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

Executive Office of Health and Human Services

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# 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 (RELDSOGI)
* Health Related Social Needs (HRSN)

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

Equitable Quality and Access Performance improvements on access and quality metrics + reductions in disparities

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

Year 1 goals:

* 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

Capacity and Collaboration Improvements in metrics such as

Improvements in metrics such as

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

Year 1 goals:

* 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** | * Case management, outreach, and education
* Housing supports (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)
* Nutrition supports (incl. counseling, meal delivery, medically-tailored food prescriptions, food vouchers, household nutrition support, and cooking supplies)
	+ when member is a high-risk child or pregnant individual, meals may be provided at household level
* Transportation to nutrition/housing supports
 | 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:* For Homeless Individuals (CSP-HI): Assistance in finding, transitioning to, and maintaining housing
* For Individuals with Justice Involvement (CSP-JI): Assistance in transitioning back to the community
* For Tenancy Preservation Program (CSP-TPP): Specialized services for individuals with BH needs who are being evicted due to behavior or a disability
 |
| **Eligible Members** | ACO-enrolled individuals 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)  | Managed care and FFS members 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) |

# 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

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*MassHealth is publishing a* [*monthly dashboard*](https://www.mass.gov/info-details/masshealth-redetermination-dashboard?auHash=rq1K7fwWw2s1sh1A2nw5cVb058yvfr7RT8RN0sReBVo) *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://www.mass.gov/masshealth-eligibility-redeterminations)

# 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

**Table 1: Annual Investment in Hospitals (in millions)**

| Incentive Type | 2023 | 2024 | 2025 | 2026 | 2027 |
| --- | --- | --- | --- | --- | --- |
| Equity Incentives | $350 | $350 | $350 | $350 | $350 |
| Quality Incentives | $250 | $250 | $250 | $250 | $250 |

**Table 2: Annual Investment in ACOS (% of TCOC\*)**

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

| Incentive Type | 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% |

## 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