

## **Introduction**

The Commonwealth of Massachusetts' current 1115 Demonstration agreement (Project Number II-W-00030/I) Extension was approved on November 4, 2016, effective July 1, 2017 through June 30, 2022, and was temporarily extended on June 9, 2022 through September 30, 2022 to allow the state and CMS to continue negotiations over the state's December 22, 2021 demonstration application. This Demonstration seeks to transform the delivery of care for most MassHealth members and to change how that care is paid for, with the goals of improving quality and establishing greater control over spending. The Demonstration also addresses the epidemic of opioid drug use in Massachusetts. The Demonstration extension seeks to advance seven goals:

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

In accordance with the Special Terms and Conditions (STCs) of the Demonstration and specifically STC's 82-84 and discussions with CMS regarding the temporary extension period, the Massachusetts Executive Office of Health and Human Services (EOHHS) hereby submits its annual operational report for Demonstration Year (DY) 26, ending September 30, 2022.

### **Enrollment Information**

The enrollment activity below reflects enrollment counts for DY26, as of September 30, 2022.

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
Base Families	1,024,017
Base Disabled	226,414
1902(r)(2) Children	31,778
1902(r)(2) Disabled	19,680
Base Childless Adults (19- 20)	24,044
Base Childless Adults (ABP1)	48,417
Base Childless Adults (CarePlus)	404,103
BCCTP	1,353

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
CommonHealth	31,777
e-Family Assistance	6,318
e-HIV/FA	873
SBE	0
Basic	N/A
DSHP- Health Connector Subsidies	N/A
Base Fam XXI RO	0

1902(r)(2) XXI RO	0
CommonHealth XXI	0
Fam Assist XXI	0
Asthma	N/A
TANF/EAEDC*	N/A
End of Month Coverage	N/A
Total Demonstration	1,818,774

\* TANF is reported under Base Families

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

The enrollment activity below reflects the average monthly enrollment counts for DY 25 quarter ending June 30, 2022 and DY 26 quarter ending September 30, 2022.

Plan Type	QE 06/22	QE 09/22	Difference
MCO	225,745	229,129	3,384
PCC	122,892	125,340	2,448
MBHP*	662,321	672,961	10,640
FFS/PA**	713,214	737,518	24,304
ACO	1,179,350	1,195,510	16,160

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

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

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

During this reporting DY, MassHealth provided premium assistance for 12,243 health insurance policies resulting in premium assistance to 25,343 MassHealth eligible members. Note that in the delivery system enrollment numbers included in the above section, members in FFS and in

MBHP may also receive premium assistance.

The Small Business Employee Premium Assistance Program currently has no active participating members. The program gradually dropped in enrollments over time mainly due to either loss of private insurance, or the member was determined eligible for a richer benefit and has been transferred to a Premium Assistance benefit under another category of aid.

<b>Premium Assistance Program: Employer Sponsored Insurance</b>	<b>Disabled Members</b>	<b>Non-Disabled Members</b>	<b>Total MassHealth Enrolled Members</b>
Standard	1,869	12,817	14,686
CommonHealth	3,452	0	3,452
Family Assistance	15	6,308	6,323
CarePlus	0	792	792
Small Business Employee Premium Assistance (SBEPA)	0	0	0
<b>Total for DY26 period</b>	<b>5,426</b>	<b>19,917</b>	<b>25,343</b>

## **Outreach Activities**

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

MassHealth continues its extensive training and communication efforts to continually educate and inform the 1,274 Certified Application Counselors (CACs) across 241 CAC hospitals, community health centers, and community service organizations. Collaboration with the Massachusetts Health Connector on these activities provides timely, uniform knowledge and messaging across all enrollment Assisters (CACs and the Health Connector Navigators, Independent Enrollment Assisters).

During this period, CAC outreach and educational activities focused on ensuring our 1,274 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through “*Assister Update*” emails, five Assister conference calls and webinars, and statewide educational Massachusetts Health Care Training Forum (MTF) sessions, held virtually due to the COVID-19 public health emergency (PHE).

