

Massachusetts Section 1115 Demonstration Monitoring Report
 DY28, Quarter 4: October 1, 2023 – December 31, 2023 and Annual Report
 Submitted:

Overall section 1115 demonstration	
State	<i>Massachusetts</i>
Demonstration name	<i>11-W-00030/1 and 21-W-00071/1</i>
Approval period for section 1115 demonstration	<i>October 1, 2022 - December 31, 2027</i>
Reporting period	<i>October 1, 2023 – December 31, 2023 and DY28 Annual Report</i>
Demonstration goals and objectives	<ul style="list-style-type: none"> • <i>Continue the path of restructuring and reaffirm accountable, value-based care – increasing expectations for how ACOs improve care and trend management, and refining the model;</i> • <i>Make reforms and investments in primary care, behavioral health, and pediatric care that expand access and move the delivery system away from siloed, fee-for-service health care;</i> • <i>Continue to improve access to and quality and equity of care, with a focus on initiatives addressing health-related social needs and specific improvement areas relating to health quality and equity, including maternal health and health care for justice-involved individuals who are in the community;</i> • <i>Support the Commonwealth’s safety net, including ongoing, predictable funding for safety net providers, with a continued linkage to accountable care; and</i> • <i>Maintain near-universal coverage including updates to eligibility policies to support coverage and equity.</i>

Enrollment in Premium Assistance (STC 16.5.b.v.)

Q4:

During this reporting quarter, MassHealth provided premium assistance for 12,175 health insurance policies resulting in premium assistance to 23,924 MassHealth eligible members. The value of the third-party payments made by MassHealth during this reporting quarter was \$17,999,956.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	2,067	10,352	12,419
<i>CommonHealth</i>	3,918	0	3,918
<i>Family Assistance</i>	#	6,919	#
<i>CarePlus</i>	0	660	660
Total for 10/1/23-12/31/23	#	17,931	#

Note: Non-zero numeric references less than 11 and related complimentary data fields have been masked (#) to protect confidentiality.

Annual Report:

During this reporting year, MassHealth provided premium assistance for 21,921 health insurance policies resulting in premium assistance to 31,617 MassHealth eligible members. The value of the third-party payments made by MassHealth during this reporting quarter was \$73,409,580.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	2,290	15,993	18,283
<i>CommonHealth</i>	4,364	0	4,464
<i>Family Assistance</i>	18	7,919	7,937
<i>CarePlus</i>	0	1,033	1,033
Total for 1/1/23-12/31/23	6,672	24,945	31,617

Premium Assistance Disenrollment Rate

Q4:

During this reporting quarter, MassHealth provided premium assistance for 12,175 health insurance policies. Of these, 1615 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 13.3%. Please note that losing Premium Assistance does not impact a member's MassHealth eligibility status. Members disenrolled from Premium Assistance can continue to receive care from within the MassHealth network, assuming they remain eligible for MassHealth. Many of the policies who are disenrolled for failure to provide updated policy information when their plan year ends have their Premium Assistance reinstated once they do provide that information.

Premium Assistance Program: Employer Sponsored Insurance	Total Premium Assistance Policies	Total Policies Disenrolled from Premium Assistance	Premium Assistance Disenrollment Rate
Total for 10/1/23-12/31/23	12,175	1615	13.3%

Annual Report:

During this reporting year, MassHealth provided premium assistance for 21,921 health insurance policies. Of these, 11,399 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 52%. Many of the policies that were disenrolled for failure to provide updated policy information when their plan year ends have their Premium Assistance reinstated once they do provide that information. Please note that losing Premium Assistance does not impact a member's MassHealth eligibility status. Members disenrolled from Premium Assistance can continue to receive care from within the MassHealth network, assuming they remain eligible for MassHealth.

Premium Assistance Program: Employer Sponsored Insurance	Total Premium Assistance Policies	Total Policies Disenrolled from Premium Assistance	Premium Assistance Disenrollment Rate
Total for 1/1/23-12/31/23	21,921	11,399	52%

ACO, CP, HRSN Infrastructure Operational Updates (STC 16.5.a)

Q4:

Accountable Care Organization (ACO)

The ACO program continued to operate successfully without significant challenges or escalations. MassHealth will continue to work closely with the ACOs to monitor and support implementation of the program. ACOs have been meeting their regular reporting requirements in a timely fashion and MassHealth has not identified any concerning trends. ACOs continue to partner with MassHealth to assist members in completing renewals and have been innovative and effective in their member outreach.

