

## MassHealth

### Section 1115 Quarterly Report

Demonstration Year: 24 (7/1/2020 – 6/30/2021) & Quarter 4: (4/01/21 – 6/30/21)

#### **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 24, ending June 30, 2021.

#### **Enrollment Information**

The enrollment activity below reflects enrollment counts for SFY 2021 Quarter 4, as of June 30, 2021.

<b><u>Eligibility Group</u></b>	<b><u>Current Enrollees (to date)</u></b>
Base Families	877,871

Base Disabled	227,612
1902(r)(2) Children	23,603
1902(r)(2) Disabled	17,964
Base Childless Adults (19- 20)	27,719
Base Childless Adults (ABP1)	44,174
Base Childless Adults (CarePlus)	344,511
BCCTP	1,148

\*TANF/EAEDC is a subcategory of Base Families

### Annual Summary

The enrollment activity below reflects enrollment counts for SFY 2021 Quarter 4 and the entirety of SFYs 2020 and 2021. 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, 2021
- SFY 2020 and SFY 2021 represent the average monthly enrollment for the entirety of the SFYs.

\*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 2021 Quarters ending March 31, 2021 and June 30, 2021.

Plan Type	QE 03/21	QE 6/21	Difference
MCO	213,550	216,175	2,625
PCC	106,944	111,560	4,616
MBHP*	601,215	617,692	16,477
FFS/PA**	602,010	619,392	17,382
ACO	1,084,264	1,103,326	19,062

\*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**

<b>SHIP Premium Assistance Program (SHIP PA)</b>	<b>Disabled Members</b>	<b>Non-Disabled Members</b>	<b>Total MassHealth Enrolled Members</b>
<i>Standard</i>	1,101	19,183	20,284
<i>CommonHealth</i>	61	0	61
<i>Family Assistance</i>	7	2,186	2,193
<i>CarePlus</i>	0	8,228	8,228
<b>Total for FY 7/1/20-6/30/21</b>	<b>1,169</b>	<b>29,597</b>	<b>30,766</b>

<b>Premium Assistance Program: Employer Sponsored Insurance</b>	<b>Disabled Members Average Q1-Q4</b>	<b>Non-Disabled Members Average Q1-Q4</b>	<b>Total MassHealth Enrolled Members Average Q1-Q4</b>
<i>Standard</i>	1,797	10,890	12,687
<i>CommonHealth</i>	3,727	0	3,727
<i>Family Assistance</i>	17	8,286	8,303
<i>CarePlus</i>	0	580	580
<i>Small Business Employee Premium Assistance (SBEPa)</i>	0	0	0
<b>Total Average Q1-4</b>	<b>5,540</b>	<b>19,756</b>	<b>25,296</b>

### **Outreach/Innovative Activities**

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

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,317 Certified Application Counselors (CACs) across 269 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).

This quarter, CAC outreach and educational activities focused on ensuring our 1,317 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through “*Assister Update*” emails, five Assister conference calls and webinars, and statewide educational Massachusetts Health Care Training Forum (MTF) sessions, held virtually due to the COVID-19 public health emergency.

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

*Assister Update* emails and webinars kept CACs informed about key topics and updates to online courses and resources this quarter, including:

- Reminder: Join tomorrow’s webinar to learn more about the American Rescue Plan (ARP)
- Health Connector Member and Guest Payment Portals Unavailable Today
- Important Update: ACA-3 and SACA-2 Application
- More details on Savings through the American Rescue Plan + Save the Date for New Health Connector Webinar
- Changes to MassHealth’s Cost Sharing Policy
- System Update: ARP Subsidies for Health Connector members with income above 400% FPL now available
- Join or Share this month’s Health Connector’s Webinar and Promote Health Connector Coverage!
- Updating Addresses using the Assister Portal
- MassHealth COVID-19 Guidance: May 2021 Update
- Emergency Rental Assistance Program (ERAP) Now Available
- MassHealth Estate Recovery
- New Enhanced Benefits for Unemployment Income Recipients on Health Connector Plans
- MassHealth Cost Sharing Policy Updates

Assister webinar opportunities

- 4/6/21 American Rescue Plan
- 5/14/21 Assister Updates Webinar
- 5/27/21 Assister Webinar: Learn more about the Health Connector rollout of the American Rescue Plan
- 6/1/21 and 6/9/21 Understanding MassHealth Cost Sharing Policy Updates

- 5/11/21 Massachusetts Health Connector webinar: “Need health insurance? New savings are here through the Health Connector”

## **MassHealth In-Person Enrollment Events & MassHealth Attended Events during the Quarter**

Due to the COVID-19 public health emergency, no hosted events were held this quarter. We continued to update member related materials on our COVID related website.

### Annual Summary

Activities throughout the year focused on ensuring CACs were informed about MassHealth’s health plan options, and MassHealth’s response due to the COVID-19 public health emergency. Efforts included series of monthly virtual meetings, emails with reminders about important dates, and refreshers on rules for members wishing to enroll in or change a health plan or change primary care providers.

Ongoing CAC education and training continued in earnest throughout the year consisting of over 100 CAC touchpoints (emails, virtual meetings, and webinars) and new/updated online educational content (new/updated courses, job aids, access to recorded webinars, and Q&A). Key topics included:

- MassHealth's Cost Sharing Policy Updates
- Health Connector Redeterminations and Renewals for Open Enrollment 2021
- MassHealth COVID-19 Updates
- Changes to Hospital-Determined Presumptive Eligibility (HPE) during COVID-19
- New Worksheet: Helping Applicants and Members Estimate Annual Income
- Important COVID-19 Update
- Assister Update - Vaccination Distribution

### Member Education and Communication

During Q4, MassHealth continued to engage the health plans to be sure the Member Service Centers were adjusting in response to COVID-19, to assist members with access to care and supports. MassHealth also engaged health plans to verify each plan’s population health operations had adjusted their member engagement strategies and operations to respond to COVID-19.

***Global Awareness and Education.*** The quarterly Massachusetts Health Care Training Forums (MTF) held two meetings virtually due to the COVID-19 public health emergency to educate and

train our stakeholders and organizations that support our members on health plan updates. A total of 355 individuals joined the webinars.

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

***Enhancements to Customer Service Support.*** MassHealth printed detailed MassHealth Enrollment Guides to be mailed to newly eligible managed care members. They are also available upon request from MassHealth Customer Service. The member website ([MassHealthChoices.com](https://www.mass.gov/info-details/masshealth-choices)) continued to support members in understanding their managed care enrollment options, their ability to search for providers and enroll in a plan.

### Annual Summary

In response to COVID-19, MassHealth implemented temporary changes in eligibility-related policies and processes to support the public health efforts, to expedite access to necessary health care, and maintain health care coverage for existing members and new MassHealth applicants. MassHealth continued to support members, stakeholders, and health plans with COVID-19 related changes. MassHealth worked with plans to ensure that their websites, and our Member Service Centers, continued to be responsive in assisting members with access to care and supports.

### Provider Education and Communication

The provider education and communication focus this quarter continued to be on supporting our members and providers with the latest updates and guidance from MassHealth to respond to the COVID-19 emergency, including communication to providers regarding COVID-19 vaccinations and Mass Vaccination sites. Virtual resources continued to play a key role in provider Education and Communication. These tools, such as a dedicated COVID-19 webpage for providers (<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>), webinars using video conferencing tools, such as zoom and Cisco WebEx, enhanced customer service, and provider support emails were continuously updated with the latest policy and guidance from MassHealth.

In April, COVID-19 focused updates were presented at the virtual quarterly Provider Association Forum (PAF), and at two virtual MTF sessions to help providers understand MassHealth efforts in response to COVID-19 as well as additional updates in the following areas:

- New Provider Bulletins
- Telehealth updates
- Vaccine Administration updates
- Additional provider program expansion of vaccination administration for certain current MassHealth providers
- Health Plan COVID-19 outreach strategies
- Massachusetts Human Service Transportation (HST) Brokerage & MassHealth Provider Request for Transportation (PT-1) updates
- Payment and Care Delivery Innovation (PCDI) Year 4
- Office of Long-Term Services and Supports (OLTSS) updates
- Cost Sharing/HIPAA Health Care Benefit Response Update

Since COVID-19 continues to impact all providers in various ways, it was important to ensure regular communication with providers. In addition, any questions and escalations surrounding new policies in response to COVID-19 were handled as priorities when needed, and providers' issues were addressed. The goal was to make sure all communications were able to support providers as they continue to serve our members during this challenging time.

### Annual Summary

Throughout this year the provider education and communication focus was on supporting our members and providers with the latest updates and guidance from MassHealth to respond to the COVID-19 emergency, including communication to providers regarding COVID-19 vaccinations and Mass Vaccination sites. Virtual resources played key roles in provider Education and Communication. These tools, such as a dedicated COVID-19 webpage for providers (<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>), webinars using video conferencing tools, such as Zoom and Cisco WebEx, enhanced customer service, and provider support emails were continuously updated with the latest policy and guidance from MassHealth.

Since COVID-19 continues to impact all providers in various ways, it was important to ensure regular communication with providers. The goal of these activities was to highlight the state and federal COVID-19 response to support both members and providers.