This DY, one Lead CAC virtual meeting was held to connect and provide opportunities for Assisters to ask questions related to the CAC program, in addition to supporting Assisters in their role as Lead CACs and managing their CAC teams. A total of 80 Lead Assisters attended, and topics included:

- Recommended Browsers (LMS, HIX, Assister Portal)
- Update on Immigration
- Updating Member Information
- HIX Release 25

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

*Assister Update* emails this quarter, included:

- MAhealthconnector.org System Updates
- Help Health Connector Members with their Annual Redetermination
- Virtual User Feedback Session on MassHealth's IVR System
- Notice of Supplemental Grant Opportunity: Health Connector Navigator Program
- MA Assister Newsletter Issue 6

#### *Assister Webinar opportunities*

- Health Connector Redeterminations and renewals
- Health Connector Health and Dental Plans
- Lead CAC check-in meetings
- MassHealth for Seniors and Individuals Seeking Long-Term-Care Services (LTC): Part 1- Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2) and the MassHealth Buy-In Application

#### Member Education and Communication

During DY26, MassHealth continued to engage the health plans to be sure the Member Service Centers were adjusting in response to COVID-19, to assist members with access to care and supports. MassHealth also engaged health plans to verify each plan's population health operations had adjusted their member engagement strategies and operations to respond to COVID-19.

***Global Awareness and Education.*** The quarterly MTF held 10 meetings virtually due to the COVID-19 PHE to educate and train our stakeholders and organizations that support our members on health plan updates. A total of 882 individuals joined the webinars.

***Support Materials and Member Engagement.*** MassHealth used All Provider Bulletins, communications to the MTF community, as well as COVID-19 focused webinars to alert providers, plans and member stakeholders to the latest guidance from MassHealth in response to COVID-19 and on other issues.

***Enhancements to Customer Service Support.*** The member website ([MassHealthChoices.com](https://www.masshealthchoices.com)) continued to support members in understanding their managed care enrollment options, their ability to search for providers and how to enroll in a plan.

## Provider Education and Communication

During this period, Provider Education and Communication continued its support of our members and providers with the latest updates and guidance regarding MassHealth's response to the COVID-19 emergency, including communication to providers regarding COVID-19 vaccinations, boosters, and telehealth. Virtual resources continued to play a key role in provider education and communication. These tools, such as a dedicated COVID-19 webpage for providers (<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>), webinars using video conferencing tools, such as Microsoft Teams, enhanced customer service, and provider support emails were continuously updated with the latest policy and guidance from MassHealth.

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

- New Provider Bulletins
- Telehealth
- Provider Education Resources and Opportunities
- Provider Revalidation
- Office of Long-Term Services and Supports (OLTSS) Updates
- Medicaid and CHIP Managed Care Final Rule Updates
- Payment Error Rate Measurement (PERM) RY 2023
- Gender Affirming Care Initiatives
- Provider File updates for Accommodations and Languages
- Ordering Referring and Prescribing Requirements Update

COVID-19 continues to impact all providers in various ways. Any information that MassHealth can provide will help ease administrative burden and delays in payment. Questions and escalations surrounding new policies in response to COVID-19 were handled as priorities when needed, and providers' issues were addressed. In addition, MassHealth continues to move forward with usual business initiatives and program enhancements. Provider Education and Communication is also actively planning for any unwinding activities that may be needed when the public health emergency ends.

Provider Education also created and educated providers around system enhancements for identifying hearing aid services. Outreach also focused on training newly enrolled providers to make sure they understand MassHealth and have the tools needed to effectively participate in the program. We also focused virtual trainings on COB claim submission, checking member eligibility and understanding coverage types, and claim denials and resolutions. The team also continued to provide provider education for the Massachusetts Healthcare Training Forum, which includes our provider community that represent billing and eligibility staff. The team has also posted a number of self-service provider trainings to our Learning Management System.