Community Partners (CPs)

Overall, CPs ACOs, and MCOs continued to build on early successes in implementing CP operational and payment requirements and all CPs continued to be successfully paid, on time, by their ACO/MCO partners. All ACOs and MCOs successfully submitted monthly reporting on CP payments to the MassHealth Data Warehouse. Significant operational challenges were identified and addressed with a few ACOs and CPs including suboptimal roster management due to errors in roster reconciliation practices and are currently being addressed on an individual basis with those CPs. As of December 31, 2023, 23,639 members were enrolled in BH CPs and 9,221 members were enrolled in LTSS CPs.

HRSN Infrastructure:

MassHealth issued an RFQ in October 2023 to procure a managing vendor for administering infrastructure funding opportunities to Social Service Organizations (SSOs) and Specialized Community Support Program Providers (CSPs) who are not currently managed care providers as well as support learning collaboratives and webinars for SSOs and Specialized CSPs. The infrastructure funding, technical assistance, and learning collaboratives will enable SSOs and Specialized CSPs to prepare to become managed care providers of HRSN services beginning in 2025. MassHealth evaluated bids to select the managing vendor in November 2023 and conducted contract negotiations with the selected bidder in December 2023.

Annual Report:

ACO: The re-procured ACO program successfully launched in April of 2023. Overall this re-launch created a smooth transition with minimal disruption for members and providers. A continuity of care period ran for the first 90 days of the new contracts. ACOs have been meeting their regular reporting requirements in a timely fashion and MassHealth has not identified any concerning trends. With the beginning of the Public Health Emergency Unwinding in 2023, ACOs continue to partner with MassHealth to assist members in completing renewals and have been innovative and effective in their member outreach.

CP Annual:

Throughout 2023, almost 80,00 unique members were served by the CP Program. \$4,000,000 of infrastructure was distributed over calendar year 2023 to 8 LTSS CPs providing each LTSS CP with \$500,000.

During Q1, MassHealth released guidance about transition of current members from the current CP program to the new CP program launching on 4/1/23 and held several CP leadership meetings to engage stakeholders on this topic. In March, MassHealth released the Community Partners (CP) enrollment, cost, and utilization reports. MassHealth completed the review and approval of the performance remediation plan (PRP) midpoint reports for all 25 CPs participating in the PRP process. CP PRP process combines CY20, CY21, and CY22. Also, during this quarter, participating CPs submitted their PRP final reports, and MassHealth and the Independent Assessor started the review and scoring of the submissions.

During Q2, MassHealth continued to engage in DSRIP close-out activities. MassHealth completed the review and scoring of CP Performance Remediation Plans. Also, during this quarter, MassHealth collected ACOs and CPs final deliverables for DSRIP Budget Period 5 (1/1/2022-3/31/2023), including budgets, budget narratives, and annual progress reports.

CPs, ACOs, and MCOs built on early successes in implementing CP operational and payment requirements during the Q2 reporting period and all CPs were successfully paid, on time, by their ACO/MCO partners. Significant operational challenges were identified and addressed with two ACOs

including poor roster management due to errors in roster reconciliation practices and lack of provision of required payment reporting to CPs. Another operational challenge was identified with one CP due to improper roster reconciliation and was addressed on an individual basis with that CP.

During Q3, MassHealth received and conducted review of all LTSS Infrastructure deliverables for Contract Year 1 (CY1, 4/1/23 through 12/31/23). As of September 30, 2023, 27,670 members were enrolled in BH CPs and 10,258 members were enrolled in LTSS CPs. The CP Continuity of care period ended on June 30, 2023 and CPs and ACOs/MCOs focused on rightsizing enrollment and roster management to adjust to new programmatic enrollment requirements.

During Q4, CPs, ACOs, and MCOs continued to build on early successes in implementing CP operational and payment requirements and all CPs continued to be successfully paid, on time, by their ACO/MCO partners. All ACOs and MCOs successfully submitted monthly reporting on CP payments to the MassHealth Data Warehouse. Significant operational challenges were identified and addressed with a few ACOs and CPs including suboptimal roster management due to errors in roster reconciliation practices and are currently being addressed on an individual basis with those CPs. As of December 31, 2023, 23,639 members were enrolled in BH CPs and 9,221 members were enrolled in LTSS CPs.