### **Delivery System Reforms and DSRIP**

#### Accountable Care Organizations (ACOs)

#### Q4 Update

During Q4, MassHealth continued with a quarterly update to its internal Integrated Performance Dashboard for ongoing monitoring and management of ACO financial, quality, and compliance performance. Also during this quarter, MassHealth completed two ACO performance

engagements. One focused on reducing high inpatient admissions. Using a data-informed approach, MassHealth and an ACO jointly identified high utilizers and COPD patients driving their admissions and aligned on an action plan for the ACO to focus on care management efforts for those populations. The second engagement with a different ACO focused on high ED visits, an area the ACO has been making increasing investments over the last almost 2 years, the impact of which has been confounded by COVID-19. MassHealth aligned with the ACO to continue to monitor impact of their ED reduction programs.

In mid-May, MassHealth delivered to the Model B ACOs a preliminary view of their RY20 financial performance. Also in May, MassHealth delivered to the Model B ACOs their RY19 final reconciliation reports. MassHealth finalized the most recent round of utilization reporting which includes a newly developed Behavioral Health Inpatient Readmissions measure (not a quality measure) and was delivered to Model A ACOs, Model B ACOs, and MCOs in July. MassHealth also engaged with stakeholders at Model B ACOs to hear about how the Model B ACO Care Coordination Reporting Suite is being used and what enhancements would be most helpful to the ACOs. In response to feedback gathered via this engagement, MassHealth began implementing the requested enhancements to the most high value and utilized reports.

Earlier, ACOs, MCOs, and Community Partners (CPs) were given an opportunity to end sub-scale relationships via the ACO/MCO CP Preferred Relationships process. Proposals were due in April 2021. MassHealth received 10 proposals, all of which included robust plans for transitioning members out of the relationships, as well as plans to maintain CP volume through fewer partnerships. In May, MassHealth granted preliminary approval for all 10 proposals received, and the ACOs and CPs who were granted approval began transitioning shared members out of the relationships. MassHealth monitored these transitions and granted final approval once the relationships shared zero members. MassHealth continued to monitor overall and ACO/MCO-specific CP program enrollment, engagement, and member assessment during Q4. In May 2021, MassHealth engaged with a few ACOs/MCOs who were underperforming in these metrics. MassHealth also committed to giving ACOs/MCOs quarterly reports on certain measures relating to their performance in the CP program. The first ACO/MCO Community Partner Enrollment and Activities Report was delivered in May 2021.

MassHealth executed Amendment 2 to the 3rd Amended and Restated Contracts, to reflect updated policies effective 1/1/2021, as well as Amendment 3 to the 3rd Amended and Restated Contracts, to reflect updated policies effective 7/1/2021.

### Annual Summary

Q1:

- Began planning the enhancements and release of the SFY21 Q2 version of the internal ACO Integrated Performance Dashboard



- Approved population health management program evaluation strategies submitted by ACOs, allowing the ACOs to begin executing evaluations
- Continued discussions with specific plans regarding performance opportunities related to quality, member experience, inappropriate utilization, and cost
- In July 2020, delivered to ACOs and MCOs a third round of utilization reporting which included new utilization measures jointly prioritized for inclusion by ACO stakeholders and MassHealth.
- In August 2020, began developing another round of Model B financial reporting which provides the Model B ACOs with a preliminary view of their performance in the first half of RY20 (Jan – Jun 2020).
- Throughout September 2020, continued to finalize development on the next round of utilization reporting for the ACO/MCOs, focusing on incorporating both a PCP visits and a telehealth measure.
- Developed plans to share data more regularly with ACOs/MCOs and CPs to foster integration and encourage joint process improvement.
- ACO/MCO CP Change Teams who were participating in the Care Plan Learning Collaborative began meeting 1:1 for virtual Technical Assistance sessions with subject matter experts.
- Developed Amendment 3 to the 2nd Amended and Restated ACO/MCO Contracts
- Developed the 3rd Amended and Restated ACO/MCO Contracts, along with Amendment 1 to the 3rd Amended and Restated ACO/MCO Contracts

## Q2:

- Released another Integrated Performance Dashboard to be used in ongoing monitoring and management of ACO financial, quality, and compliance performance
- ACOs submitted evaluations of their population health management strategies
- Continued to engage with select ACOs on aspects of financial and quality performance, helping them identify areas of excess medical spend and strategies to improve quality scores
- In October 2020, provided to the Model B ACOs a round of financial reporting showing them a preliminary view of their performance in the first half of RY20.
- Also in October 2020, provided the Model B ACOs with an RY19 Interim Reconciliation Report which shows the ACOs a more refined view of their performance in RY19.
- In December 2020, completed development on and began finalizing for delivery the latest round of utilization reporting which includes a PCP visits and a telehealth measure.
- Continued to monitor CP member enrollment levels, engaging with a few low performing ACO/MCOs in October 2020.
- ACOs/MCOs and CPs that requested to end relationships in 2020 successfully transitioned all shared members and effectively ended their Agreements by the end of Q2 FY21.

- MassHealth amended the ACO and MCO contracts to reflect changes to CP assignment policy.

#### Q3:

- Analyzed results of ACO-submitted program evaluations, finding that ~70% of programs showed improved outcomes
- Continued to engage with select ACOs on aspects of financial and quality performance
- Stood up 2 short-term, targeted engagements with ACOs on high inpatient and ED utilization based on results from the Integrated Performance Dashboard, with a goal of working with the ACO to take a data-driven approach to identify drivers and an action plan to improve performance
- In January 2021, delivered to the Model A and B ACOs and MCOs the round of utilization reporting finalized in Q2.
- Continued to work on the next round of Model B financial reporting that provides Model B ACOs a preliminary view of their RY20 financial performance.
- In February 2021, sent out an ACO Reporting Survey. MassHealth used the responses from this survey to inform the implementation of a few high priority enhancements to the member rosters and claims extracts that MassHealth sends to ACOs/MCOs each month. MassHealth also used the results of this survey to stand up an engagement with the Model B ACOs on care coordination reporting.
- Released a Managed Care Entity Bulletin regarding ACO/MCO roles in care planning for CP enrollees and clarified that PCPs and PCP Designees may sign care plans electronically.
- Released an updated Community Partners Member Identification and Assignment Guidance Document for MassHealth ACOs, MCOs, and CPs, which provides details about CP program member identification, assignment, referral, enrollment and disenrollment.
- Calculated “CP enrollment benchmarks” for each ACO/MCO, to be used as targets for CP enrollment volume, which were shared in early 2021.

#### Community Partners (CPs)

#### Q4 Update:

As of June 28, 2021, 33,488 members were actively enrolled in the Behavioral Health (BH) CP Program and 9,391 members were actively enrolled in the Long Term Services and Supports (LTSS) CP Program. For the BH CP population, the cumulative Participation Form rate was 69%, meaning the CP had located the member and began working with the member on completing a Care Plan. Approximately 58% of BH CP members were "engaged" (i.e., had a CP Care Plan completed). For the LTSS CPs, the cumulative Participation Form completion rate was

66%, and 52% of LTSS CP members were "engaged." Engagement rates reflect CPs' increasing ability to locate, outreach, and establish strong relationships with members. Many CPs have adopted unique and innovative strategies to help successfully find members such as creating dedicated outreach teams to locate and work with hard-to-reach members. As a result of these strategies, CPs have demonstrated their value to ACOs and MCOs as it pertains to contacting and engaging some of MassHealth's most vulnerable and least connected members.

**Operational Improvements.** As of June 27, 2021, over 113,000 CP enrollments and disenrollments have been processed through the CP Program Portal. MassHealth provided CPs with information on their members that have received renewal letters. CPs began receiving these files in mid-April 2021. The MassHealth renewal letter is a pre-populated form with member eligibility information and identifies what information is outstanding and provides directions for responding. Renewal letters are sent to members that cannot be auto-renewed and when more information is necessary. While CPs are not responsible for maintaining members' MassHealth coverage, the CP MassHealth renewal files provide the information CPs could use to assist ACO/MCOs with connecting members to enrollment resources.

**Reporting and Performance Management Strategy.** Phase II CP-facing quarterly report was launched in May 2021 along with the quarterly data refresh. In collaboration with MassHealth, CPs continue to actively utilize the quarterly reports and other data sources to launch data-driven performance improvement initiatives.

**Service Area Additions and Removals.** In May 2021, MassHealth issued guidance to BH and LTSS CPs to allow CPs to propose to add or remove Service Areas. MassHealth may approve, deny, or require modification of, in whole or in part, a proposal based on its reasonable judgment as to whether the proposed additions or removals will support the goals of the CP program, be in the best interests of members, and meet the needs of MassHealth. If approved, changes to Service Areas will take effect on October 1, 2021. CPs seeking to add or remove Service Areas were required to respond to the guidance with certain information. MassHealth is currently considering these requests.

**Policy.** Due to the Commonwealth's Public Health Emergency ending on June 15, 2021, the COVID-19 flexibilities for CP Qualifying Activities were set to expire. As such, MassHealth has been working to ensure timely updated guidance on each of the flexibilities and determine which flexibilities should remain and which should be discontinued. This work will continue into the next quarter.

## Annual Summary

Q1:

- MassHealth hosted a virtual statewide meeting for ACO/MCOs and CPs to review SFY21 Q1 cross-entity programmatic updates and forthcoming SFY21 Q2 activities.
- MassHealth launched the CP Program Portal ("Portal") on August 7, 2020. The Portal received nearly 24,000 batch file and single submissions by September 29, 2020.
- As of August 2020, all 27 CPs have access to the Daily 834 to assist in confirming enrollments, disenrollments and member information changes.
- MassHealth received and approved 19 Service Area change requests from CPs. Six CPs requested to add a Service Area (3 BH CPs, 3 LTSS CPs) and 2 CPs (1 BH, 1 LTSS) requested to drop a Service Area. Service Area changes went into effect on August 1, 2020.

