

Section 1115 Quarterly Report

Quarter 4: (04/01/22 – 06/30/22) and Demonstration Year: 25 (07/01/2021 – 06/30/2022)

**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 25, ending June 30, 2022.

### **Enrollment Information**

The enrollment activity below reflects enrollment counts for SFY 2022 Quarter 4, as of June 30, 2022.

| <b><u>Eligibility Group</u></b>  | <b><u>Current Enrollees (to date)</u></b> |
|----------------------------------|---|
| Base Families                    | 999,885                                   |
| Base Disabled                    | 228,518                                   |
| 1902(r)(2) Children              | 29,000                                    |
| 1902(r)(2) Disabled              | 18,646                                    |
| Base Childless Adults (19- 20)   | 25,184                                    |
| Base Childless Adults (ABP1)     | 45,681                                    |
| Base Childless Adults (CarePlus) | 396,748                                   |
| BCCTP                            | 1,339                                     |

| <b><u>Eligibility Group</u></b>  | <b><u>Current Enrollees (to date)</u></b> |
|----------------------------------|---|
| CommonHealth                     | 31,673                                    |
| e-Family Assistance              | 6,338                                     |
| e-HIV/FA                         | 881                                       |
| SBE                              | 0   |
| Basic                            | N/A                                       |
| DSHP- Health Connector Subsidies | N/A                                       |
| Base Fam XXI RO                  | 0   |
| 1902(r)(2) XXI RO                | 0   |

|                       |           |
|-----------------------|-----------|
| CommonHealth XXI      | 0         |
| Fam Assist XXI        | 0         |
| Asthma                | N/A       |
| TANF/EAEDC*           | N/A       |
| End of Month Coverage | N/A       |
| Total Demonstration   | 1,783,893 |

\* TANF is reported under Base Families

### **Annual Summary**

The enrollment activity below reflects enrollment counts for SFY 2022 Quarter 4 and the entirety of SFYs 2021 and 2022. 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, 2022
- SFY 2021 and SFY 2022 represent the average monthly enrollment for the entirety of the SFYs.

| <b><u>Eligibility Group</u></b>   | <b><u>Current Enrollees<br/>(to date)</u></b> | <b><u>SFY 2021</u></b> | <b><u>SFY 2022</u></b> |
|-----------------------------------|---|------------------------|------------------------|
| Base Families                     | 999,885                                       | 849,686                | 956,143                |
| Base Disabled                     | 228,518                                       | 226,726                | 228,545                |
| 1902(r)(2) Children               | 29,000  | 21,603                 | 27,078                 |
| 1902(r)(2) Disabled               | 18,646  | 17,713                 | 18,129                 |
| Base Childless Adults<br>(19- 20) | 25,184  | 27,277                 | 26,241                 |

|                                  |         |         |         |
|----------------------------------|---------|---------|---------|
| Base Childless Adults (ABP1)     | 45,681  | 38,226  | 43,762  |
| Base Childless Adults (CarePlus) | 396,748 | 324,581 | 379,580 |
| BCCTP                            | 1,339   | 1,151   | 1,286   |

| <b><u>Eligibility Group</u></b>  | <b><u>Current Enrollees (to date)</u></b> | <b><u>SFY 2021</u></b> | <b><u>SFY 2022</u></b> |
|----------------------------------|---|------------------------|------------------------|
| CommonHealth                     | 31,673                                    | 32,551                 | 31,919                 |
| e-Family Assistance              | 6,338                                     | 7,503                  | 6,193                  |
| e-HIV/FA                         | 881                                       | 776                    | 854                    |
| SBE                              | 0   | 0                      | 0                      |
| Basic                            | N/A                                       | N/A                    | N/A                    |
| DSHP- Health Connector Subsidies | N/A                                       | N/A                    | N/A                    |
| Base Fam XXI RO                  | 0   | 0                      | 0                      |
| 1902(r)(2) XXI RO                | 0   | 0                      | 0                      |
| CommonHealth XXI                 | 0   | 0                      | 0                      |
| Fam Assist XXI                   | 0   | 0                      | 0                      |
| Asthma                           | 0   | 0                      | 0                      |
| TANF/EAEDC*                      | N/A                                       | N/A                    | N/A                    |
| End of Month Coverage            | N/A                                       | N/A                    | N/A                    |
| Total Demonstration              | 1,783,893                                 | 1,547,793              | 1,719,730              |