HRSN Infrastructure:

Annual Report: In DY28 Q2 and Q3, MassHealth determined several HRSN Infrastructure policies in preparation for a procurement to provide infrastructure funding and technical assistance for Social Service Organizations (SSOs) and Specialized Community Support Program Providers (CSPs) through an SSO Integration Fund. This funding will enable SSOs and Specialized CSPs who are not currently managed care providers to prepare to become managed care providers of HRSN services beginning in 2025. In DY28 Q3, MassHealth also prepared a procurement for a managing vendor to support the procurement for SSOs and Specialized CSPs as well as support technical assistance and learning collaboratives for SSOs and Specialized CSPs. In DY28 Q4, MassHealth issued the RFQ to procure the managing vendor, reviewed bids, and conducted contract negotiations with the selected managing vendor bidder.

MassHealth also submitted an 1115 amendment on October 16, 2023 in which we requested an additional \$17M in HRSN infrastructure funding to appropriately support SSOs and Specialized CSPs in successful provision of HRSN services.

Impact of Beneficiaries Outcomes of Care, Quality and cost of care, access to care, results of beneficiary satisfaction surveys (STC. 16.5.b)

Annually, MassHealth calculates several measures from the CMS Child and Adult Core sets to assess beneficiary outcomes, quality, and experience of care.

Q4: MassHealth compared Core Set Measures (using calculated MassHealth Weighted Means) to prior performance and national benchmarks to identify performance trends as well as potential topics and priorities for performance management/improvement. Potential priorities focus on pediatric, maternal and behavioral health populations with intersections with chronic conditions, member experience and care coordination. In addition, results related to beneficiary access to care through its /External Quality Review (EQR) Network Adequacy Validation process were received by MassHealth's EQR vendor. They are under internal review where they will be finalized, to be publicly available on the MH website early Q2 2024.

Annual Report:

During Q1, MassHealth reviewed prior year (MY2021) performance to inform priorities and measures of focus for assessment in Q3.

During Q2, MassHealth outlined technical requirements and made the requests to plans to obtain the needed data to aggregate and calculate the CMS core measures.

During Q3, MassHealth utilized data submitted by MassHealth managed care plans (MCPs) and MassHealth's comprehensive quality vendor (CQMV), to aggregate, calculate and analyze MCP and overall MassHealth performance through the production of MassHealth weighted means (MHWMM).

During Q4, MassHealth compared Core Set Measures (using calculated MassHealth Weighted Means) to prior performance and national benchmarks to identify performance trends as well as potential topics and priorities for performance management/improvement. Potential priorities focus on pediatric, maternal and behavioral health populations with intersections with chronic conditions, member experience and care coordination.

In addition, MassHealth evaluates beneficiary access to care through its External Quality Review (EQR) Network Adequacy Validation process which included geo-mapping analyses and provider directory validation. During Q3, MassHealth's EQR vendor finalized 2023 analyses with results being made available in Q4.

During Q4, results related to beneficiary access to care through its /External Quality Review (EQR) Network Adequacy Validation process were received by MassHealth's EQR vendor. They are under internal review where they will be finalized, to be publicly available on the MH website early Q2 2024.

Quality and Outcome Data

2023 Adult Core Set Results (MY2022) with comparison to national benchmarks and prior year performance

Measure Name	Acro nym	NQF #	MY 2022 Rate	2022 National Medicaid Benchmark	Change: MY2021-MY 2022
Asthma Medication Ratio	AMR	1800	56.9%	Below 75 th Percentile	+
Controlling High Blood Pressure	CBP	0018	68.7%	75 th - 90 th Percentile	+
Hemoglobin A1c Control for Patients with Diabetes (Poor Control – Lower Rate is Better)	HBD	0059	33.4%	Below 75 th Percentile	+
Follow-Up After Emergency Department Visit for Substance Use - 7 days	FUA	3488	43.1%	Above 90 th Percentile	+
Follow-Up After Emergency Department Visit for Substance Use - 30 days	FUA	3488	56.1%	Above 90 th Percentile	+
Follow-Up After Hospitalization for Mental Illness - 7 days	FUH	0576	40.3%	75 th - 90 th Percentile	-
Follow-Up After Hospitalization for Mental Illness - 30 days	FUH	0576	62.7%	75 th - 90 th Percentile	-
Follow-Up After Emergency Department Visit for Mental Illness - 7 days	FUM	3489	72.9%	Above 90 th Percentile	-
Follow-Up After Emergency Department Visit for Mental Illness - 30 days	FUM	3489	79.7%	Above 90 th Percentile	-
Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment (Total)	IET	0004	48.3%	Below 75 th Percentile	+
Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment (Total)	IET	0004	18.3%	Below 75 th Percentile	+
Plan All-Cause Readmission (O/E ratio: lower is better)	PCR	1768	1.1750	Below 75 th Percentile	+
Prenatal and Postpartum Care: Postpartum Care	PPC	1517	83.8%	75 th - 90 th Percentile	+