Q2:

- MassHealth hosted a virtual statewide meeting for ACO/MCOs and CPs in December 2020 to review updates related to enrollment and engagement data; member supports under the COVID-19 state of emergency; operational improvements; quality measures and accountability; and the reporting and performance management strategy.
- MassHealth received Capacity Cap Modifications from 9 CPs (4 LTSS, 5 BH) to “right-size” CP capacity caps in response to the new ACO assignment policy and Service Area changes. Eight CPs submitted proposals to increase capacity caps, and 1 CP requested to decrease its capacity cap. MassHealth CP Account Managers reviewed requests, and recommended each request be approved.
- In October 2020, MassHealth developed an integrated stakeholder outreach strategy and launched a web-based survey to gauge CPs’ efforts related to outreach, care planning, care team dynamics, care coordination, transitions of care, and health and wellness coaching under the state of emergency.
- MassHealth continued to monitor the impact of two new policies (effective 2020) that afford CPs and ACOs/MCOs more flexibility in identifying members and developing preferred partnerships.
- As part of ongoing stakeholder engagement for the upcoming extension, MassHealth has held four stakeholder sessions to gather feedback on the current state of care coordination, and input around potential proposals and policy development for future state.

Q3:

- In February 2021, MassHealth introduced new functionality for the CP Program Portal, which allows users to more easily filter and track processing statuses, and export results to Excel. As of March 28, 2021, over 84,000 CP enrollments and disenrollments have been processed through the CP Program Portal.

- On March 21, 2021, MassHealth resumed sending renewal letters to members, with the ACO/MCOs receiving their first files on April 2, 2021. The MassHealth renewal letter is a pre-populated member eligibility form that identifies outstanding information and provides directions for responding. While CPs are not responsible for maintaining members' MassHealth coverage, the CP MassHealth renewal files provide the information CPs could use to assist ACO/MCOs with connecting members to enrollment resources.
- In February 2021, MassHealth released the first refresh of the Phase I quarterly report, which was launched in December 2020. In collaboration with MassHealth, CPs actively utilized the quarterly reports and other data sources to launch data-driven performance improvement initiatives. CPs have already made improvements on measures such as "Days to Care Plan Complete" and "Percent of Billable Enrollees".

## 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:

During Quarter 4, MassHealth published on the Technical Assistance (TA) Marketplace web site a Statewide Investments Member Engagement Toolkit. It was developed based on content from the SWI Pop-Up series that MassHealth hosted on member engagement, as well as from practices, resources, and examples from ACO and CP DSRIP TA projects. Also in Quarter 4, MassHealth hosted a second webinar on member engagement, as part of the ACO/CP Integration Learning Collaborative. The webinar featured a presentation from Camden Coalition on lessons learned from their work in outreach to hard-to-reach members. The event was held on May 25, 2021 and attracted over 150 participants. Finally, MassHealth implemented the "Opt-In TA Cards" initiative, which provided an additional \$200,000 in TA Card funds to ACOs and CPs with a history of robust TA Card spending from the past three program years. Forty-two Opt-In TA Card funding requests, totaling \$3.2 million, were approved through this initiative.

All Cycle 2 awardees of the Provider Access Improvement Grant Program submitted their final invoices, expense reports, and final reports at the end of the extension period. Cycle 3 application window was closed on 4/14/2021, and Health Resources in Action

(HRiA) is currently reviewing the applications for completeness, scoring, and recommendations of the grant applications for equipment and resources designed to improve accessibility for individuals with disabilities or for whom English is not a primary language. A total of 87 applications have been received for consideration and HRiA's recommendation deadline is June 30, 2021.

### Annual Summary

#### Q1:

- Reviewed 100 proposals received from 33 entities in response to a second Request for Proposal to procure additional Technical Assistance (TA) Vendors for the TA Program
- Hosted a virtual MA DSRIP Statewide Investments Pop Up Event: "Spotlight on Medical-Oral Health Integration," which was attended by representatives from 76% of the ACOs and 41% of the CPs participating in the TA Program
- Launched two training cohorts of the Community Health Worker (CHW) Supervisor training curriculum, which was developed to increase the capacity of CHW supervisors to provide more responsive and informed support for their CHW teams
- Released applications for the Competency-Based Training Program, which makes the Healthcare Management Fundamentals Certificate Program at Southern New Hampshire University available to frontline healthcare workers in ACOs, CPs and affiliated provider entities
- HRiA, on behalf of the Commonwealth, completed reviewing of 128 Cycle 2 Provider Access Improvement Grant proposals for completeness, impact, and ability to improve access to healthcare for individuals with disabilities or for whom English is not a primary language
- HRiA compiled the results of the review and made funding recommendations to EOHHS on July 31, 2020. EOHHS completed the internal review of the approved applications and the recommendation memo was sent for internal review and approval

#### Q2:

- Hosted the first virtual Shared Learning Event for ACOs and CPs, during which was introduced the "Off the Shelf Project" option – TA projects that have been packaged for convenient, efficient and time-saving delivery
- Hosted a virtual Gallery Walk to showcase the progress of ACO/CP teams participating in the ACO/CP Integration Learning Collaborative
- Delivered the final 2020 cohort of the CHW Supervisor training curriculum

- EOHHS selected 65 Cycle 2 Provider Access Improvement Grant proposals for funding amounting to \$2,174,145.32 for equipment and resources designed to improve accessibility for individuals with disabilities or for whom English is not a primary language.
- HRiA entered grant agreements with awardees
- Cycle 2 grant application period and timeline extended from a 12-month project duration to a 17.5-month project duration for corresponding tasks and deliverables due to the COVID-19 shift in agency resources and impacts on the target provider community.

Q3:

- Announced the 2021 Student Loan Repayment Program, a recruitment and retention program offering 130 slots for providers in community-based provider organizations across Massachusetts.
- Announced the 2021 Primary Care/Behavioral Health Special Projects Program, offering 20 grants of up to \$40,000 each to support provider-led projects that strengthen the ability of community health centers and community-based behavioral health provider organizations to succeed in an accountable care environment.
- Announced the 2021 Family Nurse Practitioner (FNP) Residency Training Program, offering funding for eight FNP residency training slots in community health centers to increase structured training opportunities across the state which facilitate transition to community-based practice for novice NPs.
- Hosted the third and final (virtual) SWI Pop Up in the series focused on member engagement. Entitled "Community Health Workers, Peer Specialists, and Recovery Coaches: How Lived Experience Can Strengthen Member Engagement", the event attracted over 150 participants.
- Hosted a webinar focused on member engagement and highlighting specific strategies that have been effective in improving member engagement for ACOs and CPs participating in the ACO/CP Integration Learning Collaborative.
- Released a call for applications for funding to design and deliver an advanced training telehealth curriculum for CHWs.
- EOHHS has selected to keep HRiA, as the managing provider for the Provider Access Improvement Grant Program (PAIGP) for Cycle 3.
- EOHHS prepared an RFP for the Cycle 3 PAIGP.
- Cycle 3 application window was launched on 3/16/2021 and closed on 4/14/21.
- Six Cycle 2 PAIGP awardees have requested extensions to submit their invoices because of equipment delivery delays from COVID - 19. EOHHS has granted the awardees extensions through April 26th.

### Carry-Forward

MassHealth is carrying forward \$129.1M of its DY4 Expenditure Authority (28.17%) into DY5. As noted in the DSRIP Protocol (Section 4.7), the State may carry forward the DY4 funding for the Flexible Services 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 28.17% to 14.99% of DY4 Expenditure Authority.

\$Ms (Shared with CMS in DY4 Annual Report)							% Carry Forward
	DY1	DY2	DY3	DY4	DY5	Total	
Protocol	\$367.0M	\$404.9M	\$319.6M	\$458.1M	\$237.9M	\$1,800.0M	
BP4 carry forward (includes Flexible Service carry forward)				-\$129.1M	\$129.1M	\$0.0M	<b>28.17%</b>
BP4 carry forward (excludes Flexible Services carry forward)				-\$68.7M			<b>14.99%</b>
<b>New total EA</b>	<b>\$367.0M</b>	<b>\$404.9M</b>	<b>\$332.1M</b>	<b>\$329.1M</b>	<b>\$367.0M</b>	<b>\$1,800M</b>	

Note: Assumes 100% of at-risk funds are paid out

Additionally, as noted in the DSRIP Protocol (Section 4.7), the State must ensure that carry over does not result in the amount of DSRIP expenditure authority for DSRIP Year 5 being greater than the amount for DSRIP Year 4. Flexible Services funding will not be counted in either the DSRIP Year 4 or DSRIP Year 5 expenditure authority amounts for the purposes of this comparison. With that exclusion, the carry forward request does not result in the amount of DSRIP expenditure authority for DSRIP Year 5 being greater than the amount for DSRIP Year 4.

\$M (Based on Carry Forward table above)		
	DY4	DY5
New Total Expenditure Authority	\$329.1M	\$367.0M
Flexible Services Expenditure Authority	\$33.2M	\$98.8M
<b>New Total Expenditure Authority (excluding Flexible Services)</b>	<b>\$295.9M</b>	<b>\$268.1M</b>



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

As part of the DY3 Annual Report, the State received the approval of an updated version of Exhibit 15 that included funding shifts between Statewide Investments initiatives and anticipated Carryforward amounts based on the best estimates at that time. After reviewing the final expenditures for DY4, the State submits the adjustments detailed below.