## **Delivery System Reforms and Delivery System Reform Incentive Payment (DSRIP)**

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

During DY26, MassHealth updated its quarterly internal Integrated Performance Dashboard for ongoing ACO financial, quality, and compliance performance monitoring. MassHealth also completed one ACO performance engagement and continued discussions with three other ACOs. One of these engagements focused on the ACOs' higher-than-market expenditure trends while the other three centered on high inpatient utilization rates. Working in collaboration with each ACO and using a data-informed approach to identify utilization trend drivers, MassHealth provided feedback on the design of each ACO's set of targeted initiatives and assessed the initial impact of these interventions on each ACO's patient engagement and utilization rates as well as expenditure trends. In the closed engagement, MassHealth's analysis showed that the ACO has been successful in rapidly reducing the inpatient admission trend at a faster rate than market although its overall utilization remains higher than market. The progress may be attributable to the targeted initiatives focused on improving complex care management and optimizing electronic medical record (Epic) workflows that the ACO launched over the past year with MassHealth input. In the finance-focused engagement, the ACO identified several spending drivers, including a large migration of patients to out-of-network hospitals and emergency departments, low primary care engagement among new members, and low risk recapture rates which impacted risk scores. Over the past several months, the ACO launched multiple initiatives to address these challenges; MassHealth plans to allow time for these initiatives to mature and assess their impact in early 2023.

In July, MassHealth delivered the latest bi-annual utilization report to the MCE market covering CY 2020 and CY 2021. In September, MassHealth completed and delivered another round of CP Enrollment Reports covering the time period from 4/1/2019 to 6/30/2022 to Model A ACOs, Model B ACOs, and MCOs. Also, in September, MassHealth prepared the next round of Model

B financial reports for Model B ACOs for RY 22 (1/1/2022-6/30/2022) with an expected delivery in November 2022.

During DY26, MassHealth continued to monitor overall and ACO/MCO-specific Community Partners (CP) program enrollment and engagement in order to evaluate ACO-CP integration performance and program trends.

MassHealth executed Amendment 2 to the 4<sup>th</sup> Amended and Restated Contracts to reflect updated policies to be effective in 2022. MassHealth also developed and is finalizing Amendment 3 to the 4<sup>th</sup> Amended and Restated Contracts to reflect updated policies to be effective on January 1, 2023.

The fifteen ACOs that participated in the Performance Remediation Plan (PRP) Cycle 1 (CY19-20) submitted their final reports in August 2022. The Independent Assessor and MassHealth conducted the review of final reports and shared initial feedback with participating ACOs. The implementation period for PRP Cycle 2 (CY21-22) is 4/1/2022 through 11/30/2022. All 17 ACOs participate in this PRP cycle. This quarter, the Independent Assessor and MassHealth received, reviewed, and approved the PRP Cycle 2 midpoint progress reports.

### Community Partners (CPs)

As of September 30, 2022, 31,441 members were actively enrolled in the Behavioral Health (BH) CP Program and 9,766 members were actively enrolled in the Long-Term Services and Supports (LTSS) CP Program. For the BH CP population, the cumulative Participation Form rate was 67%, meaning the CP had located the member and began working with the member on completing a Care Plan. Approximately 60% of BH CP members were "engaged" (i.e., had a CP Care Plan completed). For the LTSS CPs, the cumulative Participation Form completion rate was 55%, and 43% of LTSS CP members were "engaged." Engagement rates reflect CPs' increasing ability to locate, outreach, and establish strong relationships with members. Many CPs have adopted unique and innovative strategies to help successfully find members such as creating dedicated outreach teams and utilizing ENS (Event Notification Systems) to locate and work with hard-to-reach members. As a result of these strategies, CPs have demonstrated their value to ACOs and MCOs as it pertains to contacting and engaging some of MassHealth's most vulnerable and least connected members.

As of September 25, 2022, over 294,000 CP enrollments and dis-enrollments have been processed through the CP Program Portal. MassHealth continues to provide CPs with information on their members that have received renewal letters or are in Covid-protected status.

The CP Operations and Reporting Team prepared for a change in timely filing requirements for CPs to be launched on October 1, 2022. The change in timely filing was communicated regularly to CPs beginning in July 2022 via CP Digests, CP Office Hours and in Program Manager's monthly calls with CPs. In addition, MassHealth Community Partners Manual: Qualifying Activity (QA) Reporting (Appendix G for LTSS CPs or Appendix H for BH CPs) was updated with new timely filing changes.

