS approved a five-year extension of the MassHealth Section 1115 demonstration. Since 1997, the 1115 demonstration has been a critical tool in enabling Massachusetts to achieve and maintain near-universal coverage, sustain the Commonwealth's safety net, expand critical behavioral health services, and implement reforms in the way that care is delivered.

**The extended 1115 demonstration (2022-2027) builds on these reforms** by continuing to support integrated, outcomes-based care for MassHealth members and bringing a new focus on advancing health equity by closing disparities in quality and access. Goals for this demonstration include:

1. Continuing the path of restructuring and **reaffirming accountable, value-based care**
2. Making reforms and investments in **primary care, behavioral health and pediatric care**
3. **Advancing health equity**, with a focus on initiatives addressing health-related social needs and specific disparities
4. Sustainably **supporting the Commonwealth's safety net**, including level, predictable funding for safety net providers, with a continued linkage to accountable care
5. **Maintaining near-universal coverage**, making updates to eligibility policies to support coverage and equity



# MassHealth smoothly transitioned ~1.3M members to new ACOs and Community Partner organizations in April 2023

- ~1.3M members are now being served by one of 17 new Accountable Care Organizations (ACOs), and 35k members are now being served by 20 new Community Partners (CPs)
- Every major health system and all FQHCs in the Commonwealth now participate in the program
- Program launch went generally smoothly, with positive experience by MassHealth members, health plans, providers, and stakeholders

## **Continuity of Care**

- 90-day Continuity of Care period
- Strong focus on transitions of care for members entering new plans, and/or transitioning from out of network providers
- Positive experience with limited member experience disruption

## **Primary care payment reform**

- ~1,000 practices now receiving sub-capitation payments for primary care services
- Supports providers to focus on team-based integrated care and moves off fee-for-service
- Key focus on implementing new payment approach to ensure consistent, reliable revenue for practices



## **Enhanced Program and Contract Management**

- New ACO and CP contracts include enhanced expectations, including improved:
  - Network management
  - Care coordination and care management
  - Clinical quality

## **Focus on HRSN and health equity**

- Expanded investment and supports for health-related social needs, including housing and nutrition supports
- Health Quality & Equity Incentive program with >\$2B incentives for RELDSOGI data collection, measure stratification, and disparities reduction



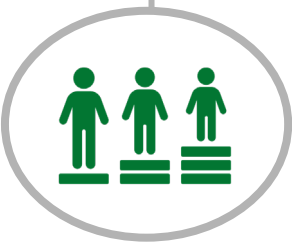
# MassHealth's Health Quality and Equity Incentive Program will hold ACOs/MCOs and acute care hospitals accountable for improving clinical quality and advancing equity



## Demographic and HRSN Data

Completeness of patient-reported demographic data:

- Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identify (**RELD SOGI**)
- Health Related Social Needs (**HRSN**)



## Equitable Quality and Access

Performance improvements on access and quality metrics + reductions in disparities

- Access for **members with disability**
- Access for **limited English proficiency**
- **Disparities reduction** in preventive, perinatal, and pediatric care, care for chronic diseases and behavioral health, and care coordination



## Capacity and Collaboration

Improvements in metrics such as

- **Provider and workforce capacity**
- **Cultural Competency**
- **Collaboration** between partners to improve quality and reduce disparities.

### Year 1 Goals

- ✓ Report baseline RELD SOGI completeness
- ✓ Train staff to collect RELD SOGI data
- ✓ Identify plan for HRSN screening in year 2, including documenting using z-codes
- ✓ Identify strategies to provide resources to members who screen positive for HRSNs

- ✓ Plan for identifying disparities using stratified data
- ✓ Submit quarterly deliverables for PIPs, including on care coordination and maternal morbidity
- ✓ Submit organizational self-assessment of capacity for providing high-quality language services
- ✓ Submit assessment of staff disability competency
- ✓ Submit report describing screening for accommodation needs, how / whether needs met

- ✓ Hospitals apply for Joint Commission standards for health equity; ACOs for NCQA:
  - Leadership to promote efforts
  - Develop written plan to reduce disparities
  - Inform stakeholders of progress towards reducing disparities
- ✓ Build capacity to report member experience related to cultural competency



# MassHealth’s 1115 expands authorities and investment in HRSN services

- CMS reauthorized and expanded both the Community Supports Program and the Flexible Services Program, **improving nutrition and housing supports** for MassHealth members