The table below contains the Statewide Investments expenditure authority detailed in Exhibit 15 of the DSRIP Protocol (Approved as part of the DY3 Annual Report):

**Updated Statewide Investments Expenditure Authority Table (Submitted with the DY3 Annual Report)**

Statewide Investments	DY1	DY2	DY3	DY4	DY5	Total
SWI #1: Student Loan Repayment Program	\$3.89 M	\$5.48 M	\$3.20 M	\$3.50 M	\$2.30 M	\$18.37 M
SWI #2: Primary Care Integration Models and Retention	\$1.71 M	\$1.95 M	\$1.45 M	\$1.20 M	\$1.00 M	\$7.31 M
SWI #3: Investment in Primary Care Residency Training	\$0.15 M	\$1.06 M	\$2.37 M	\$2.10 M	\$2.40 M	\$8.07 M
SWI #4: Workforce Development Grant Program	\$1.70 M	\$2.92 M	\$0.78 M	\$4.12 M	\$2.40 M	\$11.92 M
SWI #5: Technical Assistance for ACOs and CPs	\$10.32 M	\$10.57 M	\$5.88 M	\$11.30 M	\$6.20 M	\$44.28 M
SWI #6: Alternative Payment Methodology Preparation Funds	\$2.20 M	-	-	\$8.50 M	\$1.20 M	\$11.90 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.30 M	-	-	\$1.85 M	-	\$3.15 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$0.28 M	\$2.41 M	\$0.37 M	\$4.83 M	\$2.00 M	\$9.89 M
<b>Total</b>	<b>\$21.55 M</b>	<b>\$24.39 M</b>	<b>\$14.05 M</b>	<b>\$37.41 M</b>	<b>\$17.40 M</b>	<b>\$114.80 M</b>

\*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.
  - As part of this update, the State shifted amounts that were less than \$1M from SWI #8 (\$0.991M) to SWI #1, SWI #3, and SWI#7, as detailed in the table below:

**Shifting Expenditure Authority within DY4**

Statewide Investments	DY4 Exp Auth (Step 1)	Shifted Exp Auth Within DY4	Updated DY4 Exp Auth (Step 2)	% Shift	Notes
SWI #1: Student Loan Repayment Program	\$3.50 M	\$0.46 M	\$3.96 M	13%	Shifted exp auth <\$1M
SWI #2: Primary Care Integration Models and Retention	\$1.20 M		\$1.20 M	0%	

SWI #3: Investment in Primary Care Residency Training	\$2.10 M	\$0.49 M	\$2.59 M	23%	Shifted exp auth <\$1M
SWI #4: Workforce Development Grant Program	\$4.12 M		\$4.12 M	0%	
SWI #5: Technical Assistance for ACOs and CPs	\$11.30 M		\$11.30 M	0%	
SWI #6: Alternative Payment Methodology Preparation Funds	\$8.50 M		\$8.50 M	0%	
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.85 M	\$0.05 M	\$1.90 M	2%	Shifted exp auth <\$1M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$4.83 M	-\$0.99 M	\$3.84 M	-21%	
<b>Total</b>	\$37.41 M		\$37.41 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 the DY4 funding for the following Statewide Investments: the technical assistance program and the workforce development grant program into the following DSRIP Year.
  - The State is carrying forward \$14.76M of the DY4 expenditure authority for these programs, as detailed in the table below. The carry forward amount is included in the \$129.1M of DY4 carryforward expenditure authority that the State is reporting in a later section of this annual report.

#### Carrying Forward Expenditure Authority from DY4 to DY5

Statewide Investments	Updated DY4 Exp Auth	Final DY4 Exp Auth	DY5 Exp Auth in Protocol	DY4 Carry Forward	Updated DY5 Exp Auth
SWI #1: Student Loan Repayment Program	\$3.96 M	\$3.96 M	\$2.30 M	-	\$2.30 M
SWI #2: Primary Care Integration Models and Retention	\$1.20 M	\$1.20 M	\$1.00 M	-	\$1.00 M
SWI #3: Investment in Primary Care Residency Training	\$2.59 M	\$2.59 M	\$2.40 M	-	\$2.40 M
SWI #4: Workforce Development Grant Program	\$4.12 M	\$0.09 M	\$2.40 M	\$4.03 M	\$6.43 M
SWI #5: Technical Assistance for ACOs and CPs	\$11.30 M	\$0.57 M	\$6.20 M	\$10.73 M	\$16.93 M
SWI #6: Alternative Payment Methodology Preparation Funds	\$8.50 M	\$8.50 M	\$1.20 M	-	\$1.20 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.90 M	\$01.90 M	-	-	-
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$3.84 M	\$3.84 M	\$2.00 M	-	\$2.00 M
<b>Total</b>	\$37.41 M	\$22.65 M	\$17.50 M	\$14.76 M	\$32.26 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	\$3.89 M	\$5.48 M	\$3.20 M	\$3.96 M	\$2.30 M	\$18.83 M
SWI #2: Primary Care Integration Models and Retention	\$1.71 M	\$1.95 M	\$1.45 M	\$1.20 M	\$1.00 M	\$7.31 M
SWI #3: Investment in Primary Care Residency Training	\$0.15 M	\$1.06 M	\$2.37 M	\$2.59 M	\$2.40 M	\$8.56 M
SWI #4: Workforce Development Grant Program	\$1.70 M	\$2.92 M	\$ .78 M	\$0.09 M	\$6.43 M	\$11.92 M
SWI #5: Technical Assistance for ACOs and CPs	\$10.32 M	\$10.57 M	\$5.88 M	\$0.57 M	\$16.93 M	\$44.28 M
SWI #6: Alternative Payment Methodology Preparation Funds	\$2.20 M	-	-	\$08.50 M	\$1.20 M	\$11.90 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	\$1.30 M	-	-	\$1.90 M	-	\$3.20 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	\$0.28 M	\$2.41 M	\$ .37 M	\$3.84 M	\$2.00 M	\$8.90 M
<b>Total</b>	<b>\$21.55 M</b>	<b>\$24.39 M</b>	<b>\$14.05 M</b>	<b>\$22.65 M</b>	<b>\$32.26 M</b>	<b>\$114.90 M</b>

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

## 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

During Q4, MassHealth and the Independent Assessor approved or requested additional information on Performance Year (PY)3/Budget Period (BP)3 Annual Progress Reports submitted by ACOs, CPs, and Community Services Agencies (CSAs). MassHealth disbursed ACO Startup/Ongoing payments for PY4 to ACOs that had approved budgets and submitted their PY3 Annual Reports. MassHealth also disbursed any remaining initial CP/CSA Infrastructure and Capacity Building payments for BP4 to CPs/CSAs that had not yet received their first payments.

During this quarter, MassHealth's ombudsman program (called My Ombudsman (MYO)) continued to operate without disruption throughout the COVID-19 pandemic. MYO determined that the top complaint from managed care members (excluding individuals enrolled in integrated care programs serving dual members) involved provider-related issues, such as disagreement with their provider's decisions about their care or negative experiences with their providers (lack of communication, mistreatment, discrimination, for example). In all such instances, members received assistance filing grievances with their health plans.

Outreach activities continued virtually, with MYO participating in 19 virtual outreach events, reaching more than 500 participants in locations all over the state. MYO has also been working on strengthening their overall virtual presence. The Director of Deaf Services co-hosted a live

virtual event for the Deaf and Hard of Hearing community with Health Care for All (HCFA). MYO also placed print and digital advertisements for the month of June in three newspapers and their online counterparts with large readership among Massachusetts' immigrant and bilingual communities.

In the previous quarter, MYO began offering information about the COVID-19 vaccine (and assistance with booking appointments). After members complete their initial complaint intake with MYO, they are asked to participate in a 9-question vaccine survey. As part of the survey, members are asked whether they have taken the vaccine, and if not, are offered further information, help answering questions, and assistance with booking appointments as applicable. For the first few months of this work (through about June 2021) the survey showed that most callers were, or planned on getting, vaccinated when they became eligible. My Ombudsman will continue to collect survey results until further notice.

During this quarter, the Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP), fielded the 2021 MassHealth adult and child Primary Care (PC), Behavioral Health (BH) and Long Term Services and Supports (LTSS) Member Experience Surveys. There were multiple tiers and waves of surveys sent to members, including email invitations to take surveys on-line, paper surveys, and telephone surveys (LTSS members only). During this phase of the survey cycle, MHQP monitored survey response rates, issued biweekly survey response rate reports, and held an After Action Review meeting in early June to review the survey preparation and implementation process.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in April to discuss the current performance of ACO DSRIP investments. In June, another meeting was held to provide an update on ongoing health equity work at the agency. MassHealth continued to provide updated key statistics such as ACO and CP member enrollment.

