| **Overall section 1115 demonstration** | | |
| --- | --- | --- |
| **State** |  | *Massachusetts* |
| **Demonstration name** |  | ***11-W-00030/1 and 21-W-00071/1*** |
| **Approval period for section 1115 demonstration** |  | *October 1, 2022 - December 31, 2027* |
| **Reporting period** |  | *October 1, 2023 – December 31, 2023 and DY28 Annual Report* |
| **Demonstration goals and objectives** |  | * + - * *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;*       * *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;*       * *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;*       * *Support the Commonwealth’s safety net, including ongoing, predictable funding for safety net providers, with a continued linkage to accountable care; and*       * *Maintain near-universal coverage including updates to eligibility policies to support coverage and equity.* |

**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** |
| *Standard* | 2,067 | 10,352 | 12,419 |
| *CommonHealth* | 3,918 | 0 | 3,918 |
| *Family Assistance* | # | 6,919 | # |
| *CarePlus* | 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** |
| *Standard* | 2,290 | 15,993 | 18,283 |
| *CommonHealth* | 4,364 | 0 | 4,464 |
| *Family Assistance* | 18 | 7,919 | 7,937 |
| *CarePlus* | 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 9,221members 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 9,221members 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 (MHWM).

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 | Acronym | NQF # | MY 2022 Rate | 2022 National Medicaid Benchmark | Change: MY2021-MY 2022 |
| Asthma Medication Ratio | AMR | 1800 | 56.9% | Below 75th Percentile | + |
| Controlling High Blood Pressure | CBP | 0018 | 68.7% | 75th - 90th Percentile | + |
| Hemoglobin A1c Control for Patients with Diabetes (Poor Control – Lower Rate is Better) | HBD | 0059 | 33.4% | Below 75th Percentile | + |
| Follow-Up After Emergency Department Visit for Substance Use - 7 days | FUA | 3488 | 43.1% | Above 90th Percentile | + |
| Follow-Up After Emergency Department Visit for Substance Use - 30 days | FUA | 3488 | 56.1% | Above 90th Percentile | + |
| Follow-Up After Hospitalization for Mental Illness - 7 days | FUH | 0576 | 40.3% | 75th - 90th Percentile | - |
| Follow-Up After Hospitalization for Mental Illness - 30 days | FUH | 0576 | 62.7% | 75th - 90th Percentile | - |
| Follow-Up After Emergency Department Visit for Mental Illness - 7 days | FUM | 3489 | 72.9% | Above 90th Percentile | - |
| Follow-Up After Emergency Department Visit for Mental Illness - 30 days | FUM | 3489 | 79.7% | Above 90th Percentile | - |
| Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment (Total) | IET | 0004 | 48.3% | Below 75th Percentile | + |
| Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment (Total) | IET | 0004 | 18.3% | Below 75th Percentile | + |
| Plan All-Cause Readmission (O/E ratio: lower is better) | PCR | 1768 | 1.1750 | Below 75th Percentile | + |
| Prenatal and Postpartum Care: Postpartum Care | PPC | 1517 | 83.8% | 75th - 90th 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 75th Percentile | + |
| Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase | ADD | 0108 | 54.4% | Below 75th Percentile | - |
| Asthma Medication Ratio | AMR | 1800 | 64.1% | Below 75th Percentile | + |
| Childhood Immunization Status (Combination 10) | CIS | 0038 | 49.2% | Above 90th Percentile | - |
| Follow-Up After Emergency Department Visit for Substance Use - 7 days | FUA | 3488 | 36.8% | Above 90th Percentile | + |
| Follow-Up After Emergency Department Visit for Substance Use - 30 days | FUA | 3488 | 47.4% | Above 90th Percentile | + |
| Follow-Up After Hospitalization For Mental Illness - 7 days | FUH | 0576 | 57.2% | 75th - 90th Percentile | - |
| Follow-Up After Hospitalization For Mental Illness - 30 days | FUH | 0576 | 80.4% | 75th - 90th Percentile | - |
| Follow-Up After Emergency Department Visit for Mental Illness - 7 days | FUM | 3489 | 87.1% | Above 90th Percentile | - |
| Follow-Up After Emergency Department Visit for Mental Illness - 30 days | FUM | 3489 | 91.1% | Above 90th Percentile | - |
| Immunizations for Adolescents (Combination 2) | IMA | 1407 | 48.1% | 75th - 90th Percentile | + |
| Well-Child Visits in the First 30 Months of Life (First 15 Months) | W30 | 1392 | 72.8% | Above 90th Percentile | - |
| Well-Child Visits in the First 30 Months of Life (15 Months-30 Months) | W30 | N/A | 79.3% | Above 90th Percentile | - |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total) | WCC | 0024 | 81.4% | Below 75th Percentile | - |
| Child and Adolescent Well-Care Visits (Total) | WCV | N/A | 65.6% | Above 90th 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 75th Percentile | + |
| Getting Needed Care | Usually + always | 80.50% | Below 75th Percentile | + |
| How Well Doctors Communicate | Usually + always | 94.00% | 75th - 90th Percentile | + |
| Customer Service | Usually + always | 90.70% | Below 75th 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 75th Percentile | MY2021 not Available |
| Getting Needed Care | Usually + always | 79.00% | Below 75th Percentile | MY2021 not Available |
| How Well Doctors Communicate | Usually + always | 93.90% | Below 75th Percentile | MY2021 not Available |
| Customer Service | Usually + always | 82.40% | Below 75th 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.

|  |  |
| --- | --- |
| **Eligibility Group** | **Current Enrollees (to date)** |
| 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 |

|  |  |
| --- | --- |
| **Eligibility Group** | **Current Enrollees (to date)** |
| 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.

|  |  |
| --- | --- |
| **Eligibility Group** | **Current Enrollees (to date)** |
| 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 |

|  |  |
| --- | --- |
| **Eligibility Group** | **Current Enrollees (to date)** |
| 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.

* 1. **For Use in Budget Neutrality Calculation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expenditure and Eligibility Group (EG) Reporting** | **Oct 2023** | **Nov 2023** | **Dec 2023** | **Total for Quarter Ending 12/23** | **CY 2023** |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expenditure and Eligibility Group (EG) Reporting** | **Oct 2023** | **Nov 2023** | **Dec 2023** | **Total for Quarter Ending 12/23** | **CY 2023** |
| **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** |
| **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. | | | | | | | |