The new timely filing requirements will be in effect for all Qualifying Activities submitted on or after October 1, 2022. The requirements will be that new Qualifying Activities must be submitted within ninety (90) days of the date the Qualifying Activity was performed. When re-submitting a denied claim, CPs must resubmit the claim within one year (12 months) of the date the Qualifying Activity was performed. The timely filing requirements in place prior to October 1, 2022, which allowed two years (24 months) for submission of New Qualifying activities from date of service and two years (24 months) for re-submission of denied Qualifying Activities from date of service, will no longer apply. Thus, on or after October 1, 2022, any qualifying activities submitted, regardless of date of service, will be subject to the new timely filing requirements.

The reason for the change is to align CP timely filing requirements with other MassHealth Providers and to provide a one-year time period for claims runout after the end of the current 1115 demonstration waiver instead of the prior two-year time period.

25 CPs are taking part in the CY20-22 Performance Remediation Plan (PRP) cycle. The implementation period for this combined cycle is 4/29/22 through 12/31/22.

### **DSRIP Statewide Investments**

During this quarter, the two remaining awardees of the Provider Access Improvement Grant Program (PAIGP) were unable to obtain all the equipment by the end of the grant cycle, 6/30/2022, and agreed to return the unspent funds. Health Resources in Action ("HRiA") initiated the repayment letters and received the unspent funds from the two awardees at the end of July 2022.

In July, the Massachusetts League of Community Health Centers (“MassLeague”), hosted their third set of learning days for the 4th cohort of the Student Loan Repayment Program on the topic of "Finding the I in Team." The session included interactive activities on tackling crisis situations in a team-based setting. The session received a lot of positive feedback, with one participant stating that it was the best training they had attended in a long time. MassLeague also developed and delivered a webinar with the UMass Chan Medical School Center for Integrated Primary Care entitled, “Building Telehealth policies and Best Practices.” MassLeague has now made this webinar available for demand on Zoom and is tracking participation. The webinar was originally delivered in June and received an average satisfaction rating of 4.58 out of 5.

Commonwealth Corporation (“CommCorp”), supported by DSRIP funding, continued to offer its Advanced Trainings for CHWs in collaboration with the Center for Health Impact on the topics of mental health and substance use disorder through August. Upon completion of the telehealth trainings which were offered earlier this summer, MassHealth had the opportunity to review the curriculum which will be made available to the public online.

The managing vendor for Technical Assistance, Abt Associates, began developing an infographic that will summarize key outcomes and statistics for the program. The scope of this infographic will provide data on the 363 TA projects that have been funded through the program. Abt Associates also administered the ACO/CP summative survey to gather feedback from organizations' participation in the MA DSRIP Technical Assistance Program. Abt Associates presented their findings from the survey (which garnered a 100% response rate) in August. Some highlights include: 1) 88% of respondents agreed or strongly agreed that the technical assistance received was worth the level of effort to apply to the program, 2) organizations provided many examples of long-term benefits of the program including continued use of materials to train new staff, improved beneficiary engagement, and streamlined workflows, and 3) 66% of respondents reported developing beneficial relationships with TA vendors that they expect to continue even after their project terms are complete. Abt Associates hosted the MA DSRIP TA Program’s final TA Vendor webinar on Tuesday, September 20. The webinar provided some TA Program statistics and included a brief presentation of feedback received from ACOs and CPs regarding their participation in the program. The session was very interactive, and the TA vendors had the opportunity to ask detailed questions regarding the overall TA program.

## **DSRIP Operations and Implementation**

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

### **DSRIP Reporting/Budgets:**

During this period, MassHealth and the Independent Assessor (Public Consulting Group) reviewed and approved all CY22 Semi-annual Progress Reports. MassHealth also continued reviewing updated CY22 budgets and budget narratives from ACOs, CPs, and Community Services Agencies (CSAs). MassHealth disbursed more than \$17.5 million in ACO Startup/Ongoing and CP/CSA Infrastructure and Capacity Building non-at-risk payments for CY22 in DY26.

### **Ombudsman:**

DSRIP funding for MassHealth's ombudsman program, My Ombudsman (MYO) ended as of June 30, 2022.