\*TANF is reported under Base Families

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

The enrollment activity below reflects the average monthly enrollment counts for the SFY 2022 Quarters ending March 31, 2022 and June 30, 2022.

| <b>Plan Type</b> | <b>QE 03/22</b> | <b>QE 6/22</b> | <b>Difference</b> |
|------------------|-----------------|----------------|-------------------|
| MCO              | 222,334         | 225,745        | 3,411             |
| PCC              | 117,633         | 122,892        | 5,259             |
| MBHP*            | 652,647         | 662,321        | 9,674             |
| FFS/PA**         | 695,734         | 713,214        | 17,480            |
| ACO              | 1,165,216       | 1,179,350      | 14,134            |

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

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

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

During this reporting quarter, MassHealth provided premium assistance for 12,039 health insurance policies resulting in premium assistance to 24,714 MassHealth eligible members. Note that in the delivery system enrollment numbers included in the above section, members in FFS and in MBHP may also receive premium assistance.

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

| <b>Premium Assistance Program:<br/>Employer Sponsored Insurance</b> | <b>Disabled<br/>Members</b> | <b>Non-Disabled<br/>Members</b> | <b>Total MassHealth<br/>Enrolled Members</b> |
|---|-----------------------------|---------------------------------|--|
| Standard  | 1872                        | 12,132                          | 14,004                                       |
| CommonHealth  | 3,498                       | 0                               | 3,498  |
| Family Assistance   | 15                          | 6,438                           | 6,453  |
| CarePlus  | 0                           | 759                             | 759  |
| Small Business Employee<br>Premium Assistance (SBEPA)               | 0                           | 0                               | 0  |
| <b>Total for Q4</b>   | <b>5,385</b>                | <b>19,325</b>                   | <b>24,714</b>                                |

## **Outreach Activities**

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

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,100 Certified Application Counselors (CACs) across 248 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 1,169 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through “*Assister Update*” emails, five Assister conference calls and webinars, and statewide educational Massachusetts Health Care Training Forum (MTF) sessions, held virtually due to the COVID-19 public health emergency (PHE).

During Q4, one Lead CAC virtual meeting was held to connect and provide opportunities for Assisters to ask questions related to the CAC program, in addition to supporting Assisters in their role as Lead CACs and managing their CAC teams. A total of 169 Lead Assisters attended, and topics included:

- CAC Recertification for 2023 Cycle
- New Multi-Factor Authentication (MFA) Process

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

*Assister Update* emails this quarter, included:

- Reminder: New Assister Portal Sign in Requirements
- New! System Updates for the Online Application at MAhealthconnector.org
- MassHealth Extends Postpartum Eligibility Coverage
- MA Assister Newsletter Issue 5 (Spring)
- System Updates for Online Application MAhealthconnector.org
- DHS Official Designation of Ukraine & Sudan for Temporary Protected

*Assister Webinar* opportunities

- Lead CAC check-in meeting
- Multifactor Authentication webinar for Assisters

### MassHealth In-Person Enrollment Events & MassHealth Attended Events

Due to the COVID-19 PHE, no in-person events were held or attended this quarter. We continued to update member related materials on our website.

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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 a series of 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. In addition, a series of Lead CAC meetings were established as part of a learning collaborative, including sharing promising practices to support Assisters in their role.

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:

- Updated MassHealth Response to Coronavirus Disease (COVID-19)
- Helping Refugees from Afghanistan Resettle in Massachusetts
- Helping those whose COBRA subsidies are ending and Health Connector webinar reminder!
- MassHealth and Health Connector COVID-19 Update: Reporting Stimulus Payment
- MassHealth Estate Recovery Update & Reminders
- Pathway to Short-Term and Long-Term-Care for MassHealth Family Assistance Members
- MassHealth Federal Public Health Emergency Update
- Updates from MassHealth: MassHealth Family Assistance Coverage Expansion Update
- The Health Connector's Open Enrollment for 2022 coverage begins on Monday, November 1<sup>st</sup>
- MA Assister Newsletters
- System Update Impacting MassHealth and Health Connector Reasonable Compatibility Rules



- MassHealth Extends Postpartum Eligibility Coverage
- DHS Official Designation of Ukraine & Sudan for Temporary Protected

### 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 MTF held 6 meetings virtually due to the COVID-19 PHE to educate and train our stakeholders and organizations that support our members on health plan updates. A total of 588 individuals joined the webinars.

