

MassHealth

Section 1115 Quarterly & Annual Report

Demonstration Year: 22 (7/1/2018 – 6/30/2019)

Quarter 4: (04/01/19-06/30/19); Annual: (7/1/2018 – 6/30/2019)

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. This extension 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, the Massachusetts Executive Office of Health and Human Services (EOHHS) hereby submits its quarter four and annual operational report for Demonstration Year 22, ending June 30, 2019.

Enrollment Information

Q4 Update

The enrollment activity below reflects enrollment counts for SFY 2019 Quarter 4, as of June 30,

2019.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	773,921
Base Disabled	224,226
1902(r)(2) Children	17,018
1902(r)(2) Disabled	16,430
Base Childless Adults (19- 20)	26,298
Base Childless Adults (ABP1)	30,935
Base Childless Adults (CarePlus)	261,381
BCCTP	1,117

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	31,290
e-Family Assistance	7,716
e-HIV/FA	752
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	1,391,084

*TANF/EAEDC is a subcategory of Base Families

Annual Summary

The enrollment activity below reflects enrollment counts for SFY 2019 Quarter 4 and the entirety of SFYs 2018 and 2019. The full SFY information was included to meet the requirement of the

annual report.

- Current Enrollees (to date) represents the average monthly enrollment for the quarter ending June 30, 2019
- SFY 2018 and SFY 2019 represent the average monthly enrollment for the entirety of the SFYs.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>	<u>SFY 2018</u>	<u>SFY 2019</u>
Base Families	813,381	808,695	772,967
Base Disabled	234,747	226,720	228,029
1902(r)(2) Children	15,712	17,383	15,779
1902(r)(2) Disabled	17,476	16,593	16,651
Base Childless Adults (19- 20)	27,051	27,149	25,796
Base Childless Adults (ABP1)	31,890	30,588	31,186
Base Childless Adults (CarePlus)	285,651	281,952	258,514
BCCTP	1,241	1,229	1,134

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>	<u>SFY 2018</u>	<u>SFY 2019</u>
CommonHealth	31,290	26,920	30,451
e-Family Assistance	7,716	8,414	7,999
e-HIV/FA	752	665	726
SBE	0	14	6
Basic	N/A	N/A	N/A
DSHP- Health Connector Subsidies	N/A	N/A	N/A
Base Fam XXI RO	0	0	0
1902(r)(2) XXI RO	0	0	0
CommonHealth XXI	0	0	0
Fam Assist XXI	0	0	0

Asthma	N/A	N/A	N/A
TANF/EAEDC*	N/A	N/A	N/A
End of Month	N/A	N/A	N/A
Total Demonstration	1,466,907	1,446,322	1,389,238

*TANF/EAEDC is a subcategory of Base Families.

Enrollment in Managed Care Organizations and Primary Care Clinician Plan

The enrollment activity below reflects the average monthly enrollment counts for the SFY 2019 Quarters ending March 31, 2019 and June 30, 2019.

Plan Type	QE 03/19	QE 6/19	Difference
MCO	211,927	204,808	-7,119
PCC	105,238	107,592	2,354
MBHP*	515,192	525,962	10,770
FFS/PA**	549,575	561,320	11,745
ACO	879,060	903,701	24,641

*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

Q4 Update

During this reporting quarter, MassHealth provided premium assistance for 46,191 health insurance policies (including Student Health Insurance Plan policies), resulting in premium assistance to 59,324 MassHealth eligible members. The notable increase in the number of premium assistance policies over the course of the Demonstration Year (July 1, 2018- June 30, 2019) can be attributed to the implementation of a more streamlined approach to gathering employer sponsored insurance information as well as the requirement that any full-time student at participating colleges and universities enrolled on MassHealth must enroll in a SHIP plan (as described below). Note that in the delivery system enrollment numbers above, members in FFS and in MBHP may receive also premium assistance.

The Small Business 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.

MassHealth implemented a new premium assistance project in fall of 2016 called Student Health Insurance Plan Premium Assistance (SHIP PA). This project allows current MassHealth members who are full-time college students and have access to SHIP through their college or university to enroll in their schools' SHIPs and receive MassHealth Premium Assistance. MassHealth eligible college students were previously able to waive out of electing SHIP but on November 4, 2016, MassHealth received approval through the 1115 Demonstration to require that any full-time student enrolled on MassHealth must enroll in the SHIP plan, if available. As of June 2019, 32,989 students were enrolled in the program, which exceeded expectations for the project.

Q4 Update

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,784	10,799	12,583
<i>CommonHealth</i>	3,738	0	3,738
<i>Family Assistance</i>	152	9,332	9,484
<i>CarePlus</i>	0	530	530
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	0	0
Total for Q4	5,674	20,661	26,335

Annual Summary for SFY19

SHIP Premium Assistance Program (SHIP PA)	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,209	20, 639	21,848
<i>CommonHealth</i>	69	0	69
<i>Family Assistance</i>	10	2,424	2,434
<i>CarePlus</i>	0	8,638	8,638
Total for DY 7/1/18-6/30/19	1,288	31,701	32,989

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members Average Q1-Q4	Non-Disabled Members Average Q1-Q4	Total MassHealth Enrolled Members Average Q1-Q4
<i>Standard</i>	1,851	10,129	11,980
<i>CommonHealth</i>	3,540	0	3,540
<i>Family Assistance</i>	52	8,596	8648
<i>CarePlus</i>	0	493	493
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	6	6
Total Average Q1-4	5,443	19,224	24,667

Outreach/Innovative Activities

Certified Application Counselor Training and Communication

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,300 Certified Application Counselors (CACs) across 270 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).

CAC training and certification starts with successful completion of ten online, comprehensive certification training courses (over 850 pages) to prepare CACs to assist consumers in obtaining MassHealth or other health insurance per ACA regulations, covering all aspects of MassHealth, subsidized and unsubsidized health coverage, as well as instruction on utilizing the paper and online applications in the most effective and efficient way. Learning for CACs continues throughout the year in the form of mandatory online trainings covering updates and MassHealth initiatives, Assister emails, conference calls, webinars, meetings, and other outreach activities. All CACs must also take and pass a comprehensive assessment each fall to meet annual recertification requirements.

Frequent email communications are distributed to all enrollment Assisters on a wide variety of

MassHealth eligibility and related topics, as well as refreshers, in order to help Assisters assist MassHealth applicants, members, and consumers effectively. Thorough communications and trainings are provided for all application changes and Health Insurance Exchange (HIX) system releases. Regular one-hour conference call trainings are also provided for the Assisters, providing a more in-depth explanation and include detailed question and answer sessions with subject matter experts. Certain trainings are considered mandatory and CACs are required to complete the training within a specific time period in order to maintain CAC certification. Mandatory events cover key topics such as policy or process updates, certification course updates, and other eligibility/enrollment activities.

Q4 Update

CAC outreach and educational activities this quarter were focused on ensuring our over 1,300 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through over 10 “Assister Update” newsletters (emails), and 4 in-person educational Massachusetts Health Care Training Forum sessions across the Commonwealth.

Each year, previously in the fall, MassHealth administers federally-mandated CAC recertification. CACs are required to take new and/or refresher courses, and to pass a comprehensive assessment in order to retain their CAC certification. In April 2019, MassHealth implemented changes to our recertification process moving it from the fall to the spring of each year. This effort was in direct response to feedback and requests from CACs and stakeholder groups (including the Massachusetts Health & Hospital Association and the Massachusetts League of Community Health Centers) to shift this activity away from a time of year when many important initiatives are taking place, such as Health Connector Open Enrollment, Medicare Open Enrollment, and other end-of-year commitments. The transition to this new timeframe included developing and administering an interim assessment and a new CAC certificate, ensuring that no gap in certification occurred during the transition, and minimizing the impact on the CAC community. The highly successful transition generated positive feedback from our advocacy and stakeholder groups and from CACs.

“Assister Update” emails kept CACs informed about key topics and updates to online courses this quarter, including:

- Updates to the income section of the online and paper applications,
- Health Connector notice update; improvements to Health Connector coverage reinstatement policy and process,
- MassHealth Health Plan Directory update to reflect website changes from some of the health plans,

- Reminder to CACs that notices are sent to MassHealth managed care members who have been enrolled in their current health plan for at least one year. Included were a sample notice and reminders on fixed enrollment/selection periods for MassHealth members,
- Important reminders and guidance on reporting data security incidents internally and to EOHHS IT, and
- An update to the online training course: Helping Health Connector Members Troubleshoot Problems.

Last quarter, CACs completed the new online course “MassHealth and Disability” and participated in supporting conference calls. In April, a presentation on MassHealth and disability was given at the Health Care Training Forum meetings in April which included information on how to identify which application disabled applicants should use, the application process, and understanding the MassHealth coverage types available to disabled individuals.

Annual Summary

During this demonstration year, the MassHealth CAC Training and Communications team continued extensive training and communication activities to educate and inform the over 1,300 Certified Application Counselors (CACs) across 270 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 Assistants (CACs and the Health Connector Navigators).

Activities throughout the year focused on ensuring CACs stayed informed about the MassHealth health plan options, including the Accountable Care Organizations (ACOs) that went into effect March 1, 2018. This included supporting MassHealth members who had just transitioned into the new plans, and, later in the year, ensuring CACs were informed about ACO Year 2 activities. Efforts included two series of weekly, then monthly conference calls, emails with reminders about important dates, refreshers on rules for members wishing to enroll in or change a health plan or change primary care physicians, and an update to the MassHealth Choices Website—a key tool used by members and by Assistants as they help members learn about, compare, and choose health plans.

Ongoing CAC education and training continued in earnest throughout the year consisting of over 96 CAC touchpoints (emails, conference calls, webinars, in-person meetings) and new/updated online educational content (new/updated courses, job aids, access to recorded webinars, and Q&A). Key topics included:

- Activities around the Health Connector open and closed enrollment,
- Updates to the online system (HIX) and paper applications,
- Mandatory online trainings (e.g., MassHealth and Health Connector End of Year Tax

Filing Process, annual CAC recertification, Health Connector Open Enrollment, MassHealth and Disability), and

- A comprehensive review of the MassHealth and disability process.

The CAC Training and Communications team also had the opportunity to work with the Department of Transitional Assistance (DTA) on a SNAP/MassHealth Outreach Initiative. DTA was looking to partner with CAC organizations that may encounter individuals who would be eligible for SNAP benefits and they followed up with organizations who expressed interest after learning about DTA's Outreach Partnership Reimbursement Project through an Assister Update email and at the quarterly Massachusetts Health Care Training forums. Several of the interested organizations have now partnered with DTA.

Finally, as discussed in the Q4 update, MassHealth moved the annual CAC recertification from fall to spring and the transition was positively received by our advocacy and stakeholder groups and by CACs.

Member Education and Communication

Q4 Update

During Q4, MassHealth developed and implemented a multi-prong member support strategy to rollout its effort around Plan Selection Period (PSP), the 90 day period after enrollment into a plan during which a member may change to a different plan prior to their "Fixed Enrollment" in the plan. That approach covered three categories and each focused on different strategic goals and reaching different populations. The approaches were to create global awareness and education, to provide support materials and ensure member engagement, and promote customer service support.