### **Member Experience Survey, Massachusetts Health Quality Partners (MHQP):**

During this quarter, the Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP), completed deliverables for the 2021-2022 survey cycle for Primary Care (PC), Behavioral Health (BH), and Long-Term Services and Supports (LTSS), adult, and child member surveys. This involved reviewing and finalizing the information sheets that are sent with ACO-specific aggregated datasets, doing QC checks and finalizing data files and data sets, sending EOHHS member-level data files, aggregated data sets, the Analysis Report and the Recommendations Report, presenting highlights of the Analysis Report to EOHHS and having an end of survey cycle After Action Review with EOHHS to identify areas for improvement for the next survey cycle.

### **Delivery System Reform Implementation Advisory Council (DSRIC):**

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in September to discuss the DSRIP CY20 End of the Year Report. MassHealth continued to provide updated key statistics such as ACO and CP member enrollment.

### MassHealth ACO/APM Adoption Rate

- **ACO members<sup>1</sup> as of 9/30/22:** 1,210,753
- **MCO enrollees covered by APMs that are not ACOs:** 4,596
- **ACO-eligible members<sup>2</sup> as of 6/30/22:** 1,491,755
- **Percent of ACO-eligible members enrolled in ACOs:** 81.5%

Managed Care Plan	Members	Membership Percentage	HCP-LAN Category
Model A	714,009	47.86	Category 4C
Model B	484,049	32.45	Category 3B
Fee for Service (not managed care)	51,853	3.48	Category 1
Traditional MCOs (including 11,500 Model C members)	111,594	7.48	Traditional MCO: Category 4N <sup>3</sup> (between State and MCO)  Model C: Category 3B (between MCO and Model C)
Primary Care Clinician (PCC) Plan	125,632	8.42	Category 1
MCO Non-ACO APM Contracts	4,596	0.31	Category 3A

### Flexible Services (FS)

MassHealth's Flexible Services Program (FSP) is testing whether MassHealth ACOs can reduce the cost of care and improve their members' health outcomes by paying for certain nutrition and housing supports through implementing targeted evidence-based programs for certain members.

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

<sup>2</sup> The denominator (i.e., ACO-eligible members) includes all ACO enrollees and attributed members (Model A, B, C) as well as members enrolled in the PCC Plan, our traditional MCO program, and a subset of FFS members who are managed care-eligible but not enrolled in an ACO, MCO, or the PCC Plan. This includes members not subject to mandatory managed care enrollment and members who were between plans at the time of the snapshot.

<sup>3</sup> The traditional MCO program has a quality measure slate and an option to implement a performance incentive withhold on capitation rates. As of present day, MassHealth has not implemented the performance incentive withhold.

In April, MassHealth began analyzing CY22 Semi-annual Progress Reports. Additionally, MassHealth hosted a learning community via the Social Service Organization (SSO) Preparation Fund for nutrition SSOs to share best practices and discuss areas of improvement. In August, ACOs submitted their CY22 Semi-Annual Progress Reports and CY22 Q2 Quarterly Tracking Reports. In September, MassHealth reviewed CY22 Semi-Annual Progress Reports and CY 22 Q2 Quarterly Tracking Reports for quality and compliance. Additionally, MassHealth began developing Flexible Services guidance for the PY5Q5 Extension Period (Jan – March 2023).

### **Infrastructure and Capacity Building (ICB)**

MassHealth released \$4.6 million (ICB Round 2 Installment 1) for SFY 2017, and an additional \$9.5 million for SFY 2018 (ICB Round 2 Installment 2). ICB Round 2 provides eligible acute care hospitals with funding to complete independent financial and operational audits and to implement recommendations from the audits. The audits and resulting projects focus on enhancing sustainability and efficiency and improving or continuing health care services that benefit the uninsured, underinsured, and MassHealth populations.

During this period, MassHealth continued to the review of the submitted ICB Round 2 Installment 1 and 2 reports and connected with select awardees to request revisions of the submitted documents.