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

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

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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 with assisting members with access to care and supports.

### ***Global Awareness and Education***

This year, in response to COVID-19, the quarterly MTF in-person meetings transitioned to all

virtual meetings and webinars. A total of 36 webinars were held, providing information to 2,803 participants. Webinars and meetings included education and training for stakeholders, hospital staff, health center staff, the provider community, and organizations that support our members, helping them understand available resources and timelines related to MassHealth's implementation of COVID-19 related changes. These changes included 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 both new MassHealth applicants and existing members. MassHealth also used All Provider Bulletins 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.

### ***Support Materials and Member Engagement***

The second category was creating materials and engaging directly with our members during the transition of primary care practices from the Primary Care Clinician (PCC) Plan to ACO plans. MassHealth created member-friendly materials to support member enrollment and plan selection choices. Additionally, 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.***

Finally, MassHealth continued throughout the year to print 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 how to enroll in a plan.

### **Provider Education and Communication**

During Q4, Provider Education and Communication continued its support of our members and providers with the latest updates and guidance regarding MassHealth's response to the COVID-19 emergency, including communication to providers regarding COVID-19 vaccinations, boosters, and telehealth. Virtual resources continued to play a key role in provider education and communication. These tools, such as a dedicated COVID-19 webpage for providers (<https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers>), webinars using video conferencing tools, such as Microsoft Teams, enhanced customer service,

and provider support emails were continuously updated with the latest policy and guidance from MassHealth.

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

- New Provider Bulletins
- Telehealth
- MassHealth Business Services and Supports (BSS) Vendor Provider Education Opportunities
- Provider Revalidation
- Office of Long-Term Services and Supports (OLTSS) Updates
- Medicaid and CHIP Managed Care Final Rule Updates
- Payment Error Rate Measurement (PERM) RY 2023
- Updates to the Provider Online Service Center Eligibility Verification Return
- MassHealth Robotics Processing Automation Policy
- Transportation Program Changes

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

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This year, the Provider Education and Communication focus 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 related updates. Virtual resources continue 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.

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 Delivery System Reform Incentive Payment (DSRIP)**

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

#### **Q4 Update:**

During Q4, MassHealth updated its quarterly internal Integrated Performance Dashboard for ongoing ACO financial, quality, and compliance performance monitoring. MassHealth also completed one ACO performance engagement and continued discussions with three other ACOs. Two of these engagements focused on the ACOs' higher-than-market expenditure trends while the other two centered on high inpatient utilization rates. Using a data-informed approach, MassHealth worked with each ACO to identify trend drivers and provide feedback on the design of their initiatives. In the closed engagement, the ACO presented convincing data showing that while they have been successful in bringing down expenditures over each year of the ACO program, their overall costs remain higher than market primarily due to the unique structural challenges of serving a rural population. In the other finance-focused engagement, the ACO identified several spend drivers, including a large outmigration of patients to out-of-network hospitals and emergency departments, low primary care engagement among new members, and low risk recapture rates which impacted risk scores. The ACO has since launched initiatives to improve primary care engagement to increase care management and risk recapture rates among other actions. Separately, the two ACOs involved in the utilization-focused engagements shared data showing that their high rates of inpatient utilization were driven by a high prevalence of SUD and homelessness among their members. MassHealth has encouraged the ACOs to collaborate with our Flexible Services and Community Partners programs to augment their potential impact. MassHealth will continue monitoring progress.

In May, MassHealth delivered the latest round of Model B financial reporting to Model B ACOs (Primary Care ACOs). This round provides Model B ACOs with a preliminary view of their financial performance during RY21 (1/1/21 – 12/31/21). Also in May, MassHealth delivered to the Model B ACOs their RY20 (1/1/2020 – 12/31/20) final reconciliation reports. In June, MassHealth completed and delivered to Model A ACOs (Accountable Care Partnership

Plans/ACPPs), Model B ACOs, and MCOs another round of Community Partner (CP) Enrollment and Activities Reports which cover the time period 1/1/2019 - 3/31/2022.