During this period, MassHealth mailed letters to approximately 750,000 members informing them of their new 90-day PSP. The intent of the letters was to inform members, who have been in Fixed Enrollment with their ACOs and Managed Care Organizations (MCOs), of their annual opportunity to change plans for any reason. The letter also provided members with instruction on how to change plans during their PSP. Customer service representatives received additional training regarding PSP prior to the mailing so that they would be able to handle any calls related to this process.

MassHealth will continue to send letters to members on a member-specific rolling basis to individuals with different selection and Fixed Enrollment periods, reminding ACO and MCO enrollees of their annual opportunity to change plans for any reason. For members who meet specific exception criteria, a process was developed for those who request to change their plan during their Fixed Enrollment period.

1. Global Awareness and Education

The first category, creating a global awareness and education approach created communications and member friendly materials that shared information to mass audiences, educating members and our stakeholder communities on the Plan Selection Period (PSP) for managed care eligible members. During the quarterly Massachusetts Training Forums (MTF) in-person meetings (total of 4 meetings reaching 4 regions statewide), we educated and trained our stakeholders, hospital staff, health center staff, the provider community and organizations that support our members, to help them understand these health plan changes. In addition to the in-person meetings, additional webinars and conference calls were held to update our stakeholders and offered opportunities for training and information to those that weren't able to attend the in-person meetings.

2. Support Materials and Member Engagement

The second category is creating materials and engaging directly with our members. MassHealth created member-friendly materials which were mailed and included information on how to change plans by calling MassHealth customer service or utilizing our interactive website. The member website, [MassHealthChoices.com](https://www.mass.gov/info-details/masshealthchoices), which was launched in late 2017, was updated to include information about Fixed Enrollment, Plan Selection Period and the Fixed Enrollment exceptions process.

3. Enhancements to Customer Service Support

To promote a positive member experience, MassHealth shared information with each health plan regarding which members were in Plan Selection Period. MassHealth reeducated the plans around how to answer member questions related to PSP and when to direct members to MassHealth Customer Service or the MassHealth Choices website with enrollment questions or change requests.

Annual Summary

1. Global Awareness and Education

Under this first category MassHealth provided training, created communications and member friendly materials that shared broad information to mass audiences, to educate members and stakeholder communities on new primary care practices joining Accountable Care Organization (ACO) health plans effective January 1, 2019 as well as the Plan Selection Period available to managed care eligible members. As discussed in the Q4 update above, quarterly Massachusetts Training Forums (MTF) in-person meetings (which totaled 16 meetings this year across 4 regions statewide), were held to educate and train our stakeholders, hospital staff, health center staff, the provider community and organizations that support our members, to help them

understand available resources and timelines relevant to these changes. These in-service trainings, along with regular webinars and conference calls, provided additional information related to member impact, addressed specific information that would impact the populations they work with, and answered questions.

2. Support Materials and Member Engagement

The second category was creating materials and engaging directly with our members during this transition. MassHealth created member-friendly materials to support member enrollment and plan selection choices.

In October 2018, MassHealth supported the addition of primary care practices into the ACO program by mailing 24,600 member notices and hosting additional information on its website. The notices informed members that their primary care provider was joining an ACO effective January 1, 2019 and that MassHealth was going to enroll the member in their provider's new ACO, unless the member voluntarily chose another health plan. The notices made it clear that MassHealth's intention was to preserve the member-primary care provider relationship, but also emphasized that members' have the right to make an alternative enrollment choice and would be given a new 90-day PSP from January 1, 2019-March 31, 2019.

In late May, MassHealth mailed letters to approximately 750,000 additional members (those members whose primary care providers did not change plans in January) informing them of their new Plan Selection Period: June 1, 2019 – August 31, 2019. The intent of the letters was to inform members who have been in Fixed Enrollment with their ACOs and MCOs of their annual opportunity to change plans for any reason. The letter also provided members with instruction on how to change plans during their PSP.

All materials were written in plain language, using infographics, and were translated into English and Spanish. Member materials were focus tested with individuals who work directly with members to ensure readability and clarity. The Enrollment Guide is available on the MassHealth Choices website. Materials were made available, in other languages upon request. All member notices were sent in either English or Spanish, depending on the preferred language indicated by the member. In addition, all notices included a standard Babel sheet, with information consistent with requirements of ACA Section 1557 on how to access the information in 15 other languages as well as alternative formats such as braille and large print, and the availability of a language line offered by our customer service vendor and translators to support requested needs. Materials available on MassHealthChoices.com and the entire website are available in English and Spanish.

3. Enhancements to Customer Service Support

Finally, MassHealth continued throughout the year to make enhancements to the customer service center to provide effective customer service support to members by answering questions, providing resources, and resolving member issues. This was accomplished by increasing customer service staff numbers and training all customer service staff on health plan changes including Fixed Enrollment, Plan Selection Period and the Fixed Enrollment exceptions process. Staff were also educated around how to handle member inquiries related to continuity of care after transitioning to a new health plan enrollment.

Provider Education and Communication

Q4 Update

During this quarter, in collaboration with the Member Education team, MassHealth developed a training focusing on an overview of MassHealth member eligibility and eligibility verification, addressing the needs of providers who were struggling to understand how to use and accurately identify the type of eligibility and plans that various members can receive through MassHealth. This training took place during the 4 MTF sessions this quarter. In addition, the Provider Education team collaborated with the Community Partners (CP) team to develop an educational webinar about Qualifying Activities (QA) Electronic Submission. The webinar provided general education for batch QA submission, as well as review of, and information on the edits received during these transmissions, with the goal of improving the accuracy of file submissions and to reducing errors. More information about this can be found in the CP section of this report.

Annual Summary

This past year, MassHealth completed the third phase of PCDI training during the first and second quarters. This Phase focused on the CP program care model overview and on a recently completed fact sheet and webpage dedicated to the CP program for providers.

Phase 3 focused on:

- Overview of the MassHealth Community Partners (CP) care model,
- How CPs promote care integration,
- What the CP Program means for providers,
- How members access this program, and
- Additional resources available to providers and their staff.

Also during the year, MassHealth focused on educating providers on the PCDI Year 2 changes that became effective 1/1/19. These changes include 19 new providers joining ACO plans in the

central and western regions of the state. Education was targeted to specific providers in these regions that would be affected by these updates. Potential providers were identified, outreached directly and offered trainings and assistance with understanding these changes. All providers were made aware of the updates as well as MassHealth efforts to notify members whose providers joined these ACOs. Webinars, one-to-one trainings, and phone overviews were offered to providers to review 1/1/19 updates, as well as provide any answers to minimize continuity of care issues. Customer Service also created a special hot line number for these providers. The PCDI webpage was also updated with 1/1/19 updates including the health plan matrix, Eligibility Verification System (EVS) screenshots, and other materials. These updates, as well as materials, and additional information can be found here: <https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers>.

In November, MassHealth published a provider bulletin, which provides additional guidance and clarification regarding primary care exclusivity requirements for Accountable Care Organizations (ACOs), including how primary care exclusivity relates to other MassHealth programs, Medication for Addiction Treatment, and School-Based Health Centers. It is available here: <https://www.mass.gov/files/documents/2018/11/05/all-provider-bulletin-279.pdf>

Finally, as discussed in the Q4 update, a training focusing on MassHealth member eligibility and eligibility verification took place during the April MTF in-person meetings. All of these activities were part of MassHealth's commitment to provide education to all MassHealth providers. As part of this commitment, MassHealth continued to work with external stakeholders such as Provider Associations, Sister Agencies and Health Plans.

Delivery System Reforms and DSRIP

Accountable Care Organizations (ACOs)

Q4 Update

During this quarter, MassHealth launched a Delivery System Reform Incentive Payment (DSRIP) investment sustainability analysis project in collaboration with ACOs. This analysis is focused on the effectiveness to-date of investments made in years one and two of the ACO program, based on performance metrics. MassHealth will be conducting meetings with all ACO partners to discuss investments and outcomes to-date, as well as ACO frameworks for evaluating the impact of investments and determining investment plans going forward.

During this quarter, MassHealth executed the first planned phase of data and reporting enhancements for Primary Care ACOs, (PCACO, also known as Model B). Based on a prioritization exercise with PCACOs earlier this year, phase one enhancements included

increased timeliness in claims data, delivery of a new directional financial performance report, and educational sessions/materials on using claims data to run financial estimates. MassHealth also began work on the second phase of data and reporting enhancements for PCACO model, which included enhancements to regular monthly claims files, new utilization reports for Accountable Care Partnership Plans (ACPPs) and PCACOs that will benchmark plans against each other, and additional financial reporting.

MassHealth continued its work to improve ACO/MCO and CP workflow integration. MassHealth convened monthly, joint ACO/MCO and CP in-person meetings and phone calls to offer additional opportunities for best practice sharing and operational refinement.

MassHealth also accepted applications from ACOs to add or remove primary care providers (PCPs) from their exclusive list of PCPs, for an effective date of 1/1/20. MassHealth accepted applications from ACPPs to add Service Areas, for an effective date of either August 1, 2019 or January 1, 2020. MassHealth began review of these proposed changes during this quarter and notified plans of MassHealth decisions in the following quarter.

Annual Update

Q1:

- MassHealth supported ACOs during the July 1, 2018 launch of the Community Partners (CP) program
 - MassHealth continued to hold joint meetings with the ACOs and CPs to discuss challenges and successes in the initial months and to provide a forum for constructive feedback
 - MassHealth offered joint ACO/CP Office Hours to discuss operational and other topics
 - MassHealth provided further support to ACOs in the area of member assignment to and enrollment in CPs
- MassHealth completed approval of all ACOs' Full Participation Plans, through which the ACOs provided detailed information about how they plan to use DSRIP dollars to provide better, more integrated care to members
- MassHealth disbursed DSRIP Payments
 - Completed the disbursement of Performance Year 1/Q2 DSRIP payments to the ACOs
 - Disbursed Performance Year 1/Q3 DSRIP payments to the ACOs
 - MassHealth requested the Performance Year 2 Payer Revenue Mix

deliverable from ACOs in order to calculate certain DSRIP payments

- MassHealth and the ACOs executed a contract amendment for Contract Year 2018 and MassHealth developed a draft amendment to be effective January 1, 2019.
 - MassHealth issued its approval of the addition of new primary care providers to three ACOs' list of exclusive PCPs, for an effective date of January 1, 2019.
- MassHealth provided guidance to members, ACOs, and providers about the start of the plan Fixed Enrollment period
- MassHealth held stakeholder meetings in which it addressed, among other topics, care for complex pediatric members
- MassHealth continued to work with and support ACOs, including by offering ACO-specific Office Hours for general questions and to focus on specific areas including Reporting

Q2:

- MassHealth executed first amended and restated contracts effective January 1, 2019
- At the end of December, ACOs signed and returned contract amendments addressing payment, including capitation rates/Total Cost of Care benchmarks for 2019, and various program changes impacting rates
- MassHealth continued to support ACOs as the CP program began to move towards steady state
 - Held joint meetings with the ACOs and CPs to discuss challenges and successes in the initial months and provide a forum for constructive feedback
 - Offered joint ACO/CP Office Hours to discuss operational and other topics
 - MassHealth provided further support to ACOs in the area of member assignment to and enrollment in CPs, and developed an intensive reporting and contract management process for ensuring ACOs were completing comprehensive assessments for members enrolled in LTSS CPs
- Continued to engage with PCACOs to discuss opportunities to further improve data, reporting, and operational supports.
 - MassHealth conducted extensive stakeholder engagement with PCACOs to align on a targeted, prioritized list of data and reporting enhancements for 2019
 - MassHealth will continue to build data capabilities that help PCACOs

more quickly understand their performance and historical populations, as well as improve population health management efforts

- MassHealth is actively working with PCACOs to align on a targeted list of operational improvements to address existing pain-points, and will continue to implement these improvements into 2019

Q3:

- On January 1, 2019, the new Amended and Restated contracts and Amendment 1 became effective, which implemented new payment rates and program changes
- March 1, 2019 marked the one-year anniversary of the launch of the ACO program and newly procured MCOs.
 - For a majority of members, this anniversary triggered a 90-day Plan Selection Period
- MassHealth worked closely with the ACOs and MCOs around on-going work on integration with Community Partners (CPs).
- MassHealth continued to hold joint meetings with the ACOs/MCOs and CPs to share operational updates and hear targeted feedback
 - Emphasis placed on Care Plans being exchanged between ACOs/MCOs and CPs, as both types of organizations work to improve processes and workflows
 - MassHealth continued aligning Care Plan contract requirements between ACOs/MCOs and CPs in order to improve integration and coordination of care, and is in the process of incorporating stakeholder feedback, with the goal to implement new requirements beginning January 2020
- For the first time, ACOs/MCOs were responsible for assigning MassHealth-identified members to various CPs. This responsibility had previously been handled by MassHealth
 - In advance of this change, ACOs/MCOs and CPs worked collaboratively with MassHealth around operational challenges. These assignments became effective on April 1.
- MassHealth has worked diligently on performance management for ACOs and MCOs, including identifying and targeting technical assistance to ACOs with particular challenges
 - Focus areas included completion of comprehensive assessments for LTSS CP-enrolled members, financial performance, delivery of and access to behavioral health, and care management strategies
- A key area of work was data and analytics, including improvements to areas of importance to PCACO
- MassHealth engaged PCACOs in prioritization exercises, and continued to

explore options for additional information sharing, particularly in the substance use disorder area

- On a program-wide basis, efforts were made to improve internal data handling and processing around dashboarding (which looks at trends in performance metrics), reporting, and encounter data

Community Partners (CPs)

Q4 Update

MassHealth continued to support successful implementation of the Community Partners Program and the Community Services Agencies (CSA) DSRIP program, which are geared towards investing and supporting populations with high behavioral health (BH) and complex Long-Term Services and Supports (LTSS) needs in the Commonwealth. Since the launch of both programs on July 1, 2018, MassHealth has worked closely with contracted CPs on the implementation and performance management of the program.

At the end of Q4, approximately 34,000 members were enrolled in the BH CP Program and approximately 9,200 members were enrolled in the LTSS CP Program. For the BH CP population, 56% of members are “in progress,” meaning the CP is either actively outreaching to them, or working with the member on completing a Care Plan.¹ For the LTSS CPs, the “in process” rate is 62%. Twenty-three (23%) percent of LTSS CP members and 30% of BH CP members were Engaged² in the CP Program at the end of the quarter.³ Engagement rates reflect an ongoing need to improve member contact information, the significant amount of effort it takes to complete comprehensive assessments and to engage members in Person-Centered Treatment Planning, and challenges in engaging PCPs to sign care plans. In order to support CPs in working through these challenges, MassHealth will share best practices related to care plan coordination and completion with ACOs and CPs over the next several quarters, and is considering other vehicles to support improving engagement rates as well as care planning, such as a learning collaborative developed through the Statewide Investments program.

This quarter, MassHealth has hosted monthly meetings with all contracted CPs and joint meetings with CPs and ACOs/MCOs, as well as site visits with eight CPs as part of the performance management strategy. Site visits included review of performance indicators such as care plan completion rate, engagement rate within 120 days, and percentage of enrollees with LTSS Care Plan/Person-Centered Treatment Plan (PCTP) completion QA submitted. Using a

¹ “In process” statistics were calculated using the member status and outreach reports that were submitted by CPs for June 2019. These statistics describe the percent of members that CPs were actively outreaching as of June 2019.

² “Engaged” members are defined as members who have a completed Care Plan.

³ “Engagement” statistics were calculated using the member status and outreach reports that were submitted by CPs for June 2019. These statistics describe the percent of members that CPS have Engaged as of June 2019.

tracer activity to “trace” enrollee care experiences, Account Managers discussed processes and audited charts during site visits to determine level of compliance with CP program requirements as well as to learn CP best practices on outreach and engagement and PCP collaboration and integration.

During early program implementation, MassHealth supported ACOs and MCOs by assigning members who were identified by MassHealth using a claims-based algorithm directly to CPs. As of the April 2019 quarterly assignment, ACOs and MCOs began assigning members identified by MassHealth to CPs, with some guardrails in place for BH CP identified members with strong provider relationships. MassHealth intends to have subsequent quarterly assignments expand ACO and MCO flexibilities in regards to which CPs they assign identified members, and which ACO or MCO enrollees are assigned to CPs.

MassHealth has been focused on understanding and addressing barriers to timely completion of comprehensive assessments for members in LTSS CPs. In June, MassHealth held calls with ACOs and MCOs with completion rates consistently below program average as a means of understanding barriers in completing comprehensive assessments. MassHealth engaged CPs, ACOs, and MCOs in a June meeting to problem solve and develop targeted interventions to improve comprehensive completion rates and timeliness.

In an ongoing effort to grow a successful program, MassHealth put into action a number of initiatives to improve care plan integration and CP engagement rates. In addition to implementing a cover sheet requirement for care plan submission, MassHealth developed an online training module on best practices in writing a care plan and required all CP, ACO and MCO staff completing care plans to participate in the training. MassHealth also performed a random audit of care plans for each CP as part of its performance management strategy. MassHealth staff has also been working with vendors on the development of a Learning Collaborative focused on shared care planning and integration and engaging stakeholders on contract changes for January 1, 2020 implementation that further align care plan requirements for ACOs, MCOs, and CPs.

Annual Summary

Q1:

- MassHealth launched and completed three procurements for Behavioral Health Community Partners (BH CPs), LTSS Community Partners (LTSS CPs), and Community Services Agencies (CSAs) for Infrastructure and Capacity Building. MassHealth received:
 - 22 BH CP responses and selected 18 Bidders for contracting;
 - 12 LTSS CP responses and selected 9 Bidders for contracting;

- 19 Community Service Agencies (CSAs) responses and selected all 19 Bidders for contracting.
- MassHealth teams also worked closely with Operations teams to operationalize the CP program and create processes for enrollment, payment, and reporting for CPs.
- The CPs/CSAs submitted Preliminary Participation Plans, Budgets, and Budget Narratives for their Preparation Budget Period (December 2017 to May 2018), which Massachusetts reviewed during Q1.

Q2:

- MassHealth successfully contracted with all CP and CSA bidders selected through procurement processes. This includes one additional LTSS CP bidder that was selected following the reopening of the LTSS CP procurement for the Northern Region only.
- MassHealth provided additional guidance to CPs, ACOs and MCOs regarding required agreements that must be executed between the entities prior to the start of the CP program. This includes the completion of documented processes in areas such as enrollee assignment and engagement, care management and care coordination, and data sharing and IT systems. MassHealth is supporting the development of these relationships through facilitated discussions at monthly joint meetings.

Q3:

- MassHealth worked closely with contracted CPs on readiness review during this quarter. This included hosting monthly meetings with all contracted CPs and joint meetings with CPs and ACOs/MCOs, as well as providing guidance on and reviewing deliverables from CPs. Deliverables included Preparation Budget Period Milestones; enrollment forecasting and capacity determination in regard to the numbers of individuals that could be supported by each contractor; Full Participation Plans and BP 1 Budget and Budget Narratives; and baseline assessments of Electronic Health Records.
- In January, Account Managers made status calls to all CPs to discuss progress on ACO/MCO and CP agreements, including initial challenges, successes and key barriers.
 - CP Preliminary Participation Plans and Prep Budget Period (PBP) Budgets and Budget Narratives were approved by EOHHS and approximately \$12.1M in DSRIP PBP funds were disbursed to CPs in January.
 - Following MassHealth review of budget requests, BH CPs were provided additional funding to implement standardized assessments using an InterRAI assessment tool.
- Account Managers visited each CP to discuss progress on and status of the deliverables noted above and to review internal processes and workflows.

Q4:

- April
 - Account Managers completed final site visits to discuss progress on program implementation.
 - MassHealth conducted focus groups with CPs and ACOs on care plan alignment as a means of shaping policy on January 2020 Care Plan changes.
 - MassHealth transitioned the assignment process to ACOs and MCOs, which completed quarterly assignments to CPs.
 - MassHealth engaged with CPs on strategies to improve engagement rates and provided an extension of PMPM payment eligibility for various cohorts of members, as approved by CMS.
 - MassHealth provided an additional \$8.4 Million in CP Infrastructure Payments to compensate CPs for previously unforeseen program implementation activities.
- May
 - MassHealth developed overarching CP Program Year 3 implementation strategy and engaged internal and external stakeholders in initial planning for CP payment model and care model strategy.
 - MassHealth developed an overall work plan and stakeholder engagement timeline to streamline CP operational processes.
 - MassHealth focused on CP improvements to health and wellness coaching activities and provided technical assistance to CPs on tobacco cessation.
- June
 - MassHealth has been focused on understanding and addressing barriers to completing timely Comprehensive Assessments for enrollees in the LTSS CP program. In June, MassHealth held calls with ACO and MCOs with completion rates consistently below program average.
 - MassHealth engaged with CPs around the CP Program Quality Measures, specifically in the context of care plan alignment.

DSRIP Statewide Investments

Overview

DSRIP Statewide Investments (SWI) is a portfolio of eight investment streams designed to build and strengthen healthcare workforce capacity and delivery system infrastructure across Massachusetts, with the goal of helping ACOs, CPs, and CSAs succeed in MassHealth payment reform.

Q4 Update

EOHHS amended an Inter-Agency Service Agreement (ISA) with the Massachusetts Executive Office of Labor and Workforce Development (EOLWD). The ISA enabled a partnership with Commonwealth Corporation, a quasi-state agency with expertise in workforce development associated with EOLWD, to continue serving as an external partner for programs associated with the Workforce Development Grant Program investment in CY19. Via Commonwealth Corporation, EOHSS signed a contract with Southern New Hampshire University to serve as the non-profit Competency-Based Training Program, which is part of the Workforce Development Grant Program investment. Also during Q4, Health Resources in Action (HRiA) issued a Request for Proposals (RFP) on behalf of the Commonwealth to solicit grant proposals from MassHealth providers for the Provider Access Improvement Grant Program PAIGP.