### **Operational/Issues**

During this period, in response to the COVID-19 pandemic MassHealth announced certain policy changes to provide greater flexibility in providing care to MassHealth members. The following bulletins were released to guide health plans:

- Expiration of the temporary 90-day prescription drug supply policy and implementation of a new 90-day supply program. <https://www.mass.gov/doc/managed-care-entity-bulletin-90-90-day-prescription-drug-supply-policy-change-0/download>
- Updates to Developmental and Behavioral Health Screening Tools and Codes in Pediatric Primary Care. <https://www.mass.gov/doc/managed-care-entity-bulletin-89-updates-to-developmental-and-behavioral-health-screening-tools-and-codes-in-pediatric-primary-care-0/download>

## **Policy Developments/Issues**

During DY26, EOHHS received approval for Disaster State Plan Amendments related to Vaccine Administration, Monoclonal Antibody Administration, and Hospital Supplemental Payments; and to Chronic Disease and Rehabilitation Hospital rates and a Disaster SPA to allow EOHHS to disregard PHE economic stimulus payments for purposes of Medicaid eligibility. EOHHS also received approval for a regular State Plan Amendment that authorized coverage of urgent care clinic services.

During DY26 EOHHS received approval from CMS for the SMI/CSP/MSP amendment, the extension for the 2022-207 demonstration period, and the interim evaluation report for the 2017-2022 demonstration period.

During DY26 Governor Baker signed the State Fiscal Year 2023 budget. Within the \$19.480 billion gross / \$7.301 billion net MassHealth budget, \$115 million will fund nursing facility staffing rate increases and supplemental payments. The MassHealth budget also incorporates a gross increase of \$73.2 million to expand the Medicare Savings Program, which will reduce out-of-pocket health care spending and prescription drug costs for approximately 65,000 low-income seniors and disabled individuals.

The MassHealth budget includes \$115 million to support the expansion of outpatient and urgent behavioral health services; further FY23 investments in behavioral health care include \$20 million for a clinical behavioral health worker loan forgiveness program and a \$20 million for a trust dedicated to supporting the expansion of access to and utilization of behavioral health services.

**Financial/Budget Neutrality Development/Issues** *Note to CMS: This section will be completed after the Budget Neutrality workbook template has been revised to include DY26.*

## **Member Month Reporting**

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

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

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>July 2022</b>	<b>August 2022</b>	<b>September 2022</b>	<b>Total for QE 09/22 DY26</b>	<b>Total for SFY 2022 DY25</b>
Base Families	1,012,142	1,021,139	1,028,364	3,061,645	11,438,048
Base Disabled	227,768	226,958	225,864	680,590	2,761,425
1902(r)(2) Children	30,628	31,565	32,482	94,675	321,824
1902(r)(2) Disabled	19,149	19,463	19,906	58,518	217,619
New Adult Group	471,057	474,237	477,581	1,422,875	5,369,427
BCCDP	1,348	1,347	1,350	4,045	15,331
CommonHealth	31,686	31,741	31,800	95,227	381,873
TANF/EAEDC*	416	439	433	1,288	4,934

\*EAEDC member months only. TANF is reported under Base Families

- For Informational Purposes Only**

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>July 2022</b>	<b>August 2022</b>	<b>September 2022</b>	<b>Total for QE 09/22</b>
e-HIV/FA	882	876	867	2,625
Small Business Employee Premium Assistance	0	0	0	0
DSHP- Health Connector Subsidies	N/A	N/A	N/A	N/A
Base Fam XXI RO	0	0	0	0

1902(r)(2) RO	0	0	0	0
CommonHealth XXI	0	0	0	0
Fam Assist XXI	0	0	0	0

### **Consumer Issues**

Please see the sections above related to ombudsman issues (DSRIP Operations and Implementation p. 13 and MassHealth flexibilities for members in response to COVID-19 (Member Education and Communication p. 6).

### **Quality Assurance/Monitoring Activity**

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

The MassHealth MCO Program engaged in quality-related activities focused primarily on quality measurement and improvement. During the DY26 period, the MassHealth Quality Office began its annual process of gathering data to assess plan performance on State-specified quality indicators. Utilizing data from a variety of sources including managed care plan Healthcare Effectiveness Data and Information Set (HEDIS) submissions (Measurement Year (MY) 2020) and data calculated from the MassHealth comprehensive quality vendor (CQMV), analysts compared MCO performance across plans and calculated MassHealth weighted means and other descriptive statistics. Analysts also compared performance to national benchmarks. Data generated through these analyses were used to support the development of MassHealth's annual Performance Measure Report as well as the calculation of the Adult and Child Core Set measures.