### Annual Summary

Q1:

- ACO:
  - ACOs submitted their PY3 Semiannual Progress Reports
  - MassHealth began review of the Semiannual Progress Reports
  - MassHealth disbursed additional Startup/Ongoing payments to ACOs
- CP/CSA:
  - CPs/CSAs submitted their BP3 Semiannual Progress Reports
  - MassHealth began review of the Semiannual Progress Reports
  - MassHealth disbursed additional Infrastructure and Capacity Building payments to CPs/CSAs
- The Independent Assessor (IA), Public Consulting Group (PCG):
  - IA began review of the Semiannual Progress Reports

- IA continued to work on the Midpoint Assessment
- Ombudsman
  - My Ombudsman (MYO) continued to operate without disruption throughout the COVID-19 pandemic (except that walk-in services were temporarily discontinued).
  - My Ombudsman participated in 27 virtual outreach events, reaching a total of 2,542 participants in locations all over the state.
  - My Ombudsman and MassHealth worked together to distribute an outreach email to all managed care members for whom MassHealth had valid email addresses. Messaging in the email focused on two points: informing members about the availability of MYO services and reminding members about the new MassHealth webpage with information on COVID-19 policy-related updates and information. The first batch of emails was sent on Sept. 30th, 2020.
  - Over this quarter, the top complaint topics for managed care (excluding individuals enrolled in integrated care programs serving dual members) included complaints about providers (i.e. dissatisfaction with their treatment or their office's services), durable medical equipment, and benefits and access (mostly difficulty finding in-network providers.)
- Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP):
  - Completed the fielding of the 2020 MassHealth Primary Care (PC), BH, and the LTSS surveys for adult and child members based on services received in 2019
  - Aggregated the survey data and submitted the 2020 Analysis Report and survey datasets to MassHealth
  - Held an After Action Implementation Review meeting with MassHealth and completed the 2020 Recommendation Report for surveying in 2021
  - Began the process to update and revise survey outreach materials for surveying in 2021
  - Worked with MassHealth to convene a workgroup to consider questions to include in the 2021 surveys to learn more about members experience or perceptions around telehealth.
- Delivery System Reform Implementation Advisory Council (DSRIC):
  - Held a meeting in July 2020 to discuss ongoing health equity-related efforts. Also in this meeting, the DSRIC Health Equity Subcommittee provided updates on its work to date, including recommendations on incorporating health equity in the ACO/MCO/CP programs. Held another meeting in September 2020 to provide a Year 2 review of the Community Partners program.

Q2:

- ACO:
  - MassHealth sent Guidance and Templates to ACOs for the PY4 Budget, Budget Narrative, and Full Participation Plan updates

- Semiannual Progress Reports were approved
  - All remaining PY3 ACO Startup/Ongoing Payments were released to ACOs
- CP/CSA:
  - MassHealth sent Guidance and Templates to CPs and CSAs for the BP4 Budget, Budget Narrative, and Full Participation Plan updates
  - Semiannual Progress Reports were approved
  - All remaining BP3 CP/CSA Infrastructure and Capacity Building payments were released to CPs/CSAs
- The Independent Assessor (IA), Public Consulting Group (PCG):
  - IA completed review and approval of Semiannual Progress Reports
- Ombudsman
  - My Ombudsman continued to operate without disruption throughout the COVID-19 pandemic (except that walk-in services were temporarily discontinued).
  - My Ombudsman participated in 15 virtual outreach events, reaching a total of 491 participants from locations across the state.
  - In October, additional batches of the outreach email were sent to managed care members for whom MassHealth had valid email addresses.
  - In the weeks following the email, My Ombudsman saw a significant spike in volume in the period following the email, both among live callers and those who emailed for assistance.
  - Over this quarter, the top complaint topics for managed care (excluding individuals enrolled in integrated care programs serving dual members) included complaints from members about their providers (for inadequate care or lack of follow-through), requests for assistance finding a PCP or specialist, reports about difficulty accessing medications (due to denials or problems with the Prior Authorization process), and requests for assistance disputing bills from providers.
- Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP):
  - Continued preparations for the fielding of the 2021 MassHealth adult and child Primary Care (PC), BH and LTSS Member Experience Surveys based on services received in 2020
  - Updated the content of the 2021 survey materials (cover letters, email invitations, survey web pages) and finalized the Survey Fact Sheets and the Pre-notification Toolkit for ACOs
  - Conducted cognitive testing of the new survey items (e.g., telehealth questions) with MassHealth members and finalized the 2021 PC, BH and LTSS survey content
  - Worked with ACOs to update the practices in their medical groupings for the PC survey based on November 2020 test sample frame counts
- Delivery System Reform Implementation Advisory Council (DSRIC):

- Held a meeting in November 2020 to discuss Peer Supports, Recovery Principles, and Independent Living Philosophy. Another meeting was held in December 2020 to provide a one year update on the Flexible Services program and discuss the DSRIC plan for the next calendar year.

Q3:

- ACO:
  - ACOs received approval of or requests for additional information on PY4 Full Participation Plans, Budgets, and Budget Narratives
  - MassHealth sent Guidance and Templates for PY3 Annual Progress Reports
- CP:
  - CPs/CSAs received approval of or requests for additional information on BP4 Full Participation Plans, Budgets, and Budget Narratives
  - MassHealth sent Guidance and Templates for BP3 Annual Progress Reports
- The Independent Assessor (IA), Public Consulting Group (PCG):
  - IA approved or requested additional information on PY4/BP4 Full Participation Plans, Budgets, and Budget Narratives
- Ombudsman
  - My Ombudsman participated in 17 virtual outreach events, reaching more than 686 participants in locations all over the state.
  - Since the COVID-19 vaccine became available to Phase 2<sup>1</sup> individuals, My Ombudsman partnered with MassHealth to ensure all members who contact My Ombudsman are offered information about the COVID-19 vaccine and assistance with booking appointments. In particular, after members complete their initial complaint intake with My Ombudsman's Community Liaisons, they are asked to participate in a 9-question survey about the COVID-19 vaccine.
  - As part of the survey, members are asked whether they have taken the vaccine, and if not, are offered further information, help answering questions, and assistance with booking appointments as applicable.
  - For the first few months of this work (through about June 2021) the survey showed that most callers were, or planned on getting, vaccinated when they became eligible.
  - My Ombudsman worked with a web design/branding consultant and a culturally-responsive partner organization to improve the cultural competency and accessibility of My Ombudsman's website and informational materials.
  - My Ombudsman launched the process of creating a series of Vlogs (Video Blogs) to inform members about My Ombudsman in American Sign Language (ASL),

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<sup>1</sup> Massachusetts' COVID-19 phased vaccine distribution plan was developed with the goals of protecting the most vulnerable, maintaining health care system capacity, and addressing inequities in health care access and COVID-19 burden. Phase 2 was in place during the period between February 1 and April 18, 2021, and included the 75+ and 65+ populations, consecutively, as well as workers in certain categories and people with certain medical conditions.

captions, and English voiceover, including videos on topics that include general information about Durable Medical Equipment, Communication Access, and Medication Coverage for all MassHealth health plan members, including those enrolled in One Care.

- The top three complaint topics from managed care plan members (excluding individuals enrolled in integrated care programs serving dual members) this quarter involved requests for help accessing certain procedures (elective surgeries) and dental care providers. Other members had issues with obtaining the proper level of LTSS at home or complaints about their current home health services. Others reported difficulty accessing their medications due to denials or problems with the Prior Authorization process.
- Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP):
  - Continued preparations for the fielding of the 2021 MassHealth adult and child Primary Care (PC), BH and LTSS Member Experience Surveys based on services received in 2020.
  - Finalized the paper PC, BH and LTSS surveys and survey materials which included translating the surveys and materials into 8 languages (in addition to English)
  - Programmed the web surveys and web survey materials and drafted the LTSS telephone survey scripts
  - Reviewed the January 2021 test sample frame and the February 2021 final sample frame counts
  - Compiling the PC, BH and LTSS final sample pull counts and refreshing MassHealth member addresses for the first wave of 2021 survey invitations (to begin in the next quarter)
- Delivery System Reform Implementation Advisory Council (DSRIC):
  - Held a meeting in February 2021 to discuss the Section 1115 Demonstration extension proposal
  - Held an optional meeting in March 2021 in which MassHealth's Independent Assessor provided an overview of the DSRIP Midpoint Assessment results.

## MassHealth ACO/APM Adoption Rate

### Overview



- **ACO members<sup>2</sup> as of 6/30/21:** 1,114,122
- **MCO enrollees covered by APMs that are not ACOs:** 4,449
- **ACO-eligible members<sup>3</sup> as of 6/30/21:** 1,363,431
- **Percent of ACO-eligible members enrolled in ACOs:** 82.0%

Managed Care Plan	Members	Membership percentage	HCP-LAN Category
Model A	656,362	48.14	Category 4C
Model B	446,537	32.75	Category 3B
Fee For Service (not managed care)	38,100	2.79	Category 1
Traditional MCOs (including 11K Model C members)	105,751	7.76	Traditional MCO: Category 4N <sup>4</sup> (between State and MCO) Model C: Category 3B (between MCO and Model C)
Primary Care Clinician (PCC) Plan	112,059	8.22	Category 1
MCO non-ACO APM contracts	4,449	0.33	Category 3A

## Flexible Services (FS)

### Overview:

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

### Q4 Update

In April, MassHealth collected and began to analyze member-level data via the Quarterly Tracking Reports (QTR) and aggregate level data via the Annual Progress Report (APR) that

<sup>2</sup> The numerator (i.e., ACO members) includes all ACO model types (A, B, and C), as well as MCO enrollees covered by APMs that are not ACOs.

<sup>3</sup> The denominator (i.e., ACO-eligible members) includes all ACO enrollees (Model A, B, C) as well as members enrolled in the PCC Plan, our traditional MCO program, and a subset of FFS members who are managed care-eligible but not enrolled. This includes Department of Children and Family (DCF) children and others who are eligible for managed care but either between plans or not subject to mandatory enrollment.

<sup>4</sup> The traditional MCO program has a quality measure slate and an option to implement a performance incentive withhold on capitation rates. As of present day, MassHealth has not implemented the performance incentive withhold.

ACOs submitted at the end of Q1 CY2021. Additionally, MassHealth held quarterly meetings with each of the ACOs to discuss their progress in Flexible Services as well as best practices and areas for improvement.