Annual Summary

Q1:

- Released a competitive procurement via the Commonwealth Corporation for the Community Health Workers (CHW) Core Competency Training Capacity Expansion Grant Program, which is part of the Workforce Development Grant Program investment.
- Released a competitive procurement via the Commonwealth Corporation for the CHW Supervisor Training Curriculum Development and Delivery Grant Program, which is part of the Workforce Development Grant Program investment.
- Signed a sole source procurement contract via Commonwealth Corporation with The Transformation Center to provide Certified Peer Specialist training as part of the Workforce Development Grant Program.
- Released competitive procurements via the Massachusetts League of Community Health Centers for the Family Medicine Residency Training Program and the Family Nurse Practitioner Residency Training Program, which are part of the Investment in Primary Care Resident Training.
- Finished signing contracts via Abt Associates with the Technical Assistance (TA) Vendors selected to participate in the TA Program investment.
- Launched the TA Program in partnership with Abt Associates and began receiving TA project applications from ACOs and CPs.

Q2:

- Amended a contract with Abt Associates to continue serving as an external partner for the TA Program investment through CY19.
- Amended a contract with the Massachusetts League of Community Health Centers to continue serving as an external partner for the Student Loan Repayment Program, the Primary Care Integration and Retention Program, and the Investment in Primary Care Training Programs through CY19.

- Released a competitive procurement via the Commonwealth Corporation for a non-profit higher education vendor for the Competency-Based Training Program, which is part of the Workforce Development Grant Program investment.
- Signed a contract via Abt Associates with the Center for Health Care Strategies to design and implement an ACO/CP Integration Learning Collaborative.
- Signed a contract via Abt Associates with Health Resources in Action to design and implement CHW/CPS Learning Communities.
- Conducted a procurement for a grant administration vendor to manage the PAIGP on behalf of the Commonwealth. The PAIGP is focused on enhancing access to health care services for individuals with disabilities and for those for whom English is not a primary language.

Q3:

- Released competitive procurements via the Massachusetts League of Community Health Centers for the second year of the following programs:
 - Student Loan Repayment Program
 - Primary Care Integration Models and Retention Program
 - Community Mental Health Center (CMHC) Behavioral Health (BH) Recruitment Fund, which is one component of the Primary Care Residency Training Program
- Finalized the design of the Behavioral Health Innovation Fund, which is a combination of the second year of the Alternative Payment Methods Preparation Fund and the Enhanced Diversionary Behavioral Health Activities Program that will support the MassHealth priority of strengthening the behavioral health care delivery system statewide.
- Secured HRiA as the grant administration vendor for the Provider Access Improvement Grant Program.

Updates to Statewide Investments Expenditure Authority Allocation (Exhibit 15, DSRIP Protocol)

The table below contains the expenditure authority detailed in Exhibit 15 of the DSRIP Protocol:

Statewide Investments Expenditure Authority Allocation (Exhibit 15 of DSRIP Protocol)

Statewide Investments	DY1	DY2	DY3	DY4	DY5	Total
SWI #1: Student Loan Repayment Program	\$3.5 M	\$3.9 M	\$3.8 M	\$3.5 M	\$2.3 M	\$17.0 M
SWI #2: Primary Care Integration Models and Retention	\$1.6 M	\$2.2 M	\$1.7 M	\$1.2 M	\$1.0 M	\$7.7 M

SWI #3: Investment in Primary Care Residency Training	\$0.2 M	\$1.1 M	\$1.8 M	\$2.1 M	\$2.4 M	\$7.6 M
SWI #4: Workforce Development Grant Program	\$2.0 M	\$2.7 M	\$2.5 M	\$2.4 M	\$2.4 M	\$12.0 M
SWI #5: Technical Assistance for ACOs and CPs	\$12.9 M	\$8.6 M	\$8.6 M	\$8.3 M	\$6.2 M	\$44.6 M
SWI #6: Alternative Payment Methodology Preparation Funds	\$2.4 M	\$2.4 M	\$1.9 M	\$4.7 M	\$1.2 M	\$12.6 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.3 M	\$1.0 M	\$1.0 M	\$0.0 M	\$0.0 M	\$3.3 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$0.3 M	\$2.6 M	\$2.6 M	\$2.6 M	\$2.0 M	\$10.1 M
Total	\$24.2 M	\$24.6 M	\$23.8 M	\$24.8 M	\$17.5 M	\$114.8 M

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

- Per Section 4.6 of the DSRIP Protocol, the State may shift funding among the eight Statewide Investments initiatives within a DSRIP year without obtaining CMS approval if the shifted amount is less than \$1M or less than 15% of the original funding amount for the investment contributing the shifted amount, whichever is higher. In DY1, the State shifted amounts that were less than \$1M from four different Statewide Investments (aggregate amount of \$0.57M), and distributed the shifted funding into three different Statewide Investments, as detailed in the table below:

Shifting Expenditure Authority Within DY1

Statewide Investments	DY1 Exp Auth in Protocol	Shifted Exp Auth Within DY1	Updated DY1 Exp Auth	% Shift	Notes
SWI #1: Student Loan Repayment Program	\$3.5 M	+\$0.4 M	\$3.9 M	11%	-
SWI #2: Primary Care Integration Models and Retention	\$1.6 M	+\$0.1 M	\$1.7 M	7%	-
SWI #3: Investment in Primary Care Residency Training	\$0.2 M	-\$0.05 M	\$0.2 M	-25%	Shifted exp auth <\$1M

SWI #4: Workforce Development Grant Program	\$2.0 M	-\$0.3 M	\$1.7 M	-15%	Shifted exp auth <\$1M
SWI #5: Technical Assistance for ACOs and CPs	\$12.9 M	+0.07 M	\$13.0 M	1%	-
SWI #6: Alternative Payment Methodology Preparation Funds	\$2.4 M	-\$0.2 M	\$2.2 M	-8%	Shifted exp auth <\$1M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.3 M	-	\$1.3 M	0%	-
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$0.3 M	-\$0.02 M	\$0.3 M	-7%	Shifted exp auth <\$1M
Total	\$24.2 M	-	\$24.2 M		

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

- Per Section 4.7 of the DSRIP Protocol, the State may carry forward DSRIP expenditure authority for the Technical Assistance and Workforce Development Grant Program Statewide Investments. The State carried forward \$2.6M of the DY1 expenditure authority for these two programs, as detailed in the table below. This carry forward amount was included in the \$27.3M of DY1 carryforward expenditure authority that the State previously reported in the FY18 annual report.

Carrying Forward Expenditure Authority from DY1 to DY2

Statewide Investments	Updated DY1 Exp Auth	DY1 Carry Forward	Final DY1 Exp Auth	DY2 Exp Auth in Protocol	DY1 Carry Forward	Updated DY2 Exp Auth (Step 1)
SWI #1: Student Loan Repayment Program	\$3.9 M	-	\$3.9 M	\$3.9 M	-	\$3.9 M
SWI #2: Primary Care Integration Models and Retention	\$1.7 M	-	\$1.7 M	\$2.2 M	-	\$2.2 M
SWI #3: Investment in Primary Care Residency Training	\$0.2 M	-	\$0.2 M	\$1.1 M	-	\$1.1 M
SWI #4: Workforce Development Grant Program	\$1.8 M	-\$0.07 M	\$1.7 M	\$2.7 M	+\$0.07 M	\$2.8 M
SWI #5: Technical Assistance for ACOs and CPs	\$12.9 M	-\$2.6 M	\$10.3 M	\$8.6 M	+\$2.6 M	\$11.2 M

SWI #6: Alternative Payment Methodology Preparation Funds	\$2.2 M	-	\$2.2 M	\$2.4 M	-	\$2.4 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.3 M	-	\$1.3 M	\$1.0 M	-	\$1.0 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$0.3 M	-	\$0.3 M	\$2.6 M	-	\$2.6 M
Total	\$24.2 M	-\$2.6 M	\$21.6 M	\$24.6 M	+\$2.6 M	\$27.1 M

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

- In DY2, the State shifted amounts that were less than \$1M from six different Statewide Investments (aggregate amount of \$1.7M), and distributed the shifted funding into two different Statewide Investments, as detailed in the table below:

Shifting Expenditure Authority Within DY2

Statewide Investments	Updated DY2 Exp Auth (Step 1)	Shifted Exp Auth Within DY2	Updated DY2 Exp Auth (Step 2)	% Shift	Notes
SWI #1: Student Loan Repayment Program	\$3.9 M	+\$1.6 M	\$5.5 M	41%	-
SWI #2: Primary Care Integration Models and Retention	\$2.2 M	-\$0.3 M	\$1.9 M	-12%	Shifted exp auth <\$1M
SWI #3: Investment in Primary Care Residency Training	\$1.1 M	-\$0.04 M	\$1.1 M	-4%	Shifted exp auth <\$1M
SWI #4: Workforce Development Grant Program	\$2.8 M	+\$0.2 M	\$2.9 M	6%	-
SWI #5: Technical Assistance for ACOs and CPs	\$11.2 M	-\$0.6 M	\$10.6 M	-5%	Shifted exp auth <\$1M
SWI #6: Alternative Payment Methodology Preparation Funds	\$2.4 M	-\$0.5 M	\$1.9 M	-21%	Shifted exp auth <\$1M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.0 M	-\$0.2 M	\$0.9 M	-15%	Shifted exp auth <\$1M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$2.6 M	-\$0.2 M	\$2.4 M	-7%	Shifted exp auth <\$1M
Total	\$27.1 M	-	\$27.1 M		

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

- Per Section 4.7 of the DSRIP Protocol, the State may carry forward DY2 expenditure authority for the APM Preparation Fund and the Enhanced Diversionary Behavioral

Health Activities Program into the following DSRIP Year without counting against the State's carryforward 15% benchmark. The State carried forward \$2.8M of the DY2 expenditure authority for these two programs, as detailed in the table below. This carry forward amount is included in the \$47.1M of DY2 carryforward expenditure authority that the State is reporting in a later section of this annual report.

**Carrying Forward Expenditure Authority
from DY2 to DY3**

Statewide Investments	Updated DY2 Exp Auth (Step 2)	DY2 Carry Forward	Final DY2 Exp Auth	DY3 Exp Auth in Protocol	DY2 Carry Forward	Updated DY3 Exp Auth
SWI #1: Student Loan Repayment Program	\$5.5 M	-	\$5.5 M	\$3.8 M	-	\$3.8 M
SWI #2: Primary Care Integration Models and Retention	\$1.9 M	-	\$1.9 M	\$1.7 M	-	\$1.7 M
SWI #3: Investment in Primary Care Residency Training	\$1.1 M	-	\$1.1 M	\$1.8 M	-	\$1.8 M
SWI #4: Workforce Development Grant Program	\$2.9 M	-	\$2.9 M	\$2.5 M	-	\$2.5 M
SWI #5: Technical Assistance for ACOs and CPs	\$10.6 M	-	\$10.6 M	\$8.6 M	-	\$8.6 M
SWI #6: Alternative Payment Methodology Preparation Funds	\$1.9 M	-\$1.9 M	-	\$1.9 M	+\$1.9 M	\$3.8 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$0.9 M	-\$0.9 M	-	\$1.0 M	+\$0.9 M	\$1.9 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$2.4 M	-	\$2.4 M	\$2.6 M	-	\$2.6 M
Total	\$27.1 M	-\$2.8 M	\$24.4 M	\$23.8 M	+\$2.8 M	\$26.7 M

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

- See the table below for the most updated view of the State's Statewide Investments expenditure authority allocation.