2023 Child Core Set Results (MY2022) with comparison to national benchmarks and prior year performance

Measure Name	Acronym	NQF #	MY 2022 Rate	2022 National Medicaid Benchmark	Change: MY2021-MY 2022
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	ADD	0108	46.4%	Below 75 th Percentile	+
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	ADD	0108	54.4%	Below 75 th Percentile	-
Asthma Medication Ratio	AMR	1800	64.1%	Below 75 th Percentile	+
Childhood Immunization Status (Combination 10)	CIS	0038	49.2%	Above 90 th Percentile	-
Follow-Up After Emergency Department Visit for Substance Use - 7 days	FUA	3488	36.8%	Above 90 th Percentile	+
Follow-Up After Emergency Department Visit for Substance Use - 30 days	FUA	3488	47.4%	Above 90 th Percentile	+
Follow-Up After Hospitalization For Mental Illness - 7 days	FUH	0576	57.2%	75 th - 90 th Percentile	-
Follow-Up After Hospitalization For Mental Illness - 30 days	FUH	0576	80.4%	75 th - 90 th Percentile	-
Follow-Up After Emergency Department Visit for Mental Illness - 7 days	FUM	3489	87.1%	Above 90 th Percentile	-
Follow-Up After Emergency Department Visit for Mental Illness - 30 days	FUM	3489	91.1%	Above 90 th Percentile	-
Immunizations for Adolescents (Combination 2)	IMA	1407	48.1%	75 th - 90 th Percentile	+
Well-Child Visits in the First 30 Months of Life (First 15 Months)	W30	1392	72.8%	Above 90 th Percentile	-
Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	W30	N/A	79.3%	Above 90 th Percentile	-
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total)	WCC	0024	81.4%	Below 75 th Percentile	-
Child and Adolescent Well-Care Visits (Total)	WC V	N/A	65.6%	Above 90 th Percentile	-

Experience of Care Data

Health Plan CAHPS 2023 – Adult Survey

Composite	Response Categories	2022 MHWM (MH Weighted Mean)	2022 National Medicaid Benchmark	% Trend MY2021-MY2022
Getting Care Quickly	Usually + always	80.00%	Below 75 th Percentile	+
Getting Needed Care	Usually + always	80.50%	Below 75 th Percentile	+
How Well Doctors Communicate	Usually + always	94.00%	75 th - 90 th Percentile	+
Customer Service	Usually + always	90.70%	Below 75 th Percentile	+

Health Plan CAHPS 2023 – Child Survey

Composite or Question	Response Categories	2022 MHWM (MH Weighted Mean)	2022 National Medicaid Benchmark	% Trend MY2021-MY2022
Getting Care Quickly	Usually + always	81.70%	Below 75 th Percentile	MY2021 not Available
Getting Needed Care	Usually + always	79.00%	Below 75 th Percentile	MY2021 not Available
How Well Doctors Communicate	Usually + always	93.90%	Below 75 th Percentile	MY2021 not Available
Customer Service	Usually + always	82.40%	Below 75 th Percentile	MY2021 not Available

Waiver Evaluation (STC 16.5.d)

Q4:

2017-2022 Waiver Evaluation Activities

- DSRIP Goals 1&2
 - Quantitative Activities

- Continued secondary data acquisition
 - Continued data preparation and analyses of MassHealth administrative claims and encounter data, hybrid quality measures, member experience surveys, Flexible Services data, MassHealth and other program data, ACO financial reconciliation data, and CP staff and ACO provider surveys
 - Completed costing analyses for DSRIP ACO investments, DSRIP CP investments, DSRIP SWI, and DSRIP FS investments
 - Began the process of costing the DSRIP State Operations and Implementation Funding
 - Began preparing content for the Independent Evaluation Summative Report
 - Continued preparation of manuscripts for submission to peer-reviewed journals
- Qualitative Activities
 - Continued review of ACO and CP program documents
 - Continued data analysis including integration and synthesis of data over time and across sites
 - Developed a writing timeline and established writing teams
 - Began preparing content for the Independent Evaluation Summative Report
 - Continued preparation of manuscripts for submission to peer-reviewed journals
- Goals 3, 4, 6, 7
 - Continued updating descriptive statistics of program data and updating coding for claims data analysis for Goal 3
 - Continued reviewing and analyzing data for HEDIS-based quality measures and reviewing the results for fee-for-service population analyses for Goal 4
 - Continued updating analyses for Goal 6
 - Continued communicating with data system teams about compiling and transferring MassHealth data to the Independent Evaluator for Goal 7 analyses
 - Continued reviewing and comparing data from two sources (DDE and MMIS) for Goal 7 analyses to validate the accuracy of data and determine the choice of data sources
 - Shared with MassHealth the initial results of analysis comparing two data sources for Goal 7 and discussed preferred source
 - Continued regular monthly meetings with MassHealth to ensure tasks are on track and to discuss issues as they arise.
 - Continued research of policy developments relevant to each goal
 - Continued the preparation of a manuscript for submission to a peer-reviewed journal
- Goal 5
 - Completed CDC WONDER data analysis
 - Began interrupted time series analysis
 - Continued to meet with MassHealth SUD program contacts to ensure the objectives of the evaluation are being met
 - Identified cost data for return on investment (ROI) analysis

2017-2022 Waiver Evaluation Activities – Publications and Presentations

Presented Abstract:

- Sabatino MJ, Hager K, Nicholson J, Alcusky MJ. Housing and Nutritional Supports to Address Health-Related Social Needs of Medicaid ACO Enrollees: Implementation Experiences and Utilization Trends in the Massachusetts Flexible Services Program. State University Partnership Learning Network (SUPLN) of Academy Health, Annual Meeting. November 17, 2023

Accepted/Published Papers:

- Mick EO, Sabatino MJ, Alcusky MJ, Eanet FE, Pearson WS, Ash AS. The role of primary care providers in testing for sexually transmitted infections in the MassHealth Medicaid program. PLoS One. 2023 Nov 30;18(11):e0295024. doi: 10.1371/journal.pone.0295024. PMID: 38033169; PMCID: PMC10688870.
- Sabatino MJ, Mick EO, Ash AS, Himmelstein J, Alcusky MJ. Changes in Health Care Utilization During the First 2 Years of Massachusetts Medicaid Accountable Care Organizations. Popul Health Manag. 2023 Oct 30;26(6):420–9. doi: 10.1089/pop.2023.0151. Epub ahead of print. PMID: 37903233; PMCID: PMC10698769.
- Kerrissey M, Jamakandi S, Alcusky M, Himmelstein J, Rosenthal M. Integration on the Frontlines of Medicaid Accountable Care Organizations and Associations With Perceived Care Quality, Health Equity, and Satisfaction. Med Care Res Rev. 2023 Oct;80(5):519-529. doi: 10.1177/10775587231173474. Epub 2023 May 26. PMID: 37232171.
- Tsuei SH, Alcusky M, Florio C, Kerrissey MJ. Trade-offs in locational choices for care coordination resources in accountable care organizations. Health Care Manage Rev. 2023 Oct-Dec 01;48(4):301-310.

2022-2027 Waiver Evaluation Activities

During this quarter, the Independent Evaluator (IE) continued planning and organizing efforts for the 2022-2027 waiver evaluation. Specific activities included: receiving and responding to feedback on the Evaluation Design Document (EDD), continuing to finalize the minimum necessary documentation (MND) form for access to MassHealth data; assigning staff allocations and resources; and beginning to map out tasks, workplans, and timelines for Year 1. In addition, the IE continued to review lessons learned from the previous waiver evaluation, as well as updated policies as developed by MassHealth and relevant literature to support the development of interview guides and surveys.