In May, MassHealth sent feedback to ACOs on their member level data via the QTR ACOs submitted at the end of Q1 CY2021. MassHealth also continued to analyze aggregate level data collected via the APR. MassHealth began developing policy and writing guidance for ACOs to take effect in CY2022.

In June, MassHealth continued to iterate with ACOs that submitted new programs or program modifications in March and provided additional feedback. MassHealth continued to develop policies and guidance for CY22. Additionally, MassHealth attended the Social Services Organization Preparation Fund Learning Community focused on bridging referral systems and member engagement.

### FS Program Quarterly Progress Report Summary of Services Provided\*

Flexible Services Categories	# of Services Provided in Each Category							
	Q1 CY20	Q2 CY20	Q3 CY20	Q4 CY20	Total CY20	Q1 CY21	Q2 CY21	Total CY21
Pre-Tenancy Individual	17	48	179	294	351	638	903	1130
Pre-Tenancy Transitional	0	4	31	33	39	124	168	241
Tenancy Sustaining	10	67	324	321	524	409	484	662
Home Modifications	0	3	71	95	162	99	112	210
Nutrition	28	1164	2850	3608	4839	2473	3201	4076
# of Unique Members / \$ Spent	53 / \$161,770	1125 / \$948,794	3143 / \$2,532,791.60	4025 / \$3,130,034.53	5332 / \$6,773,390.04	3325 / \$3,432,391.74	4292 / \$4,606,632.06	5445 / \$8,039,023.80
# of Unique Members / \$ Spent Across All Quarters	8993 / \$14,812,413.85							

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

#### Annual Summary

Q1:

- Released version 2.0 of the FS Guidance document and hosted a public meeting for FS stakeholders to provide updates on the FS program.
- Revised policies related to the design of FS including new health equity requirements which included utilizing FS data to identify potential disparities in access to FS.
  - Hosted office hours for ACOs and Social Service Organizations (SSOs) to review this policy change
- Received Q2 CY2020 QTRs and Semi-annual Progress Reports (SPR)
- Received CY2021 plans and budgets from ACOs. ACO plans consisted of 55 continuing programs and 14 new programs.
- Participated in an SSO FS Preparation Fund Virtual Learning Community that included breakout discussions on technology and a racial and health equity re-framing exercise.

#### Q2:

- Reviewed ACOs' CY2021 FS plans and budgets.
- Conducted quality and compliance checks on member-level data in the QTR for the Q2 CY2020 and SPRs.
- Began analyzing Q2 member-level data and progress reports.
- Issued approval for 67 FS programs for CY2021 including 37 housing, 29 nutrition, and 1 combined housing/nutrition program.
  - Four new SSO partners were introduced into the program as partners delivering FS.
- Participated in an SSO FS Preparation Fund Virtual Learning Community that included breakout discussions on the housing landscape relative to the eviction moratorium and housing crisis, evaluation review, and a preview of the 2021 schedule for future webinars.

#### Q3:

- Reviewed and approved 10 new FS programs to begin serving members in CY21.
  - This included 5 housing and 5 nutrition programs.
- Analyzed member-level data for Q4 CY2020 reports.
- Participated in the SSO FS Preparation Fund Virtual Learning Community and shared FS policy updates, answered participant questions around FSP evaluation, and included discussion on implementing referral systems.
- Received and began reviewing 11 new program and modifications submitted by ACOs.
- Hosted a kickoff meeting in March to provide updates on Year 1 of FSP, updates on CY2020 Annual Progress Report submissions, and kicked off contract

management for Year 2 of the program.

## Infrastructure and Capacity Building

### Overview

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

### Q4 Update

During Q4, MassHealth continued to connect with awardees to collect final reports for ICB Round 2 Installment 2 and continued the review of the submitted reports.

### Annual Summary

Q1:

- Continued to connect with awardees to collect final reports for ICB Round 2 Installment 1.

Q2:

- Continued to connect with awardees to collect final reports for ICB Round 2 Installment 2
- Continued the review of the submitted reports.

Q3:

- Continued to connect with awardees to collect final reports for ICB Round 2 Installment 2
- Continued the review of the submitted reports

### Operational/Issues

During Q4, MassHealth published a Bulletin announcing that, effective July 1, 2021, MassHealth will replace the former \$250 annual pharmacy copay cap with a member-specific monthly copay

cap not to exceed 2% of the member's monthly household income.

<https://www.mass.gov/doc/all-provider-bulletin-315-change-in-pharmacy-copay-and-premium-policies-4/download>

During Q4, in response to the coronavirus disease (COVID-19) outbreak, MassHealth announced certain policy and operational changes to provide greater flexibility in providing care to MassHealth members. Bulletins released during the quarter guide providers and health plans on the following policy changes:

- MassHealth is now permitting acute treatment services providers, clinical stabilization services providers and dental providers to bill MassHealth for COVID-19 vaccine administration, even if they are not currently authorized to receive payment from MassHealth to administer other vaccines. <https://www.mass.gov/doc/managed-care-entity-bulletin-62-update-to-authorized-providers-and-payment-for-coronavirus-disease-2019-covid-19-vaccine-administration-0/download>
- MassHealth extended temporary policy changes to its telehealth policy to end 90 days beyond the final date of the Governor's Declaration of a State of Emergency to Respond to COVID-19. <https://www.mass.gov/doc/managed-care-entity-bulletin-60-updated-masshealth-telehealth-policy-0/download>
- MassHealth temporarily increased its managed care rate floors for Acute Treatment Services (ATS), Clinical Stabilization Services (CSS), and Residential Rehabilitation Services (RRS) for dates of service effective April 1, 2021, through June 30, 2021. <https://www.mass.gov/doc/managed-care-entity-bulletin-63-masshealth-rate-floor-enhancements-for-acute-treatment-services-clinical-stabilization-services-and-residential-rehabilitation-services-0/download>
- MassHealth has retained certain of the flexibilities provided during the state of emergency in the Commonwealth beyond the June 15, 2021, expiration of the March 2020 declaration of a state of emergency. <https://www.mass.gov/doc/all-provider-bulletin-319-coverage-and-reimbursement-policy-updates-for-services-related-to-covid-19-after-the-termination-of-the-state-of-emergency-0/download>
- MassHealth updated coverage and reimbursement policies for services related to COVID-19 after the termination of the state of emergency in the Commonwealth. <https://www.mass.gov/doc/all-provider-bulletin-319-coverage-and-reimbursement-policy-updates-for-services-related-to-covid-19-after-the-termination-of-the-state-of-emergency-0/download>
- MassHealth updated payment for administration of monoclonal antibody products for treatment of Coronavirus Disease 2019 (COVID-19). <https://www.mass.gov/doc/all-provider-bulletin-318-update-about-monoclonal-antibody-treatment-for-coronavirus-disease-2019-covid-19-0/download>

In response to the COVID-19 pandemic, this year MassHealth announced certain policy changes to provide greater flexibility in providing care to MassHealth members. Key bulletins included:

- Updated MassHealth Telehealth Policy <https://www.mass.gov/doc/managed-care-entity-bulletin-46-updated-masshealth-telehealth-policy-0/download>
- Coverage and Payment for Coronavirus Disease 2019 (COVID-19) Vaccine Administration, Testing, and Monoclonal Antibody Product Infusion <https://www.mass.gov/doc/managed-care-entity-bulletin-50-coverage-and-payment-for-coronavirus-disease-2019-covid-19-0/download>
- Updated coverage and reimbursement policies for services related to COVID-19 after the termination of the state of emergency in the Commonwealth <https://www.mass.gov/doc/all-provider-bulletin-319-coverage-and-reimbursement-policy-updates-for-services-related-to-covid-19-after-the-termination-of-the-state-of-emergency-0/download>
- Retention of certain flexibilities provided during the state of emergency in the Commonwealth beyond the June 15, 2021, expiration of the March 2020 declaration of a state of emergency <https://www.mass.gov/doc/all-provider-bulletin-319-coverage-and-reimbursement-policy-updates-for-services-related-to-covid-19-after-the-termination-of-the-state-of-emergency-0/download>

## **Policy Developments/Issues**

### **Annual Summary**

During Q1 EOHHS continued to focus on policy changes in response to the COVID-19 pandemic. During the 1st quarter EOHHS received approval for Medicaid Disaster State Plan Amendments (SPAs) that authorized temporary increases to certain behavioral health and SUD rates; temporary adjustments to the dispensing fee for home-delivered drugs and certain exceptions to the preferred drug list if shortages occur; and flexibilities for Hospital Presumptive Eligibility for certain individuals 65 and older and the elimination of copays on acute inpatient hospital stays for all members. During the quarter EOHHS also submitted a fourth 1135 waiver request to permit the state to make payments for clinic services delivered via telehealth or in other non-clinic locations and continued to work with CMS regarding the pending Medicaid and CHIP Disaster SPAs, 1135 requests and Emergency COVID-19 1115.

During Q2, EOHHS continued to focus on policy changes in response to the COVID-19 pandemic. EOHHS received approval for a CHIP Disaster SPA that authorizes continuous coverage for certain factors for separate CHIP, allows for self-attestation of eligibility factors other than citizenship/immigration status, allows up to 2 Hospital Presumptive Eligibility periods within a 12 month period; and waives premiums and/or premium balance to reactivate coverage following a termination due to non-payment of premiums for those who apply for a hardship waiver. EOHHS also received approval for a Medicaid Disaster SPA that authorized temporary

increases to acute and psychiatric inpatient hospital rates and responded to questions from CMS on pending Disaster SPAs.