**Updated Statewide Investments
Expenditure Authority Table**

Statewide Investments	DY1	DY2	DY3	DY4	DY5	Total
SWI #1: Student Loan Repayment Program	\$3.9 M	\$5.5 M	\$3.8 M	\$3.5 M	\$2.3 M	\$19.0 M
SWI #2: Primary Care Integration Models and Retention	\$1.7 M	\$1.9 M	\$1.7 M	\$1.2 M	\$1.0 M	\$7.6 M
SWI #3: Investment in Primary Care Residency Training	\$0.2 M	\$1.1 M	\$1.8 M	\$2.1 M	\$2.4 M	\$7.5 M
SWI #4: Workforce Development Grant Program	\$1.7 M	\$2.9 M	\$2.5 M	\$2.4 M	\$2.4 M	\$11.9 M
SWI #5: Technical Assistance for ACOs and CPs	\$10.3 M	\$10.6 M	\$8.6 M	\$8.3 M	\$6.2 M	\$44.0 M
SWI #6: Alternative Payment Methodology Preparation Funds	\$2.2 M	-	\$3.8 M	\$4.7 M	\$1.2 M	\$11.9 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.3 M	-	\$1.9 M	\$0.0 M	\$0.0 M	\$3.2 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$0.3 M	\$2.4 M	\$2.6 M	\$2.6 M	\$2.0 M	\$9.9 M
Total	\$21.6 M	\$24.4 M	\$26.7 M	\$24.8 M	\$17.4 M	\$114.8 M

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

Q4:

- Signed an Inter-Agency Service Agreement (ISA) with the Massachusetts Executive Office of Labor and Workforce Development (EOLWD) to enable a partnership with Commonwealth Corporation, a quasi-state agency with expertise in workforce development associated with EOLWD, to stand up and manage programs under the workforce development grant program
 - These programs include investments in training for Community Health Workers (CHWs), CHW Supervisors, Peer Specialists, and frontline workers in ACOs and CPs
- Signed a contract with the Massachusetts Health and Hospital Association to support one year's operating costs of a technology solution to improve care coordination between hospital emergency departments in an effort to address the problem of ED boarding

(PreManage ED, developed by Collective Medical Technologies)

- Signed awarded grants to five provider organizations as part of the Alternative Payment Methods Preparation Fund to support their work to join an ACO in the future
- Entered into an Inter-Agency Service Agreement (ISA) with UMMS to develop online standardized trainings for clinicians and staff in MassHealth Community Partners (CPs) using Technical Assistance funding
- Amended an existing contract with the Technical Assistance Collaborative (TAC, Inc.) to develop online standardized trainings for clinicians and staff in MassHealth Community Service Agencies (CSAs), using Technical Assistance funding
- Released procurements for:
 - Investments in Community-based Training and Recruitment: Community Mental Health Center Behavioral Health Recruitment Fund (via Mass League)
 - ACO/CP Integration Learning Collaborative (via Abt Associates)
 - Community Health Worker and Peer Specialist Learning Communities (via Abt Associates)
- Shifted funds amount among the SWI streams as indicated in the table below

	New DY21 Funding		Variance
	(\$M)	(\$M)	(%)
Student Loan Repayment Program	\$3.9M	+\$0.4M	+7.1%
Workforce Development Grant Program	\$1.8M	-\$0.2M	-11.4%
Alternative Payment Methodology Preparation Funds	\$2.0M	-\$0.2M	-8.3%

DSRIP Operations and Implementation

Overview

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

Q4 Update

EOHHS released an additional CP infrastructure payment focused on improving CP member outreach and engagement. EOHHS also began preparing for upcoming deliverables such as the BP2 Semi Annual Progress Reports, Payer Revenue Mix, and the PY3/BP3 Budget, Budget Narrative, and Full Participation Plan updates. All deliverables are anticipated to be submitted between July and December 2019. As part of a broader sustainability effort, the DSRIP team

began coordinating with EOHHS Budget and Accounting to explore funding strategies beyond DSRIP.

The Independent Assessor (IA), Public Consulting Group (PCG), reviewed and approved ACO PY1 Annual Reports and any accompanying Budget revisions. The CP team reviewed and approved CP budget revisions for the additional infrastructure payment. They also finalized the approvals for the BP1 Annual Reports for both CPs and CSAs. The IA continued to work with the Independent Evaluator on the Midpoint Assessment. For additional details, please see the evaluation section of this report.

MassHealth's ombudsman program (called My Ombudsman) participated in over 38 outreach events, reaching a total of 2,725 participants in locations all over the state. These activities included staffing information tables at conferences, presentations, and other activities, (including events focused on Deaf and Hard of Hearing members, as discussed below). In addition to normal outreach activities, during this quarter, the Ombudsman worked with Deaf, Inc. (a local community-based organization serving Deaf individuals) to organize four special outreach sessions aimed at individuals who are Deaf. These sessions took place across the state in four different locations. At each session, Deaf and Hard Of Hearing (HOH) Ombudsman Lori Siedman and My Ombudsman Director Jennifer Morazes presented on the different MassHealth managed care plans options, members' rights to access services, and the services available through My Ombudsman. They have also continued their partnerships with other state programs and community based organizations, including ongoing collaboration and coordination with the SHINE program (Serving the Health Insurance Needs of Everyone), Massachusetts' State Health Insurance Program (SHIP), as well as Aging and Disability Resource Center (ADRC) organizational members. Activities include providing education about My Ombudsman services to staff and clients and distributing materials. Over the past year (July 1, 2018- June 30, 2019), My Ombudsman handled 221 complaints, and 298 inquiries from non-integrated care members.

The Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP) completed fielding of the 2019 MassHealth Member Experience Surveys which included adult and child versions of the Primary Care Survey, the Behavioral Health Survey, and the Long Term Services and Supports Survey. They also completed psychometric testing of the surveys and began data analysis of the survey results.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in April and provided an update and overview of Statewide Investments. In June, another meeting was held to discuss health equity. Representatives from the Office of Health Equity within the Department of Public Health presented on health equity topics to provide context. EOHHS continued to provide updated key statistics such as ACO and CP member enrollment.

MassHealth ACO/APM Adoption Rate

Overview

- **ACO members as of 6/30/19:** 915,437
- **ACO-eligible members as of 6/30/19:** 1,168,227
- **Percent of ACO-eligible members enrolled in ACOs:** 78.4%

Note that the numerator of the percentage does not currently include MCO enrollees that are covered by APMs that are not ACOs. The State is working to develop a reporting template, and anticipates receipt of information from plans in early 2020.

Annual Summary

Q1:

- The Independent Assessor (IA), Public Consulting Group (PCG):
 - ACO
 - Approved all remaining revised ACO PY1 Budgets and Budget Narratives and Full Participation Plans
 - Completed initial review of all ACO PY1 Semi Annual Progress Reports in September
 - CP/CSA
 - Began initial review of CP and CSA Revised BP1 Budgets and PBP Annual Reports
 - Midpoint Assessment
 - Continued to work with the Independent Evaluator (IE), University of Massachusetts Medical School (UMMS), on developing the plan for the Midpoint Assessment, including provider surveys
- Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP):
 - Drafted and revised BH and LTSS surveys with an internal MassHealth (MH) work group and conducted cognitive interviews of BH and LTSS surveys with MH members
 - Presented the results of the ACO pilot primary care survey to internal and external stakeholders and the 6 pilot ACOs
 - Began drafting materials for the 2019 administration of the surveys
- Delivery System Reform Implementation Advisory Council (DSRIC):
 - Held a meeting August to discuss various program updates including ACO program care delivery requirements
 - An update on ACO vital statistics (including call center statistics, member enrollment, and member choice enrollment) was presented
- Ombudsman

- July 2018, My Ombudsman began serving all MassHealth members enrolled in managed care products
- As part of the new program, MassHealth and My Ombudsman worked together to design updated materials and to launch a new website, all of which can be accessed at: <https://myombudsman.org/>
- All staff at My Ombudsman have received extensive education and trainings on MassHealth programs and services, including appeal and grievance processes, as well as on disability history and culture, mindful listening, and other core competency trainings in order to help empower and provide effective assistance to all the members they serve
- DSRIP Administration
 - Continued budget forecasting process as part of an overall strategic planning process

Q2:

- The Independent Assessor (IA), Public Consulting Group (PCG):
 - ACO
 - Began their review of the ACO PY2 Budgets and Budget Narratives and Full Participation Plan updates
 - Completed approval of all ACO Semi Annual Progress Reports
 - CP/CSA
 - Completed their review of CP and CSA Revised Budget Period 1 Budgets and Prep Budget Period Annual Reports
 - Midpoint Assessment
 - Continued to work with the Independent Evaluator (IE), University of Massachusetts Medical School (UMMS), to refine the plan for the Midpoint Assessment
 - Developed a sampling methodology for the ACO Practice Site Administrator Survey
- Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP):
 - Finalized member experience surveys for ACO and CP members who received Primary Care, Behavioral Health or Long-Term Services and Supports as well as survey materials required for the January 2019 survey administration
 - The sampling frame was received and the sample of members who would receive the survey were identified. MHQP also presented at ACO Office Hours on the upcoming survey and shared ways for ACOs to inform their patients about the surveys and help increase response rates
- Ombudsman

- As of December, 2018, My Ombudsman participated in over 60 different outreach events, including tabling, presentations, and other activities, (including the events focused on Deaf/HH members, as discussed below).
- The Deaf Ombudsman has expanded the reach of My Ombudsman into the Deaf/HH community: as of December 2018, she attended 18 different outreach and education events specifically targeting the Deaf/HH community, attended by over 645 community members and/or community-based workers. Further, she is able to work directly with Deaf/HH members to address inquiries and resolve complaints.
- My Ombudsman has also formed partnerships with other state programs and community based organizations, including ongoing collaboration and coordination with the SHINE program (Serving the Health Insurance Needs of Everyone- Massachusetts' State Health Insurance Program (SHIP)), as well as Aging and Disability Resource Center (ADRC) organizational members. Activities include providing education about My Ombudsman services to staff and clients and distributing materials.
- Delivery System Reform Implementation Advisory Council (DSRIC):
 - Held a meeting in October to discuss the initial experience with the CP program, and another meeting in December to provide an update on the ACO program. EOHHS also presented again on updated vital statistics such as ACO and CP member enrollment and various exception requests for ACOs, such as fixed enrollment exceptions

Q3:

- The Independent Assessor (IA), Public Consulting Group (PCG):
 - ACO
 - Finalized review and approval of the ACO PY2 Budgets and Budget Narratives and Full Participation Plan updates
 - All ACOs received approval by end of the quarter
 - CP/CSA
 - Finalized their review and approval of CP and CSA BP2 Budgets
 - All CPs and CSAs received approval by the end of the quarter
 - Midpoint Assessment
 - Finalized DSRIP Domain 1 data collection tools and processes and EOHHS' approval of the sampling methodology for the ACO Practice Site Administrator Survey developed by the IA
 - Outreach materials and processes to educate and engage the ACOs and CPs in data collection activities were also finalized

- Continued to develop the ACO Practice Site Administrator Survey, which is expected to receive final approval and be implemented in the next quarter
- Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP):
 - Member Experience Surveys (MES) were fielded to members associated with an ACO or Community Partner starting in January, 2019
 - Members that had a primary care visit, received behavioral health or long-term services and supports (LTSS) services in 2018 were reached either by email, mail or phone to participate in a survey about their experience
 - The survey fielding and data collection period continued throughout the quarter and will be completed in mid-May
- Delivery System Reform Implementation Advisory Council (DSRIC):
 - Held a meeting in February to reflect on progress made on MassHealth restructuring efforts and gather feedback from Council members
 - In March, discussed challenges related to addressing mental health and substance use disorders in primary, outpatient behavioral health, and crisis care settings, as well as specific opportunities to improve the ambulatory system for mental health and addiction spanning primary, outpatient BH, and crisis care

Carryforward

MassHealth is carrying forward \$47.1M of its DY2 Expenditure Authority (10.4%) into DY3. As noted in the DSRIP Protocol (Section 4.7), the State may carry forward the DY2 funding for the APM Preparation Fund and the Enhanced Diversionary Behavioral Health Activities Program into the following DSRIP Year without counting against the carryforward 15% benchmark described in STC 60(d)(ii). With that exclusion, the carry forward percentage is reduced from 10.4% to 9.8% of DY2 Expenditure Authority.

DSRIP Expenditure Authority							% Carry Forward
	DY1	DY2	DY3	DY4	DY5	Total	
Protocol	\$367.0M	\$452.0M	\$408.3M	\$334.8M	\$237.9M	\$1,800.0M	
BP2 carry forward*		-\$47.1M	\$47.1M			\$0.0M	10.4%
BP2 carry forward w/o SWI*		-\$44.2M					9.8%
New total EA	\$367.0M	\$404.9M	\$455.4M	\$334.8M	\$237.9M	\$1,800.0M	

*Assumes 100% of at risk funds are paid out

Flex Services

Overview:

MassHealth's Flexible Services Program 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.

Q4 Update

In May, EOHHS conducted meetings with advocacy groups, including the Alliance for Community Health Integration (ACHI), to provide an update on the Flexible Services Program and engage these key stakeholders prior to program launch. Also in May, the Flexible Services team conducted a Social Services Integration Workgroup (SSIWG) meeting, during which MassHealth collected input from SSIWG members about potential data collection and data reporting measures that MassHealth would collect from ACOs to evaluate the Flexible Services Program. During this meeting the SSIWG Flexible Services Screening and Planning Subgroup presented their recommendations on the member's journey to receive Flexible Services. Also during Q4, SSIWG members submitted their input on the Verification, Screening, and Referral (VPR) form, a standard form that will be used by ACOs to collect information about members screened and referred into the program. The form was updated based on feedback received.

Also in May, the Flexible Services team delivered a Housing 101 presentation to support the housing work that ACOs will be engaging with in their Flexible Services Programs. This meeting provided an opportunity for ACO staff to better understand the landscape of housing players and programs in Massachusetts and learn best practices for engaging with members and organizations in this arena. Lastly, EOHHS continued to work on programmatic and policy decisions needed prior to the launch of the Flexible Services program.

Annual Summary

Q1:

- Continued to work collaboratively with CMS towards Flexible Services protocol approval.
- Held a meeting with the Social Services Integration Workgroup (SSIWG) in July. Topics for discussion included:
 - Updates to the SSIWG meeting calendar.
 - Introductory presentation from Moving Massachusetts Upstream (MASS-UP), an inter-state agency collaborative focused on establishing a state-level, interagency coordinated approach to policy development, technical assistance, and strategic investment for integration of social determinants of health into health care practice for hospitals, health systems/ACOs, and communities.

- Held a SSIWG meeting in August that established sub-workgroups covering bundling of services, member journey, community and clinical linkages, and assessments and planning.
- Sent a request for information in July to ACOs to gather information on the programs they plan to implement as part of the FSP.
 - All ACOs responded by early September and provided varying levels of information including:
 - Domain of the program
 - Program Description
 - Program Rationale
 - Target Population
 - Potential SSDE Partners
 - Operating Models
 - EOHHS analyzed the information to help inform policy decisions regarding both ACOs and Social Service Organizations (SSOs), including the following results:
 - All ACOs named at least one housing and one nutrition program in their lists of programs.
 - Over 60 SSOs were named as potential partners. All ACOs had at least one program they planned on partnering with an SSO.
 - Many ACOs included plans to build the program from within.

Q2:

- Received approval from CMS on the Flexible Services Protocol.
 - During the negotiation of the protocol, EOHHS and CMS agreed to include Activities of Daily Living (ADL) or Independent Activities of Daily Living (IADL), repeated Emergency Department utilization, and High Risk Pregnancy to the eligible Health Needs Based Criteria.
- Held a meeting with ACOs, and in November with CPs to provide an overview of Flexible Services Eligibility, Allowable and Disallowable Services, and a high-level timeline of the program launch date.
- Held a SSIWG meeting in October, during which a subgroup of the SSIWG presented their findings and recommendations on the bundling of services for the various Flexible Services.
- Held a SSIWG meeting in November, during which EOHHS provided an overview of the allowable and disallowable services that were included in the approved Flexible Services protocol as well as the eligibility for a member to receive such services.
- Worked with the Member Journey SSIWG subgroup to organize a MassHealth member focus group in December.
- Supported the Clinical and Community Linkages SSIWG subgroup, which held a kickoff

meeting.

- Continued to work on programmatic and policy decisions needed prior to the launch of the Flexible Services program.

Q3:

- Conducted several Flexible Services (FS) engagement meetings with ACOs, CPs, the Social Services Integration Work Group (SSIWG), and other key stakeholders.
 - In January, EOHHS hosted the first of the series of FS engagement meetings for ACOs, CPs, and the SSIWG. The meeting provided a detailed overview of the Flexible Services, including important program parameters that ACOs and CPs would need to understand in order to begin working on their FS programs. The meeting also provided background information to help ACOs and CPs submit feedback to MassHealth regarding certain policy topics. EOHHS collected written feedback on these topics in February.
 - In February, EOHHS hosted a public meeting on Flexible Services to provide a broad interview for other potential stakeholders, including Social Services Organizations that may provide Flexible Services.
 - EOHHS reconvened ACOs and CPs as well as the SSIWG in March to further discuss open policy topics.
- Held SSIWG meetings in January, during which a subgroup of the SSIWG presented their findings and recommendations on best practices for how to ensure a smooth member journey for a member receiving Flexible Services. Findings for this presentation included the results of a MassHealth member focus group on Flexible Services. In January, the final SSIWG Screening and Planning subgroup held their kick off meeting.
- Held a SSIWG meeting in March, during which a subgroup of the SSIWG presented on best practices on Clinical and Community Linkages.
- Continued to work on programmatic and policy decisions needed prior to the launch of the Flexible Services program.

Infrastructure and Capacity Building

Overview

EOHHS 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. Final reports for audits and investments funded through ICB Round 2 Installment 1 were due July 31, 2018, and hospitals

were expected to complete work for ICB Round 2 Installment 2 by June 30, 2019.

Q4 Update

During Q4, EOHHS continued to connect with awardees to collect final reports for ICB Round 2 Installment 1. Meanwhile, awardees were notified of the deadline to complete final reports for ICB Round 2 Installment 2, with a deadline of July 31, 2019. Collection and review of final reports will begin in the subsequent quarter.

Annual Summary

Q1:

- Released \$9.5 million to 44 of 52 eligible hospitals as part of ICB Round 2, Installment 2.
- During Q1, hospitals continued projects supported by the second installment of Round 2 ICB funding.
- Received 38 final reports for ICB Round 2, Installment 1

Q2:

- Received 40 final reports for ICB Round 2, Installment 1 to ensure that grantees had completed their projects and spent their funding appropriately
 - EOHHS worked with the remaining grantees with outstanding final reports
- During Q2, hospitals continued projects supported by the second installment of Round 2 ICB funding.

Q3:

- Received 43 final reports for ICB Round 2, Installment 1
- During Q3, hospitals continued projects supported by the second installment of Round 2 ICB funding.

Operational/Issues

Q4 Update

During this quarter, MassHealth continued to work with the Massachusetts Health Connector and our systems integration vendor on fixing HIX (the Health Insurance Exchange system) defects to improve system stability and eliminate workaround processes. These enhancements included improvements to the file generation process for individuals who are assessed a premium. Updates were made to the HIX system to support the new number format for I-94 immigration

documents issued by the Department of Homeland Security MassHealth Operations also supported the Plan Selection period for MassHealth ACOs and MCOs beginning on June 1.

Annual Summary

MassHealth continued to work with the Massachusetts Health Connector and our systems integration vendor to enhance functionality in the HIX system. These enhancements included logic to simplify the processing of case changes reported by MassHealth members. Logic was added to better illustrate an individual's disability status and the source of the disability determination as well as displaying history of a disability determination. Enhancements to the HIX system also included updates to the User Interface on the application and in the Back Office to more completely summarize income information. Back office functionality was enhanced to provide the ability to display a comparison of multiple program determinations to enhance customer service.

In addition, a number a HIX defects were fixed to improve system stability and eliminate workaround processes. MassHealth continued utilizing periodic data matching and renewal activities for the Medicaid/CHIP population.

MassHealth Operations conducted training for internal staff, customer service vendor staff and external stakeholders to support eligibility system improvements/enhancements throughout the year. Additionally training and communication was provided to internal staff, customer service vendor staff and external stakeholders to support the Plan Selection period for MassHealth ACOs and MCOs beginning on June 1.

Policy Developments/Issues

Annual Summary

EOHHS submitted a request for a set of Technical Corrections to CMS on August 14, 2018. The requested technical corrections included clarifications to DSRIP Flexible Services, Final Evaluation and Midpoint Assessment language, cost limit protocol language, and language related to financial determination methodology for disabled adults. On October 23, 2018 the state received approval for this set of Technical Corrections to clarify language in a number of areas in the 1115 Demonstration documents.

On November 7, 2018, state legislation called the "BRAVE Act" went into effect. This law allows for the entire amount of a veteran's (or widowed spouse's) monthly payment from the United States Veterans Administration (VA) to be exempt for Medicaid eligibility purposes if the veteran or widowed spouse would not have received such a payment from the VA but for unreimbursed medical expenses. EOHHS worked with CMS to determine if federal authority

would be needed to implement this exemption. After much discussion, the state determined that a waiver amendment was not required.