Annual Report:

Significant CY23 (DY28) activities focused on collecting and analyzing primary and secondary data for all seven goals for the 2017-2022 Demonstration. Primary data, the collection of which was completed this CY, comprised interviews, case studies, and surveys for Goals 1 and 2 (DSRIP). For all goals,

secondary data continued to be obtained and analyzed as it became available, and included publicly available data, MassHealth program-specific documentation and data, and MassHealth administrative data. The evaluation team began to create the structure for the Summative Report by developing the outline and preparing text and data displays as analyses were completed across all seven goals. UMass Chan continued to monitor policy developments and publications relevant to each goal in preparation for developing the Summative Report. The evaluation team also continued their dissemination activities, developing several peer-reviewed journal manuscripts, abstracts, and conference presentations. 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 required data.

Also in CY23, UMass Chan collaborated with MassHealth to develop the Evaluation Design Document for the 2022-2027 Demonstration, which was submitted to and approved by CMS.

January 1 – March 31, 2023

- Continued primary data collection for DSRIP Goals 1 & 2
- Continued acquisition and review of secondary data for all goals
- Continued qualitative and quantitative data analysis for all goals

April 1 – June 30, 2023

- Completed primary data collection and some related analyses for DSRIP Goals 1 & 2
- Continued acquisition/review and began some analyses of secondary data for all goals
- Continued to plan for analyses of primary and secondary data for all goals
- Submitted initial draft of the 2022-2027 Evaluation Design Document to CMS

July 1 – September 30, 2023

- Continued and completed some analysis of primary data for DSRIP Goals 1 & 2
- Continued acquisition, preparation, and analyses of secondary data for all goals
- Began planning for the Independent Evaluation Summative Report development and review process

October 1 – December 31, 2023

- Continued acquisition, preparation, and analyses of secondary data for all goals
- Began to prepare content for the Independent Evaluation Summative Report for all goals
- Continued to plan for the Independent Evaluation Summative Report development and review process
- Revised and resubmitted the 2022-2027 Evaluation Design Document to CMS

ACO and CP Delivery System Reform Incentive Payment (DSRIP) (STC 12.9)

Q4:

During Q4, MassHealth completed the review and approved all CPs' final deliverables for DSRIP Budget Period 5 (1/1/2022-3/31/2023), including budgets, budget narratives, and annual progress reports. While 13 CPs fully expended their DSRIP funds by the end of Budget Period 5, 14 CPs reported underspending of a total of ~\$1.3M. MassHealth is working on the recoupment process for both ACOs' and CPs'

unspent DSRIP funds and will reconcile associated federal matching dollars with these recouped funds in future CMS-64 submissions. Also, during this quarter, MassHealth disbursed \$6.1M to CPs in DSRIP at-risk payments based on DSRIP Accountability Scores.

Annual Report:

- During the first quarter, continued to conduct internal analysis to identify potential drivers of ACOs' historical financial and utilization performance.
- Peer reviewing of final progress updates from three ACOs under performance engagement since January 2022, the engagements have been closed after demonstrating early successes in their targeted initiatives.
- Continued to develop enhancements to performance management strategies for Rate Year 23 and onward, including added improvements to MassHealth's internal ACO/MCO performance dashboard. In light of new policies and programs associated with the new ACO Program that launched on April 1, 2023, MassHealth continued to identify and evaluate potential report enhancements and updates for RY23 and onwards.
- During the first quarter of DY28, released guidance about transition of current members from the current Community Partners (CP) program to the new CP program launching on 4/1/23, and held several CP leadership meetings to engage stakeholders on this topic.
- Released CP enrollment, cost, and utilization reports.
- Reviewed and approved all the ACO and CP budgets, budget narratives, and full participation plans for the extension period of 1/1/2023-3/31/2023.
- Released \$11.3M in ACO non-at-risk DSRIP Startup/Ongoing, \$14.7M in ACO at-risk DSRIP Startup and Ongoing, and \$2.4M in CP DSRIP Infrastructure funding.
- The DSRIP program ended on 3/31/23. MassHealth continued to engage in DSRIP close-out activities for the remainder of DY28:
 - Collected, reviewed, and scored the performance remediation plan (PRP) final reports for all 17 ACOs participating in the CY21-22 PRP cycle and 25 CPs participating in the combined CY20-22 PRP cycle.
 - Collected, reviewed, and approved ACOs final deliverables for DSRIP Budget Period 5 (1/1/2022-3/31/2023), including budgets, budget narratives, and annual progress reports.
 - The majority of ACOs fully expended their DSRIP Startup and Ongoing funds by the end of Budget Period 5, while four ACOs reported underspending of a total of ~\$755K. 16 ACOs reported underspending their DSRIP Flexible Services funds for a total of ~\$17.9M.
 - Completed and submitted to CMS the DSRIP-specific portion of the 1115 Demonstration Close-out Report, which incorporated a summary of takeaways from the DSRIP program reported by ACOs and CPs in the Budget Period 5 annual progress reports.