	Flexible Services Program	Specialized Community Support Program (CSP)
HRSN Services	<ul style="list-style-type: none"><li>• Case management, outreach, and education</li><li>• <b>Housing supports</b> (includes pre-tenancy and tenancy sustaining support, transition services, one-time transition/moving costs and housing deposits, medically necessary devices like A/C units and asthma remediation, and home modifications)</li><li>• <b>Nutrition supports</b> (incl. counseling, meal delivery, medically-tailored food prescriptions, food vouchers, household nutrition support, and cooking supplies)<ul style="list-style-type: none"><li>• when member is a high-risk child or pregnant individual, meals may be provided at household level</li></ul></li><li>• Transportation to nutrition/housing supports</li></ul>	<p>Specialized CSP services, which are outreach and supportive services to enable beneficiaries with behavioral health needs to use clinical treatment services and other supports, including:</p> <ul style="list-style-type: none"><li>• For <b>Homeless Individuals (CSP-HI)</b>: Assistance in finding, transitioning to, and maintaining housing</li><li>• For <b>Individuals with Justice Involvement (CSP-JI)</b>: Assistance in transitioning back to the community</li><li>• For <b>Tenancy Preservation Program (CSP-TPP)</b>: Specialized services for individuals with BH needs who are being evicted due to behavior or a disability</li></ul>
Eligible Members	<p><b>ACO-enrolled individuals</b> aged 0-64 who have a health needs-based criteria (e.g., BH needs, complex physical health needs, frequent ED utilization, high-risk pregnancy) and one risk factor (e.g., at risk for nutritional deficiency)</p>	<p><b>Managed care and FFS members</b> in CSPs due to homelessness (CSP-HI), who are justice-involved (CSP-JI) or have BH needs and are facing eviction as a result of behavior or a disability (CSP-TPP)</p>



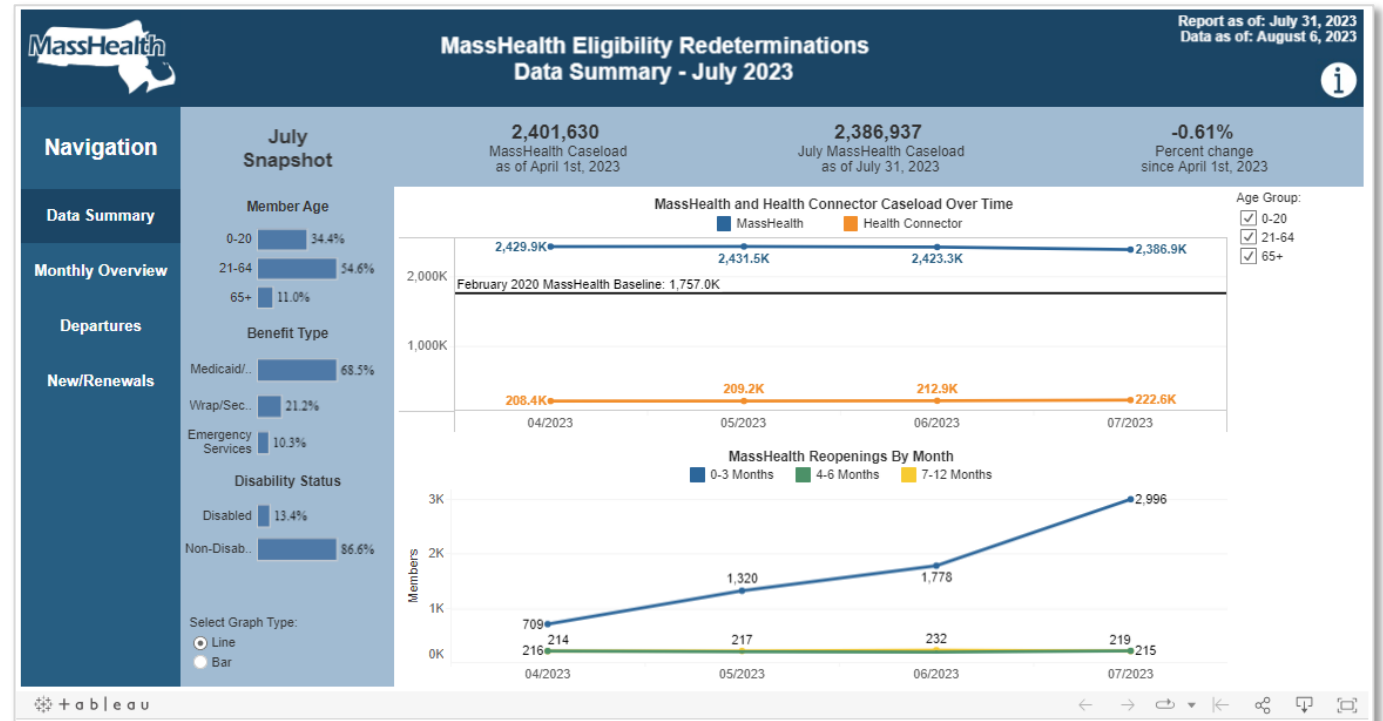
# **MassHealth Redeterminations: Update**