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

During this period, EQR work focused primarily on Performance Improvement Projects (PIPs). Managed care plans (MCPs) continued to implement previously initiated PIPs, submitting their end-of-year reports in September. The EQRO began the process of reviewing plan submissions and are expected to provide feedback through virtual site-visits in October. The entire PIP process will conclude in November with final scoring worksheets being shared with the plans.

MassHealth concluded the re-procurement process for an external quality review vendor and entered contract negotiations with the Island Peer Review Organization (IPRO). Under the new contract, IPRO will complete the other mandatory EQR activities for Calendar Year 2023: performance measure validation (PMV) and network adequacy validation (NAV). PMV and NAV work will commence in October after the execution of a full contract.

### **MassHealth Quality Committee**

The July – September extension period included reflection on past performance plus current and future activity. The Quality Office presented quality measure performance for the 2018-2020 measurement periods, focusing on well-performing measures and opportunities for improvement, for discussion. IQC members were presented with an overview of the agency’s Health Equity Initiative and were kept informed regarding procurements in progress for External Quality Review (EQR) and ACO and CP Member Experience Survey contracts. The awarding of the EQR contract to a new EQRO was immediately followed by a kick-off/”meet and greet” session on the Committee’s behalf.

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

During this period, MassHealth finalized scoring for a first round of Performance Remediation Plans (PRP) applicable to the majority of ACOs. Correspondingly, MassHealth also collected PRP midpoint assessments from the majority of CPs. These plans allow ACOs & CPs the opportunity to earn back DSRIP Accountability based funding not initially earned via the application of Quality Scores. Further, MassHealth continued to communicate with CMS in an effort to extend any additional COVID-based benchmark adjustments applicable to the final performance year (2022) of the DSRIP Program. Decision making related to this process is still pending but is expected early 2023. MassHealth is also considering the application of COVID-based adjustments to the MCO program.

### **Demonstration Evaluation**

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

### **Update on Independent Evaluation Activities**

The primary goals for this period included continuing the second wave of qualitative data collection activities and qualitative data analysis, fielding the second round of the ACO provider and CP staff surveys, secondary data acquisition, and developing protocols for the return on investment (ROI) and cost-effectiveness analyses.

Qualitative data-related activities during this period included coding and analysis of data collected through key informant interviews (KII) with CPs) ACOs, and MCOs. Data collection continued for the KIIs with MassHealth members. The team moved forward with the ACO and CP case studies with the finalization of interview guides, selection of case study cites, and initiation of the interview process during this reporting period. Finally, site selection and interview guide development for Social Service Organization (SSO) case study interviews were initiated this quarter.

The second round of the ACO provider and CP staff surveys were administered this quarter. The team continued to analyze data from various sources, including the first wave of the practice site administrator survey and the ACO provider and CP staff surveys, MassHealth administrative data, clinical quality measures, and MassHealth financial reconciliation reports for the ACOs. In addition, the team continued developing analytic protocols and tools to collect MassHealth expenditure data for DSRIP programs. UMass Chan continues to hold recurring meetings with MassHealth to coordinate work streams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to data required for the evaluation. Work has continued developing dissemination products from the Interim Evaluation report, including conference presentations and articles for peer-reviewed journals.

In the upcoming quarter, UMass Chan will conclude the fielding of the ACO provider and CP staff and ACO provider surveys, start the data cleaning process and initiate the data analysis. In addition, UMass Chan will continue to analyze, integrate, and synthesize data from multiple sources. UMass Chan will continue the SSO site selection for case studies and will begin preparing for SSO interviews. The team also plans to continue to analyze ACO, MCO, CP, KIIs, MassHealth staff, and member interview data, plan for and conduct ACP and CP case studies and coordinate with MassHealth to collect DSRIP program expenditure data from MassHealth teams and their vendors..