Flexible Services Program Updates

Annual Report: During DY28 Q3, ACOs had all successfully transitioned from DSRIP Flexible Services into the new contract year and began to provide services to members. In July, MassHealth reviewed ACOs PY5 Flexible Services Annual Progress Reports and provided feedback to ACOs. By the end of August, all PY5 Annual Progress Reports were approved.

Please see below for **Flexible Services Program Quarterly Progress Report Summary of Services Provided** tables.

Health Related Social Needs Updates

- Non-DSRIP Flexible Services Program Updates
 - In DY28 Q4, all ACOs continued providing Flexible Services via their new contract totaling 112 approved Flexible Services Programs
 - ACOs submitted their Participation Plans for DY29, which MassHealth reviewed and approved in December 2023. For DY29, ACOs and SSOs will provide Flexible Services via 105 approved programs. The decrease in programs was largely due to one ACO consolidating multiple programs under one hub model.
 - In December, ACOs submitted their final Quarterly Tracking Report for the year.
- Specialized CSP
 - Specialized CSP services went into effective in DY28 Q2, in April 2023. In the following months, MassHealth provided guidance and support to managed care plans and Specialized CSP providers to implement and operationalize these services.

Enrollment Information

Q4: The enrollment activity below reflects enrollment counts for CY 2023 Quarter 4, as of December 31, 2023.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	1,019,583
Base Disabled	231,310
1902(r)(2) Children	27,710
1902(r)(2) Disabled	14,658

Base Childless Adults (19- 20)	26,269
Base Childless Adults (ABP1)	43,617
Base Childless Adults (CarePlus)	361,096
BCCTP	1,242

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	31,525
e-Family Assistance	7,000
e-HIV/FA	542
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	1,764,552

* TANF is reported under Base Families

Annual Report: The enrollment activity below reflects enrollment counts for CY 2023.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	1,059,280
Base Disabled	232,250
1902(r)(2) Children	33,200
1902(r)(2) Disabled	18,596
Base Childless Adults (19- 20)	24,659
Base Childless Adults (ABP1)	53,499
Base Childless Adults (CarePlus)	399,003
BCCTP	1,333

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	33,272
e-Family Assistance	6,471
e-HIV/FA	712
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	1,862,766

* TANF is reported under Base Families

Enrollment in Managed Care Entities and Primary Care Clinician Plan

The enrollment activity below reflects the average monthly enrollment counts for the quarters ending September 30, 2023 and December 31, 2023.

Plan Type	QE 9/23	QE 12/23	Difference
MCO	198,124	192,947	(5,177)
PCC	65,204	61,968	(3,236)
MBHP*	482,352	455,087	(27,265)
FFS/PA**	807,520	747,190	(60,330)
ACO	1,318,167	1,255,927	(62,240)

*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

Member Month Reporting

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

A. For Use in Budget Neutrality Calculation

<u>Expenditure and Eligibility Group (EG) Reporting</u>	<u>Oct 2023</u>	<u>Nov 2023</u>	<u>Dec 2023</u>	<u>Total for Quarter Ending 12/23</u>	<u>CY 2023</u>
Base Families	1,068,373	1,030,375	994,866	3,093,614	12,716,246

BaseDisabled	233,859	231,691	229,857	695,407	2,803,030
1902(r)(2)Children	30,940	27,676	25,970	84,586	401,316
1902(r)(2)Disabled	15,920	14,881	14,105	44,906	226,791
NewAdultGroup	447,221	428,989	417,683	1,293,893	5,715,666
BCCDP	1,269	1,242	1,223	3,734	16,020
CommonHealth	32,889	31,769	31,065	95,723	403,700
TANF/EAEDC	1,957	1,995	2,005	5,957	16,470

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

• **For Informational Purposes Only**

<u>Expenditure and Eligibility Group (EG) Reporting</u>	<u>Oct 2023</u>	<u>Nov 2023</u>	<u>Dec 2023</u>	<u>Total for Quarter Ending 12/23</u>	<u>CY 2023</u>
e-HIV/FA	589	539	524	1,652	8,183
Small Business Employee Premium Assistance	0	0	0	0	0
DSHP- Health Connector Subsidies	N/A	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	