# MassHealth began redetermining all 2.4M members on April 1, 2023 in alignment with federal requirements

- In March 2020, the federal government declared a public health emergency (PHE) due to COVID-19.
- In response to the PHE and consistent with federal requirements, MassHealth put protections in place that generally prevented members' MassHealth coverage from.
- On April 1, 2023, these continuous coverage protections ended and MassHealth began the year-long process to redetermine all members' eligibility, as required by CMS.
- MassHealth is focused on maintaining coverage for eligible individuals



MassHealth is publishing a monthly dashboard that provides data on caseload changes.



## **MassHealth has used federal flexibilities to increase the number of individuals who are renewed without requiring them to take action**

- Whenever possible, MassHealth will autorenew an individual's coverage by validating data on file with state and federal data sources.
- For the redetermination process, MassHealth received federal approval to make temporary enhancements to its systems, enabling it to automatically renew ("auto-renew") more members who are under age 65 (MAGI population).
  - These enhancements resulted in a ~75% autorenewal rate for individuals under age 65 who did not have their coverage protected during the Maintenance of Effort (MOE) period
  - The autorenewal rate for individuals under age 65 who did have their coverage protected during the MOE period is significantly lower (less than 10%) as there is less up to date information for this cohort.
- MassHealth has also requested federal approval to enhance the autorenewal process for individuals over 65 or individuals with disabilities (the non-MAGI population).
- Individuals who are not able to have their coverage autorenewed will receive a blue envelope with their renewal form.



## **MassHealth is continuing its outreach efforts to make sure members know what action to take to receive the best health coverage they are eligible for.**

Outreach highlights include...

- Through EOHHS's partnership with Health Care For All, canvassers have knocked on over 350K doors and community-based organizations have held over 1,000 events in the 15 communities with the most members at risk of coverage loss.
- MassHealth Accountable Care Organizations and other health plans have made nearly 400K outreach attempts via phone call, text message, and letter, to members selected for renewal since April 2023.
- Additionally, MassHealth has continued to expand member outreach efforts, including new member awareness efforts at 50+ Market Baskets, ~600 libraries, ~1,800 schools, and additional statewide organizations such as the YMCA, Boys & Girls Club, etc.
- EOHHS held trainings specifically for eligibility specialists supporting members over age 65.
- EOHHS executed an additional \$1M grant in collaboration with the Health Connector to hire a team of 'Mobile Community Specialists' to conduct renewal assistance in the community.

**You can learn more about MassHealth's renewal process at [mass.gov/masshealthrenew](https://mass.gov/masshealthrenew)**



# Appendix



# MassHealth’s Health Quality and Equity Incentive Program: Annual Investment

- Substantial annual funding for ACO and Hospital **equity performance** over five years, in addition to comparable funding for aggregate **quality performance**

Annual Investment in Hospitals (in millions)					
	2023	2024	2025	2026	2027
Equity Incentives	\$350	\$350	\$350	\$350	\$350
Quality Incentives	\$250	\$250	\$250	\$250	\$250

Annual Investment in ACOS (% of TCOC*)					
	2023	2024	2025	2026	2027
Equity Incentives	0.75%	0.75%	0.75%	0.75%	0.75%
Quality Incentives	0.75%	0.75%	0.75%	0.75%	0.75%

\* TCOC – Total Cost of Care, or total projected cost of caring for an attributed ACO population



# MassHealth's Health Quality and Equity Incentive Program: Program Outcomes

**By Waiver Year 5 (2027), ACO/MCOs and Hospitals will be:**



- ✓ Submitting complete and accurate self-reported RELDSOGI and HRSN data according to minimum standards
- ✓ Achieving 80% completeness on RELD/SOGI data to identify & monitor health disparities
- ✓ Using an effective HRSN screening tool and improving referral and linkage to appropriate resources



- ✓ Having complete and accurate data on health care disparities on measures identified by MassHealth
- ✓ Implementing Performance Improvement Plans (Maternal Mortality and Care Coordination)
- ✓ Implementing plans to enhance screening for preferred language and achieving gap closure for language access measure
- ✓ Routinely training staff on disability competency
- ✓ Analyzing data on member experience and implementing a plan to address gaps in meeting accommodation needs



- ✓ Reporting health equity strategic plans
- ✓ Patient-facing staff and leadership receiving training related to disability competent care
- ✓ Screening members for accommodation needs met and achieving gap closure
- ✓ Entities achieving health equity accreditation/certification by TJC or NCQA (or equivalent)
- ✓ Achieving gap closure in cultural competence item set performance