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

## **I. Goals 1 and 2 and DSRIP Evaluation Updates**

### **A. Overall**

- Conducted wave two of the ACO provider and CP staff surveys
- Continued analysis of ACO/MCO wave two KII data
- Began analysis of MassHealth staff and member interview data
- Continued to oversee the member interview process
- Selected ACO case study sites
- Began CP case study site selection process
- Continued coding and analysis of MassHealth administrative data
- Developed the analysis plan for ACO provider and CP staff surveys
- Analyzed member experience surveys
- Analyzed hybrid quality measure data
- Reviewed DSRIP program documentation
- Developed protocol for the return on investment and cost-effectiveness analyses

B. Evaluation components involving primary data collection:

**Activities Completed in this Quarter**

- Administered wave two of the ACO provider and CP staff surveys
- Continued to oversee the MassHealth member interview process
- Completed ACO case study site selection
- Began CP site selection process
- Began ACO case study interview process
- Began MassHealth staff and member interview data analysis
- Continued analysis of the first wave of data previously collected
- Continued preparation of manuscripts for submission to peer-reviewed journals

**Planned Activities for the Upcoming Quarter**

- Conclude the ACO provider and CP staff surveys, start the data cleaning process and initiate the data analysis
- Continue analysis of ACO, MCO, CP wave two KII data
- Continue analysis of MassHealth staff and MassHealth member KII data
- Plan for and conduct ACO and CP site visit interviews
- Continue integration and synthesis of data
- Continue to disseminate evaluation findings through presentations and publications

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

### **Activities Completed in this Quarter**

- Coordinated with MassHealth to facilitate availability and transfer of data needed for the evaluation
- Coded and analyzed measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2020
- Performed analyses for hybrid quality measures
- Performed analyses for member experience surveys
- Developed protocols for the ROI and cost-effectiveness analyses
- Reviewed DSRIP program documentation

### **Planned Activities for the Upcoming Quarter**

- Continue coordination with MassHealth to facilitate availability and transfer of data needed for the evaluation
- Continue coding and analyzing quality and utilization measures relying on MassHealth administrative claims and encounter data
- Continue to perform analyses for hybrid quality measures
- Continue to perform analyses for member experience surveys
- Continue to analyze ACO's financial performance
- Access updated measure logic and specifications being developed by MassHealth and its vendors
- Continue analyzing data on the Flexible Services Program
- Collect financial data related to DSRIP programs to support economic analyses

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

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

### **Activities Completed in this Quarter**

- Continued research of policy developments relevant to each goal
- Refined timeline and work plan for interim report planning
- Continued communicating with data system teams about compiling and transferring MH data to UMass Chan for Goal 7 analyses
- Continued reviewing and analyzing data for HEDIS based quality measures for Goal 4, particularly reviewing the results for fee-for-service population
- Continued to revise the integrated Goals 1-7 interim report in response to CMS comments

- Continued to support MassHealth with activities related to waiver amendments and upcoming waiver extension request
- Continued to receive and capture updates from MassHealth about potential new waiver amendments
- Continue to develop and refine topics for peer-reviewed dissemination
- Continued regular monthly meetings with MassHealth

#### **Planned Activities for the Upcoming Quarter**

- Continue to review and compile relevant literature for each goal
- Continue to research policy developments pertinent to each goal
- Respond to additional CMS comments to the interim report as needed
- Continue to acquire and compile program data for each goal
- Continue analyses needed for the final summative report
- Continue to collaborate with MassHealth and other entities to acquire data for all goals
- Continue communicating with data system teams about compiling and transferring MH data to UMass Chan for analyses
- Continue to refine topics for peer-reviewed dissemination
- Solicit feedback/approval from MassHealth about peer-reviewed dissemination topics
- Continue to support MassHealth with activities related to waiver amendments and requested waiver extension
- Continue to receive and capture updates from MassHealth about potential new waiver amendments
- Continue regular monthly meetings with MassHealth

#### **E. Goal 5 – Expanding Substance Use Disorder (SUD) services:**

##### **Activities Completed in this Quarter**

- Continued data analyses MassHealth administrative data, adding measures for 2020
- Met with MassHealth SUD program contacts to ensure objectives of Goal 5 evaluation are being met

##### **Planned Activities for the Upcoming Quarter**

- Continue research of policy developments relevant to each goal
- Continue data analyses of MassHealth administrative data
- Continue to meet with MassHealth SUD program contacts regularly to ensure the objectives of Goal 5 evaluation are being met

**Enclosures/Attachments**

N/A

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**Date Submitted to CMS**

December 19, 2022