Beneficiary Support System (STC 8.10)

	2023												
	Q1			Q2			Q3			Q4			2023
AHS	January	February	March	April	May	June	July	August	September	October	November	December	Total
Eligibility	92,527	78,841	98,144	45,310	45,336	61,985	86,901	114,150	119,951	146,524	132,335	164,115	1,186,119
Health Plan	54,388	45,248	58,474	37,376	41,883	33,964	32,336	38,790	32,724	34,681	38,810	43,292	491,966
Grand Total	146,915	124,089	156,618	82,686	87,219	95,949	119,237	152,940	152,675	181,205	171,145	207,407	1,678,085
MAXIMUS													
Eligibility	26,660	60,370	70,262	46,283	44,200	37,419	37,419	42,077	32,291	30,428	40,304	289	468,002
Health Plan	70	5364	9332	5436	4307	3595	3,595	1,002	56	28	49	11	32,845
Specialty	8,121	7,471	8,497	12,305	12,232	10,238	10,238	10,919	7,836	7,829	1,159	35	85,961
Grand Total	34,851	73,205	88,091	64,024	60,739	51,252	51,252	53,998	40,183	38,285	41,512	335	597,727

Flex Services Tables

FS Program Quarterly Progress Report Summary of Services Provided*							
Q3 CY23**	Nutrition	Home Modifications	Tenancy Sustaining	Pre-Tenancy – Individual	Pre-Tenancy – Transitional	Total Unduplicated Members***	Total Spend (in millions)
Atrius	130	#	115	31	#	281	\$239K
BACO	1,242	14	193	272	60	1,556	\$1.116M
BCH	791	#	15	13	#	838	\$1.464M
Be Healthy Care Alliance	140	60	0	0	0	197	\$340K
Berkshire	137	0	#	#	0	161	\$207K
BILH	300	#	108	100	24	386	\$377K

CCC	2,140	117	313	255	64	2,500	\$1.886M
CHA	1,023	0	38	111	#	1,116	\$386K
East Boston	222	0	14	31	#	264	\$148K
Mercy	98	#	35	33	#	237	\$96K
MGB	1,774	14	24	243	28	2,035	\$2.487
Reliant	147	0	17	34	15	230	\$130K
Signature	74	0	44	64	15	154	\$103K
Southcoast	62	0	22	25	#	104	\$64K
Steward	0	0	0	0	0	388	\$739K
Tufts Medicine	146	#	65	115	15	280	\$226K
UMass	327	#	60	104	#	467	\$176K
Total	8,787	215	1,073	1,440	262	11,090	\$10.183M

*All numbers are preliminary as MassHealth is still working on data clean up with ACOs. Adjustments may be made in future reports as data is verified.

**Each service provided per ACO per category represents 1 member. Non-zero numeric references less than 11 and related complimentary data fields have been masked (#) to protect confidentiality.

***Members may receive services across multiple categories, in these cases, member may be included for the count of for multiple categories of services (e.g., Nutrition and Home Modification) but only count towards one in the “Total Members” column. This leads to the “Total Members” appearing to be smaller than the sum of the five category columns.

FS Program Quarterly Progress Report Summary of Services Provided*				
Flexible Services Categories	Q2 CY23		Q3 CY23	
	# of Services Provided in Each Category	Total Spend (in millions) in Each Category	# of Services Provided in Each Category	Total Spend (in millions) in Each Category

Massachusetts Section 1115 Demonstration Monitoring Report
 DY28, Quarter 4: October 1, 2023 – December 31, 2023 and Annual Report
 Submitted:

Pre-Tenancy Individual	974	\$1.3M	1,440	\$1.560M
Pre-Tenancy Transitional	173	\$681K	262	\$701K
Tenancy Sustaining	823	\$799K	1,073	\$1.605M
Home Modifications	107	\$68K	215	\$174K
Nutrition	8,686	\$4.953M	8,787	\$6.142M
# of Unique Members / \$ Spent	10,214	\$7.803M	11,090	\$10.183M
*All numbers are preliminary as MassHealth is still working on data clean up with ACOs. Adjustments may be made in future reports as data is verified.				