During the quarter EOHHS received approval for a 1135 waiver request allowing for clinic services to be provided in the clinic practitioner's home and the state's COVID-19 isolation and recovery sites. In addition, during the quarter EOHHS received approval for an Emergency 1115 Demonstration, which provided waiver and expenditure authority to support mobile testing, Telehealth Network Providers and retainer payments to Adult Day Health and Day Habilitation providers, all designed to support the state's response to the COVID-19 pandemic. Finally, towards the end of the quarter, MassHealth developed its policies around coverage and payment rates for COVID-19 vaccine administration and began to pay eligible providers for administration of the vaccines.

During Q3, in response to the COVID-19 outbreak, MassHealth announced additional policy changes to provide greater flexibility in providing care to MassHealth members. Provider Bulletins guided providers and health plans on policies including COVID-19 vaccine administration, suspension of prior authorization requirements and extension of telehealth flexibilities. The Provider Bulletins can be found at: <https://www.mass.gov/lists/2021-masshealth-provider-bulletins>

During Q3, EOHHS received approval for a Medicaid Disaster SPA that provides coverage for COVID-19 mobile testing and makes temporary updates to the payment methodologies for a number of services and provider types including inpatient and outpatient hospitals, community health centers, physicians and remote patient monitoring, for a Medicaid Disaster SPA that makes temporary updates to the payment methodologies for the Adult Day Health and Day Habilitation services and for a Medicaid Disaster SPA that provides one time supplemental payments to chronic disease and rehabilitation inpatient hospitals.

During Q4, MassHealth announced additional policy changes in response to COVID-19 (please see the Operational Issues section above for details). During this quarter MassHealth received approval for a Medicaid Disaster SPA that made updates to the payment methodologies for home health and private duty nursing services, a Medicaid Disaster SPA related to cost sharing policies, and a Medicaid Disaster SPA that added a variety of codes related to COVID-19 testing.

During the Quarter MassHealth also submitted a request to amend the 1115 Demonstration and continued work on the upcoming request to extend the 1115.

### **Financial/Budget Neutrality Development/Issues**

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 4 of state fiscal year (SFY) 2021 as reported through the quarter ending June 30, 2021 (QE 6/30/21).

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2018, SFY 2019, SFY 2020, and SFY 2021. The enrollment data for the years SFY 2019, SFY 2020, and SFY 2021 were updated based on actual enrollment through September 2021.

### **Safety Net Care Pool (SNCP)**

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

### **Budget neutrality - summary**

In sum, the total projected budget neutrality cushion is \$5.7 billion for the period SFY 2018 through SFY 2022 and \$27.7 billion for the period SFY 2013 through SFY 2022. We will continue to update CMS through quarterly reports as updated information is available.

### **Member Month Reporting**

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

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

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>April 2021</b>	<b>May 2021</b>	<b>June 2021</b>	<b>Total for Quarter Ending 06/21</b>	<b>Total for SFY 2020</b>	<b>Total for SFY 2021</b>
Base Families	867,814	874,224	881,665	2,623,703	9,347,663	10,166,094
Base Disabled	228,423	227,803	227,658	683,884	2,718,201	2,734,670
1902(r)(2) Children	22,844	23,392	23,924	70,160	147,421	254,954
1902(r)(2) Disabled	17,847	17,943	18,002	53,792	214,394	215,250
New Adult Group	409,923	414,283	418,462	1,242,668	3,862,915	4,650,083
BCCDP	1,143	1,135	1,152	3,430	13,349	13,780
CommonHealth	32,665	32,798	32,764	98,227	385,162	390,202
TANF/EAEDC*	331	311	291	933	5,430	4,312

\*TANF/EAEDC is a subcategory of Base Families

- **For Informational Purposes Only**



<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>April 2021</b>	<b>May 2021</b>	<b>June 2021</b>	<b>Total for Quarter Ending 06/21</b>
e-HIV/FA	785	790	805	2,380
Small Business Employee Premium Assistance	0	0	0	0
DSHP- Health Connector Subsidies	N/A	N/A	N/A	N/A
Base Fam XXI RO	0	0	0	0
1902(r)(2) RO	0	0	0	0
CommonHealth XXI	0	0	0	0
Fam Assist XXI	0	0	0	0

### **Consumer Issues**

Please see the sections above related to ombudsman issues (DSRIP Operations and Implementation p. 22) and MassHealth flexibilities for members in response to COVID-19 (Member Education and Communication p. 9).

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

#### **Managed Care Quality Activities**

Managed Care Program (under 65, non-disabled):

The MassHealth Managed Care (MCO) Program continued to engage in quality-related activities focused primarily on quality measurement and improvement. During Quarter 1, the MassHealth Quality Office (MQO) initiated its analysis of managed care performance on the 2020 HEDIS measure slate. Quality analysts compared MCO performance across plans and calculated MassHealth weighted means and other descriptive statistics. MassHealth uses the MCO-submitted data to support the submission of the CMS Child and Adult Core Measure sets. Additionally, in Q1 MCOs submitted their year-end report completing their remeasurement year project activities and closing out CY20 project year.

In Q2, the MCO program calculated the results for the Adult and Child Core Sets. Rates were completed in mid-December and sent to MassHealth executive leadership for review prior to reporting in the MACPRO system. All results were reported and certified prior to the January deadline. Additionally, in Quarters 2 and 3, MassHealth analysts continued to analyze the 2020 HEDIS (measurement period – CY19) data that was submitted in SFY20 Q4, comparing individual MCO rates as well as MassHealth weighted means to regional and national

benchmarks. This data was used to support the development of the MassHealth public performance reporting available on the MassHealth website (<https://www.mass.gov/doc/managed-care-plan-quality-performance-2020-0/download>).

In addition to assessing performance on quality measures, the MCOs began work on their contractually required quality improvement projects. CY21 represents the initial year of a new quality improvement cycle. The QIP topics for new cycle are telehealth and vaccinations with added focus on health equity. In Q3, MCOs submitted their first CY21 quality improvement project deliverable, a mid-year progress report. In this report, MCOs highlight and lay out their quality improvement projects for year 1 as well as describe their implementation plan for the upcoming year.

In Quarter 4 MCOs completed their HEDIS MY2020 data collection and submitted their results to the National Committee of Quality Assurance (NCQA) via the Interactive Data Submission System (IDSS) as well as the MassHealth Quality Office (MQO). MassHealth is awaiting the release of national benchmark data in Q2. Once received, the MQO will begin comparing plan HEDIS data to these national benchmarks. During Q4 MCOs continued Baseline implementation of their quality improvement projects, incorporating any recommendations made by MassHealth and its External Quality Review Vendor during the planning phase. In September 2021, MCOs will submit their year-end reports for analysis and review as well as begin preparation for CY21.

#### External Quality Review (EQR) Activities

During Q1, the External Quality Review Organization (EQRO) began completing reviews of Performance Improvement Project (PIP) materials submitted in Q1 by all MassHealth Managed Care Plans including MCOs, Accountable Care Partnership Plan ACOs (ACPPs), Senior Care Organizations (SCOs), One Care Plans, and the Massachusetts Behavioral Health Partnership (MBHP). Each plan submitted a CY 2020 year-end report for each project, one focused on a behavioral health topic and the other on a priority condition identified by the plan. The EQRO held teleconferences with each plan to ask questions and discuss feedback on the projects during Q1 and Q2, with final scores being reviewed by MassHealth and shared with plans in November during Q2. 2020 Performance Measure Validation (PMV) activities for MBHP, MCOs, SCOs, and One Care plans concluded in November and final scoring work sheets were shared with plans in December.

The majority of EQR work in Q3 focused on the drafting and finalization of the EQR technical report available on the MassHealth Website (<https://www.mass.gov/info-details/masshealth-quality-reports-and-resources#masshealth-external-quality-review->). Q3 represented the beginning of new QI cycle for the managed care plans focusing on telehealth and vaccinations with added sub-focus on health equity. In March, managed care plans submitted a midyear report that details their Quality Improvement Plan (QIP) as well as describe their implementation plan

for the upcoming year and the new cycle. Feedback on these reports was provided to plans in early Q4.

During Quarter 4, EQR activities focused primarily on compliance audit activities for the ACPPs and Primary Care ACOs (PCACOs) as well as performance measure validation preparation for ACPP, PCACO, SCO, One Care and MBHP. In May, the EQRO sent RFIs to ACPPs and PCACOs for compliance activities and a subset of managed care plans for PMV activities. Additionally, the PCC Plan, which participates voluntarily, also received an RFI for PMV activities only. Plans are asked to provide requested documentation within 6 weeks for review by the EQRO in Q1 and Q2 of FY22. Due to COVID-19 flexibilities, PMV activities for ACOs will be focused on CY19 measures. Although measures will be calculated for CY20, CY19 will be used to assess ACO performance.

#### MassHealth Quality Committee

The MassHealth Quality Committee continued to engage in serving as a collaborative forum to discuss and develop recommendations on key topics and issues to support leadership and program managers across MassHealth in driving quality strategy. The Committee is inclusive of programs, departments and functions that intersect with quality to guide quality program development, measurement, improvement and evaluation activities.

In Q1 2021, the Committee continued monitoring of the impact of COVID-19 on clinical quality data collection, program reporting and member experience surveys. The group also reviewed CMS feedback to the current Quality Strategy and identification of content areas to be updated or added.