As part of the continuing effort to manage MassHealth costs, the Governor proposed several budget reforms to reduce the high cost of prescription drugs, a major driver of program costs. These reforms will allow MassHealth to directly negotiate with drug manufacturers with the goal of entering into supplemental rebate agreements, including value-based agreements to establish accountability and transparency of drug prices. Through this process, drug manufacturers will be incorporated into public processes that exist for other MassHealth health care providers and payors. The Legislature enacted these reforms in the SFY2020 budget which are projected to save \$70 million gross savings in SFY20.

The SFY20 budget included language requiring MassHealth to expand eligibility for the Medicare Savings Programs, effective January 1, 2020. We anticipate approximately 15,000 individuals currently on an MSP will receive additional benefits and approximately 25,000 individual will be newly eligible for an MSP. We are working to implement the expansion for individuals seeking MSP coverage only by January 1, 2020. We are also looking into what would be involved with expanding MSP eligibility for individuals with full MassHealth coverage plus an MSP and whether we will need to seek an amendment to the 1115 Demonstrations to support MSP expansion for certain individuals with Standard and CommonHealth.

Financial/Budget Neutrality Development/Issues

Q4 Update

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 4 of state fiscal year (SFY) 2019 as reported through the quarter ending June 30, 2019 (QE 06/30/19). SFY 2019 expenditures and member months are from SFY 2019 Quarters 1-4 actual data.

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2018 and SFY 2019. The enrollment data for the years SFY SFY 2018 and SFY 2019 were updated based on actual enrollment through August 2019.

Safety Net Care Pool (SNCP)

The five-year SNCP target is based on projected expenditures for SFY 2018-2022. The changes for SFY 2018 will continue to be updated as the fiscal year progresses.

Budget neutrality - summary

In sum, the total projected budget neutrality cushion is \$4.8 billion for the period SFY 2018

through SFY 2022 and \$24.3 billion for the period SFY 2014 through SFY 2022. We will continue to update CMS through quarterly reports as updated information is available.

Member Month Reporting

Q4 Update

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

A. For Use in Budget Neutrality Calculations

Expenditure and Eligibility Group (EG) Reporting	April 2019	May 2019	June 2019	Total for Quarter Ending 06/19	Total for SFY 2018	Total for SFY 2019
Base Families	707,005	711,475	714,147	1,935,831	8,978,322	8,591,340
Base Disabled	228,913	226,948	225,766	681,627	2,889,542	2,794,175
1902(r)(2) Children	14,865	15,434	15,731	46,030	208,742	178,682
1902(r)(2) Disabled	16,751	17,236	17,456	51,443	227,776	210,897
New Adult Group	315,039	319,546	321,976	956,561	4,083,460	3,823,909
BCCDP	1,116	1,120	1,108	3,344	14,854	13,635
CommonHealth	31,071	31,258	31,509	93,838	332,654	365,604
TANF/EAEDC*	65,055	65,349	66,392	196,796	759,858	769,100

*TANF/EAEDC is a subcategory of Base Families

A. For Informational Purposes Only

Expenditure and Eligibility Group (EG) Reporting	April 2019	May 2019	June 2019	Total for Quarter Ending 06/19	Total for SFY 2018	Total for SFY 2019
e-HIV/FA	748	754	749	2,251	7,890	8,684
Small Business Employee Premium Assistance	0	0	0	0	174	66
DSHP- Health Connector Subsidies	N/A	N/A	N/A	N/A	N/A	N/A
Base Fam XXI RO	0	0	0	0	0	0
1902(r)(2) RO	0	0	0	0	0	0
CommonHealth XXI	0	0	0	0	0	0
Fam Assist XXI	0	0	0	0	0	0

Consumer Issues

MassHealth In-Person Enrollment Events

Annual Summary

In July 2018, MassHealth and the Health Connector (CCA) participated in two community health events. The first was The Health and Wellness Fair at Caring Health Center in Springfield, MA. This event provided a variety of services to those who attended, including:

- HIV & STI Counseling & Referrals
- Family Planning & Women's Health Nurse Consultations Women, Infants, and Children (WIC) Enrollment
- Blood Pressure & Glucose Screenings Medical & Dental Check-Ins
- Behavioral Health & Substance Use Support Fitness & Nutrition Tips
- MassHealth & Health Connector Enrollment

Second, also in July, MassHealth and CCA also participated in an event sponsored by the United Way and Greater Boston Project Connect. This event's main focus was to provide for the needs of families currently experiencing homelessness in the community. The Chelsea MassHealth Enrollment Center (MEC) and the MassHealth Central Processing Unit (CPU) provided MassHealth staff for this event which approximately 200-300 members of the community attended.

Finally, in August 2018 MassHealth took part in National Health Center Week, held annually the second week of August, in partnership with CHCs and other community groups throughout the Commonwealth. The week-long event is dedicated to celebrating the services and contributions of community, migrant, homeless and public housing health centers. MassHealth has taken this annual opportunity to address questions members may have regarding MassHealth health care plans in general, their current health plans, as well as specific questions for themselves and/or family members. This year MassHealth helped the following community health centers celebrate NHCW: Lynn Community Health Center & Worcester Family Health Center (helped members renew/enroll in the online application process), as well as, Manet Community Health Center, Brockton Neighborhood Health Center, and Fenway Health in Boston.

Quality Assurance/Monitoring Activity

Annual Summary

Managed Care Quality Activities

Managed Care Program (under 65, non-disabled)

Over the course of the year MassHealth Managed Care (MCO) Program and Plans continued to engage in quality-related activities focused primarily on quality program management, measurement and improvement. During Quarter 1, The MCO program continued to monitor plan performance on variety of quality measures. The 2017 MassHealth Managed Care report, which summarizes individual MCO and overall MassHealth performance on several Healthcare Effectiveness Data Information Set (HEDIS) indicators, was posted to the MassHealth website. Additionally, MassHealth initiated preparation for the 2018 MassHealth Managed Care report by reviewing and assessing MCO performance data submitted by MassHealth contracted MCOs in Quarter 4, via the health plans' Interactive Data Submission System (IDSS) submissions. MassHealth not only uses these data to assess plan performance, but also uses these data for reporting on the CMS Adult and Child Core Set and identifying areas to focus quality improvement activities.

In addition to assessing performance on quality measures, the MCOs continued implementation of their contractually required quality improvement projects (QIPs). CY18 represents the baseline year of a new 3-year QI Goals cycle for the MCO program. In September, the MCO plans submitted QIP progress reports to the state's EQR vendor.

In Quarter 2, MassHealth analysts continued to analyze the 2018 HEDIS (measurement period – CY17) data that was submitted between April and June 2018, calculating several data points that will support public performance reporting on the MassHealth website: MassHealth managed care weighted means, confidence intervals, and statistical significance. Additionally, that quarter, the MCO program calculated the results of several measures in the Adult and Child Core Sets. Rates were completed in mid-December and all results were reported and certified through the MACPro reporting system prior to the January deadline. In addition to assessing performance on quality measures, the MCOs began ramping up for development and implementation of their contractually required quality improvement projects (QIPs). CY19 represents the baseline year of a new 2-year QI Goals cycle for the MCO program. In September, the MCOs received training on the new QIP process, submitted QIP topics for MassHealth approval in November, and began implementation of the QIP process in January 2019.

During Q3, MCOs embarked on the collection of HEDIS data for the 2019 HEDIS cycle, which reviews CY18 services. Additionally, the MassHealth managed care organizations submitted their initial quality improvement project (QIP) plans for review and approval by MassHealth; these QIPs will span a two-year period of time: one baseline cycle and one re-measurement cycle. The MCOs received constructive feedback from both MassHealth and MassHealth's External Quality Review Organization (EQRO). MCOs used the remainder of Q3 to modify their QIP plans and initiate implementation of their projects. Finally, Technical Reports for MCOs were finalized in Q3.

In Quarter 4 the MassHealth Managed Care (MCO) Program engaged in several quality

activities. Managed Care entities completed their HEDIS 2019 data collection and submitted their results to NCQA via IDSS as well as the MassHealth Quality Office (MQO). The MQO is in the process of analyzing the results which will be used to support Managed Care Rule public reporting requirements and calculation of the Adult and Child Core measures. Also, during Q4 MCOs continued implementation of their baseline quality improvement projects, incorporating any recommendations made by MassHealth and its External Quality Review Vendor during the planning phase. In September 2019, MCOs submitted their year-end reports for analysis and review as well as begin preparation for the re-measurement cycle.

External Quality Review Activities

During the first quarter of this year, the EQRO began reviews of compliance and PIP materials submitted by MCOs for CY 2018 reviews. They also reviewed PIP submissions for One Care and SCO plans, as well as MBHP and issued final scores that will be summarized in a technical report. The vendor completed on-site visits for performance measure validation and compliance activities. Beginning in September, preliminary performance improvement project feedback was provided to all participating Managed Care Entities (MCEs) through collaborative technical assistance phone calls designed to help MCEs improve their project design and documentation.

In Quarter 2, the EQRO completed teleconferences with each plan to ask questions and discuss feedback on the projects submitted during Q1, with final scores being reviewed by MassHealth and shared with plans in November during Q2. Additionally in Q2, preparation for ACO and MCO participation in EQR in CY 2019 also continued. ACO and MCO entities submitted project proposals in November detailing their areas of focus for PIP Reporting in 2019. These proposals were reviewed by MassHealth and the EQRO. Following approval, ACOs and MCOs continued planning work and preparation for submitting their first report in early Q3. Performance Measure Validation (PVM) activities for MBHP, SCOs, and One Care plans concluded in October. PMV was also conducted for MCO plans whose contracts ended in February, 2018. EQR work in the later part of the quarter focused on the drafting of CY2018 technical reports for submission to CMS by April 30.

As part of Quarter 3, the EQRO completed review of all MCE (ACO, MCO, Senior Care Options (SCO)), and One Care Plans as well as the Massachusetts Behavioral Health Partnership (MBHP)) 2019 initial Performance Improvement Plan (PIP) plans/reports; a second more detailed report was submitted in September 2019. For the majority of the programs, these reports detail the planning and implementation of the first re-measurement cycle for the PIP projects, with the exception of the ACO and MCO plans, for which the report represents the baseline cycle. The EQRO provided the plans scoring worksheets, held teleconferences to provide feedback, and provided technical assistance as necessary. Implementation of PIPs continued into Q3.

During Quarter 4, External Quality Review (EQR) activities focused primarily on performance measure validation preparation. In June, the EQRO sent requests for information (RFI) to the several of our managed care plans: SCO, One Care, MBHP, and the PCC Plan. Plans are asked to provide requested documentation within 6 weeks for review by the EQRO in Q1 of SFY20. The MassHealth ACO and MCO plans will receive RFIs in September with documentation review being completed in Q2 of SFY20. In addition to performance measure validation, the EQRO provided technical assistance to plans in preparation for their Q1 year-end report submission due in September 2019.

MassHealth Quality Committee

The goal of the MassHealth Quality Committee is to support and inform development and alignment of quality goals, strategies and activities across current and new programs.

Quarter 1 activities focused on internal engagement, drafting and review of a comprehensive MassHealth Quality Strategy across the agency. The committee began this process in SFY2018. Due to the substantial new and ongoing development of MassHealth's ACO and other programs, the strategy underwent several updates and iterations to incorporate and best reflect the quality goals, objectives, measurement and evaluative components of these programs, as well as the broader MassHealth agency.