In Q2, the Committee reviewed priorities and the process for MassHealth managed care plan performance improvement projects (PIPs) in 2021. The group provided guidance on quality measures and populations to consider in the strategic development of key performance indicators to address health equity. The Committee also reviewed and discussed EHS performance on 2020 Adult and Child Core Measures that were then finalized and reported to CMS.

In Q3, the Committee initiated the process to update the Quality Strategy for 2021. The Committee reviewed and supported drafted updated quality goals. In Q3, quality staff also initiated a concurrent process to start work on an evaluation report of the Quality Strategy.

In Q4, most of the Committee's focus was on reviewing and providing feedback to the drafted section of the Quality Strategy related to State Standards (as part of the Managed Care Strategy) that includes MCE access standards and measurement and improvement standards.

### MassHealth ACO/CP Quality Strategy

In Quarter 4, MassHealth and CMS continued to finalize a small, remaining set of measure specifications for use in the Community Partners program. Informational sessions were held with quality representatives from the CPs to keep them up to date on these changes. MassHealth also continued to work with statistical experts at the University of Massachusetts Chan School of Medicine on the risk adjustment methodology needed for the ACO Community Tenure measure (an EOHHS developed metric for assessing number of days at risk members remain outside of inpatient settings). At the end of quarter 4, focus shifted toward training efforts and guidance for the collection of supplemental and hybrid data needed for the calculation of CY2020 ACO measures.

### **Demonstration Evaluation**

(UMass Medical School (UMMS))

#### Q4 Update

The primary goals for this period involved drafting the Independent Evaluation Interim Report (IEIR), responding to comments from MassHealth and UMMS's Scientific Advisory Committee on initial drafts of the report, and completing acquisition and analyses of data covered in the IEIR.

Significant activities during this period included drafting the IEIR and responding to comments. Additional data acquisition and analysis were conducted. The team continued to analyze data from various sources including the ACO practice site administrator survey, ACO provider and CP staff surveys, Member Experience Surveys, ACO, CP, MCO, member and MassHealth staff key informant interviews (KIIs), MassHealth administrative data, clinical quality measures, and MassHealth final financial reconciliation reports for the ACOs. UMMS integrated and synthesized data for the IEIR draft report sections and shared sections with MassHealth programmatic staff for correction of any factual errors regarding program history, data, or design.

During this period, UMMS continued preparation for the second wave of ACO and CP KIIs, reviewing documents and updating KII protocols, outreach documents, and interview guides.

UMMS continues to hold recurring meetings with MassHealth to coordinate work-streams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to data required.

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

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

##### **A. Overall**

- a. Prepared interim report for Goals 1 and 2
- b. Analyzed ACO provider and CP staff surveys
- c. Analyzed member experience surveys
- d. Analyzed hybrid quality measure data
- e. Continued coding and analysis of MassHealth administrative data
- f. Integrated data and drafted sections of the interim report
- g. Reviewed DSRIP program documentation
- h. Revised materials in preparation for the second round of ACO and CP KIIs
- i. Provided input to MassHealth regarding revisions to the data collected from ACOs regarding their Flexible Services programs

**B. Evaluation components involving primary data collection:**

**Activities Completed in this Quarter**

- Drafted the interim report for Goals 1 and 2
- Continued analyzing the 4 ACO case studies and incorporated initial results in Interim Report
- Continued analyzing the 4 CP case studies and included initial results in Interim Report
- Continued analysis of the ACO Provider Survey and incorporated initial results in Interim Report
- Continued analysis of the CP Staff Survey and incorporated initial results in Interim Report
- Continued analyzing KII data from the first round of interviews
- Made initial updates to and received MassHealth feedback on the ACO and CP KII materials for the next wave of interviews

**C. Quantitative Evaluation of administrative and other secondary data sources:**

**Activities Completed in this Quarter**

- Coordinated with MassHealth to facilitate availability and transfer of data needed for the evaluation
- Coded and analyzed measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2019
- Performed analyses for hybrid quality measures
- Performed analyses for member experience surveys
- Analyzed ACO financial performance for 2018 based on MassHealth reconciliation reports
- Analyzed preliminary data on the Flexible Services Program and summarized findings for the interim report
- Drafted sections for the interim report

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

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

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

- Continued to refine and update summaries of relevant literature for each goal
- Continued research of policy developments relevant to each goal
- Refined timeline and work plan for interim report planning
- Continued to collaborate with MassHealth and other entities to acquire data for population-based measures related to Massachusetts uninsurance rate
- Continued communicating with data system and privacy teams about transferring MH data to UMMS for analyses
- Continued work on data compilation, analysis, and displays of data for the Massachusetts uninsurance rate and other population-based measures
- Continued work on data compilation, analysis, and displays of data for uncompensated care cost measures
- Continued review of and data compilation from cost reports related to safety-net hospitals
- Continued reviewing and analyzing data for HEDIS based quality measures for Goal 4, in collaboration with DSRIP quantitative evaluation team
- Continued data analyses for all goals using program data and MassHealth administrative data
- Continued to refine and finalize the content of goal-specific sections of the interim report, including background, methods, findings, and discussion sections, and to refine and finalize related graphical data displays
- Solicited feedback from internal, external, and MassHealth program staff reviewers on the content of goal-specific sections of the interim report
- Reviewed and addressed feedback from internal, external, and MassHealth program staff reviewers on the content of goal-specific sections of the interim report
- Continued to refine an interim report outline and refine related activities
- Continued to produce the integrated Goals 1-7 interim report, contributing to summary sections and appendices
- Continued to support MassHealth with activities related to evaluation of 1115 amendments and the Emergency 1115 as well as the upcoming 1115 extension
- Continued to receive and capture updates from MassHealth about potential new 1115 amendments
- Continued regular monthly meetings with MassHealth

- B. Goal 5 – Expanding Substance Use Disorder (SUD) services:

## **Activities Completed in this Quarter**

- Revised draft interim report for submission to CMS
- Met with MassHealth SUD program contacts regularly to ensure objectives of Goal 5 evaluation are being met

## Annual Summary

Significant FY21 activities included completing acquisition and analyses of data for the Independent Evaluation Interim Evaluation (IEIR), reviewing, refining, and updating summaries of relevant literature and policy updates, developing initial drafts of the IEIR, and soliciting feedback from internal reviewers, external scientific advisors, and MassHealth program staff reviewers on the content of goal-specific sections of the interim report. In addition, UMMS continued preparation for the second wave of ACO and CP KIIs, reviewing documents and updating KII protocols, outreach documents, and interview guides. UMMS continues to hold recurring meetings with MassHealth to coordinate work-streams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to data required.

## During Quarter 1 of FY21:

- Completion of MassHealth leadership staff KIIs
- Completed preliminary analyses to examine opioid overdoses in Massachusetts relative to comparison states using CDC Wonder data
- Launched ACO Provider Survey (phase 2) and CP Staff Survey
- Conducted analyses for hybrid quality measures and member experience surveys
- Continued analyzing ACO and CP KII and member experience interview data
- Continued coding and analyzing measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2019
- Developed summaries of relevant literature and policy updates
- Continued work on data compilation, analysis, and visualizations for the uninsurance rate and other population-based measures in Massachusetts and comparison states
- Continued conducting Massachusetts Medicaid churning analysis
- Continued work on data compilation, analysis, and visualizations for uncompensated care cost measures
- Continued review of cost reports related to safety-net hospitals

## During Quarter 2 of FY21:

- Began preparing the draft interim report for both DSRIP and non-DSRIP components (all seven goals)
- Completed analyses of ACO and CP KII and member experience interview data
- Completion of ACO and CP case studies and initiation of analysis

- Completion of ACO Provider Survey (phase 2) and CP staff survey fieldwork
- Completed Massachusetts Medicaid churning analysis
- Continued coding and analyzing measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2019
- Continued analyzing hybrid quality measures and member experience surveys
- Initiated analysis of ACO financial performance for 2018 based on MassHealth reconciliation reports
- Continued to refine and update summaries of relevant literature and policy updates, including cost reports related to safety-net hospitals
- Continued work on data compilation, analysis, and visualizations for the uninsurance rate and other population-based measures in Massachusetts and comparison states, and for the uncompensated care cost measures
- Continued collecting and analyzing the data for Student Health Insurance Program premium assistance waiver

During Quarter 3 of FY21:

- Continued preparing the draft interim report for DSRIP and non-DSRIP components (all seven goals)
- Continued analyzing data from the MassHealth KIIs, ACO, and CP case studies and incorporated initial results in the Interim Report
- Initiated analysis of the ACO Provider Survey and CP Staff Survey and incorporated initial results in the Interim Report
- Began updating the ACO and CP KII materials for the next wave of interviews
- Continued coding and analyzing measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2019
- Continued analyzing hybrid quality measures and member experience surveys
- Analyzed ACO financial performance for 2018 based on MassHealth reconciliation reports
- Analyzed preliminary data on the Flexible Services Program and summarized findings for the interim report
- Continued to refine and update summaries of relevant literature and policy developments, including cost reports related to safety-net hospitals
- Continued work on data compilation, analysis, and visualizations for the uninsurance rate and other population-based measures in Massachusetts and comparison states, and for the uncompensated care cost measures
- Continued coordinating with MassHealth to facilitate availability and transfer of data needed for the evaluation
- Continued collecting and analyzing the data for Student Health Insurance Program premium assistance waiver under Goal 7

**Enclosures/Attachments**

In addition to this narrative report, we are submitting:



- Budget Neutrality Workbook

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**Date Submitted to CMS**

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