In Quarter 2, the strategy was finalized and posted for public comment. Incorporation of public comments and submission to CMS was completed by November 30, 2018, as outlined in our request to CMS for an extension of the original July 1, 2018 due date. The Committee also focused during this quarter on review of measure results for annual submission of core measures to CMS, identifying areas (program specific and overall) for continued monitoring and improvement.

In Q3, the committee started the process of developing the quality committee's agenda for 2019-2020. The work of the committee will support continued planning and active implementation of activities that focuses on further alignment and integration of quality activities and priorities important across programs that reflect the goals of the comprehensive agency-wide quality strategy. Quarter 3 activities focused primarily on setting quality priorities for the next calendar year and identifying the appropriate and also new program representatives (reflective of new staff and newly developed quality programs) that would be participating on the Committee. Committee members met to further discuss the areas of priority focus and quality activities and issues important to address for their programs in the coming year. This informed the preparation for these topics and subsequent meetings and onboarding of new members in Quarter 4. The Committee also continued to talk about how to address aligning public reporting needs/requirements across programs.

MassHealth ACO/CP Quality Strategy

In Quarter 1, MassHealth continued to work with ACO plans to review and answer questions about the specifications of quality measures for the 2018 ACO program. MassHealth continued regular discussions with external and internal quality stakeholders, including NCQA and the procured DSRIP Quality Subcommittee (DSRIP QSC) on issues such as defining community tenure, refinement of member experience surveys, and addressing member level demographic variability within the measure slate. Additionally, MassHealth analyzed results of customized risk adjustment models for the ACO and CP measure slates. Also in Quarter 1, MassHealth supported formal training to ACOs on External Quality Review items (e.g., performance improvement projects), per Managed Care Final Rule requirements. Finally, MassHealth continues to work with the DSRIP Quality Subcommittee and the Quality Alignment Taskforce alongside representatives from commercial health insurers, consumers, providers, and purchasers. The Quality Alignment Taskforce is convened by EOHHS and aims to harmonize quality measures used in ACO quality contracts across the Commonwealth, and strives toward attaining measure alignment and administrative simplification.

In Quarter 2, MassHealth continued to work with ACO plans to review and answer questions about the specifications of quality measures for the 2018 ACO and CP programs. MassHealth continued regular discussions with external and internal quality stakeholders, including NCQA and the procured DSRIP Quality Subcommittee (DSRIP QSC) on issues such as measure by measure benchmarks (inclusive of member experience) applicable to performance year 2019. By the end of December, MassHealth received approved benchmarks from CMS for 12 (of 20) clinical measures in the ACO quality slate. Additionally, MassHealth reported results of customized risk adjustment models to CMS, potentially applicable to several measures across the ACO and CP slates. Also in Quarter 2, MassHealth continued to support formal guidance to ACOs on External Quality Review items (e.g., performance improvement projects), per Managed Care Final Rule requirements. Finally, MassHealth continues to work with the DSRIP Quality Subcommittee and the Quality Alignment Taskforce alongside representatives from commercial health insurers, consumers, providers, and purchasers.

In Quarter 3, MassHealth completed key technical and policy decisions related to the clinical data collection strategy (e.g., methodology, technical materials) applicable to CY2018 hybrid measures. By the end of Q3, the strategy was ready to transition to the testing phase of clinical data collection, with participation from all ACOs, scheduled for early Q4. Further, MassHealth continued regular discussions with external and internal quality stakeholders, including NCQA and the procured DSRIP Quality Subcommittee (DSRIP QSC) on issues such as updated data collection strategies and reporting for CY2019 and beyond (e.g., burden reduction, expanded collection timeframes). Additionally in Q3, MassHealth received CMS approval on its Social Determinants of Health focused risk adjustment model applicable to quality measure ACO-11 ED Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions. Testing of

this same model is currently being conducted on several additional ACO and CP measures with preliminary results expected for Q4. Also in Quarter 3, MassHealth continued to support formal guidance to ACOs on External Quality Review items (e.g., performance improvement projects), per Managed Care Final Rule requirements.

In Quarter 4, ACOs successfully complied with all clinical data collection timelines, reporting medical record data to the State for 8 quality measures. Throughout this process MassHealth provided a series of trainings and weekly question and answer sessions to support this massive effort. Furthermore, the State finalized its audit strategy for the ACO and CP quality program, inclusive of scope, audit thresholds, and associated timeframes. Additionally, risk adjustment development and testing continues for the ACO Community Tenure and Diabetes Hospital Admissions measures. Results will be communicated with CMS in the upcoming quarter. MassHealth also continued to support formal guidance to ACOs on External Quality Review items (e.g., performance improvement projects), per Managed Care Final Rule requirements. Finally, MassHealth continues to work with the DSRIP Quality Subcommittee and the Quality Alignment Taskforce.

CMS Grant Activities -- Contraceptive Use Grant

During Q1, MassHealth calculated the measures rates for the Contraceptive Care for All Women, capturing results for calendar year 2017. This measure went through a QA process and was finalized. The postpartum contraceptive measure was also calculated in Q1. Measure rate data were compared to previously calculated data to observe trends over time. The grant team conducted qualitative interviews with primary care providers at 6 community health centers in Massachusetts. The goal of the interviews was develop an understanding of how contraceptive services are provided at community health centers, and whether clinicians encounter challenges in providing patients with their chosen methods. Several questions focused on the provision of long-acting reversible contraceptives (LARCs), because while LARCs are the most effective contraceptive methods, barriers to access to LARCs may differ from other contraceptive methods at the patient, provider and systems levels. Following the interviews, the grant team obtained transcripts and summarized the findings of the interviews in a report. That report was shared with participating providers in Q2 and used to support potential technical assistance efforts during Grant Year 4.

During Q2, MassHealth continued QA on the calculated the measures rates for Contraceptive Care for All Women, capturing results for calendar year 2017. It was reported at the beginning of Q3 as part of the adult and child core set reporting to CMS. The postpartum contraceptive measure was also calculated in Q1. Measure rate data were compared to previously calculated data to observe trends over time. Additionally during Q2, the grant team summarized the results of its qualitative interviews with primary care providers at 6 community health centers in Massachusetts. The goal of the interviews was develop an understanding of how contraceptive

services are provided at community health centers, and whether clinicians encounter challenges in providing patients with their chosen methods. Finally, additional Q2 activities included completion of a method-specific analysis of contraceptive usage rates among members at MA community health centers in CY2017. These, and other data, will be compiled and presented in reports to CHCs to support future improvement work around contraceptive use.

In Q3, MassHealth identified a subset of community health centers for which to develop detailed reports about MassHealth specific contraceptive data. Templates of the reports were drafted in Q3 to be populated in Q4. The purpose of the reports is to support continued quality improvement projects for CHCs that are not specifically Title X providers and not already receiving additional support from the Massachusetts Department of Public Health.

During Q4, MassHealth worked on finalizing reports for 14 community health centers and anticipates that the reports should be completed and disseminated in September 2019. Finally, MassHealth has been working with other state agencies and external stakeholders to ensure continued focus on contraceptive use as the grant comes to a close in September 2019.

Demonstration Evaluation

Independent Evaluator (UMass Medical School (UMMS))

Major activities of FY19 included finalizing the Evaluation Design Document, with Massachusetts receiving [official approval of the Evaluation Design Document \(EDD\)](#) from CMS on January 31, 2019. In addition to active review with MassHealth, UMMS researchers engaged with members of its Scientific Advisory Committee and consistently worked with the Independent Assessor (IA/PCG) to coordinate an approach to collecting and analyzing data from stakeholders with an eye toward maximizing efficiency and minimizing respondent burden as much as possible. UMMS and the IA continue to hold weekly meetings to ensure efficient and effective communication and coordination of efforts.

Related to quantitative activities, UMMS advised MassHealth regarding scope of work for one or more new quality vendors with potential impact on quantitative components of the IE as well as coded and calculated baseline performance for select ACO performance measures for evaluation purposes. Additionally, UMMS prepared updated list of data sources for all population-level measures to be used for the data use agreement(s) and submitted a detailed data request through MND to support goal-specific evaluations

During Quarter 1 of FY19:

- Revision and updates were made to the EDD

- Engaged the UMMS Institutional Review Board (IRB), for review of the submission of protocol for proposed evaluation activity
- Significant document and literature reviews were conducted related to all goals of the 1115 Waiver Demonstration
 - Summary notes prepared for all ACO and CP organizations

During Quarter 2 of FY19:

- UMMS received determination on October 29th, 2018 from IRB that protocol of proposed evaluation activity did not constitute human subjects research.
- Initiated quality measure coding for evaluation purposes
- Finalized data plan and list of data sources related to Goal 5

During Quarter 3 of FY19:

- Development of Key Informant Interview (KII) protocol documents and preparation for pilot interviews, as well as created training plan and materials for interview teams
- Engaged pilot sites at ACO and CP level to initiate outreach and scheduling for pilot interviews
- Created workplan and timeline for the Member Experience Interview (MEI) activity
- Began to develop quantitative workplan and standard operating procedures for measure coding
- Drafting of detailed specifications for measures without existing measure stewards for evaluation purposes

During Quarter 4 of FY19:

- Amendment #2 of the Evaluation Intergovernmental Services Agreement (ISA) was completed in June 2019
- Key Informant Interviews (KII) with ACO and CP leadership were performed with all 17 ACOs and 26 CPs, resulting in a total of 95 completed by June 30th.
 - Initial coding and data analysis were initiated in mid-June and is expected to continue through the next quarter into SFY20
- Initiated activities related to the Member Experience Interviews (MEI), including preparing framework and outreach plan for Stakeholder Workgroup, drafting outreach materials, and developing meeting structures and agendas
- Continuation of development and drafting efforts related to quantitative evaluation activities
- Refinement of detailed analysis plan for goals 3,4,6 & 7

Independent Assessor (Public Consulting Group (PCG))

In FY19, the IA has collaborated with UMMS in designing and planning the Midpoint Assessment (MPA) report. So far, data collection for the MPA has been bifurcated into the following two workstreams:

- ACO Practice Site surveys
 - The ACO Practice Site survey team developed a sampling methodology, wrote the survey, completed cognitive testing of the survey with select participants, and recently released the survey in three waves to augment recipient participation.
 - Data analysis will begin immediately following the close of the survey.
- Key Informant Interviews (KIIs)
 - The KII team, including IE/IA, developed interview guides for ACO administrators, and CP administrators, that would be interviewed. The KII team then identified appropriate interviewees, coordinated with them to schedule interviews, and conducted the interviews in late spring and early summer.

Other IA activities in FY19 include the drafting of ACO and CP desk review tools and creating a methodology for scoring the desk reviews. The IA is in the process of collecting data for the statewide investments workstream as well. Finally, the IA participates in weekly checkpoint and planning meetings with the IE and EOHHS.

Enclosures/Attachments

In addition to this narrative report, we are submitting:

- Zip Files with ACO PY1 Annual Reports
- Budget Neutrality Workbook will be submitted separately

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