During Q4, MassHealth continued to monitor overall and ACO/MCO-specific CP program enrollment and engagement, in order to evaluate ACO/MCO integration performance and program trends. MassHealth requested written plans on increasing Long-Term Services and Supports (LTSS) CP enrollment from a subset of ACOs/MCOs who were not meeting the enrollment benchmark set by MassHealth. MassHealth continues to think about how best monitor and support ACO/MCO and CP program integration in the next demonstration period.

MassHealth continued development of Amendment 2 to the 4th Amended and Restated ACPP and MCO Contracts to reflect updated policies to be effective in 2022.

The 8-month implementation period of ACO Performance Remediation Plans (PRPs) Cycle 1 (CY19-20) that started in November 2021, ended on June 30, 2022. The participating ACOs will submit their Final Reports by August 1, 2022. The reports were reviewed by the Independent Assessor and are currently under MassHealth's review.

### Annual Summary

#### Q1:

In Q1, MassHealth began planning new enhancements and release of the quarterly internal ACO Integrated Performance Dashboard.

MassHealth delivered the most recent round of utilization reporting to ACOs and MCOs which covers preliminary utilization in CY20 and provides market comparisons. MassHealth also kicked off development of the latest round of Model B financial reporting which provides Model B ACOs with a preliminary view of their RY21 YTD (1/1/21 – 6/30/21) financial performance.

Q1, MassHealth closed out the ACO/CP Preferred Relationships 2021 process with the last of the relationships transitioning shared members during the quarter. MassHealth released the second ACO/MCO Community Partner Enrollment and Activities Report in September 2021.

MassHealth finalized Amendment 4 to the 3rd Amended and Restated ACPP and MCO Contracts, to reflect updated policies effective in 2021, as well as the 4th Amended and Restated ACPP and MCO Contracts to reflect updated policies effective 1/1/2022.

## Q2:

MassHealth continued to implement new enhancements and released another Integrated Performance Dashboard for ongoing performance management and monitoring of ACO financial, quality, and compliance Key Performance Indicators (KPIs).

MassHealth also continued a targeted engagement with an ACO on high inpatient utilization based on results from the Integrated Performance Dashboard to develop an action plan to improve member care.

In November 2021, MassHealth evaluated and identified a shortlist of ACOs for data-informed performance management discussions based on utilization, finance, and quality KPIs.

MassHealth delivered to Model B ACOs the latest round of Model B financial reporting which provides ACOs with a preliminary view of their financial performance during RY21 YTD (1/1/21 – 6/30/21). MassHealth also delivered to Model A ACOs, Model B ACOs, and MCOs another round of CP enrollment and activities reports. Based on feedback from ACO/MCOs, this most recent round allows ACOs to see key metrics broken out by individual CP relationships for the time-period 7/1/2018 – 9/30/2021.

In Q2, MassHealth continued to monitor overall and ACO/MCO-specific CP program enrollment and engagement. MassHealth hosted a joint ACO/MCO/CP Statewide Meeting in December 2021, sharing policy updates and data, as well as hearing from some CPs and ACOs about best practices, including ACO best practices for identifying and enrolling members in the LTSS CP program.

MassHealth executed Amendment 4 to the 3rd Amended and Restated ACPP and MCO Contracts, to reflect updated policies effective in 2021, as well as the 4th Amended and Restated ACPP and MCO Contracts and Amendment 1 to the 4th Amended and Restated Contracts to reflect updated policies and rates effective 1/1/2022.

During this quarter, MassHealth reviewed and approved 24 PRPs submitted by 15 ACOs participating in PRP Cycle 1. Cycle 1 combines CY19 and CY20 remediation opportunities into one process. In December, MassHealth issued the Cycle 2 PRP Guidance document for ACOs. Cycle 2 combines CY21 and CY22 PRP processes.

## Q3:

Beginning in January 2022, MassHealth engaged in active discussions with the new set of ACOs identified for performance management to pinpoint performance drivers of excess medical spend and utilization and develop improvement strategies.

MassHealth also continued discussions with a previously identified ACO to monitor the progress of their initiatives implemented to reduce excess inpatient utilization.

MassHealth delivered to the ACOs and MCOs the most recent round of utilization reporting which covers preliminary utilization during 7/1/20 – 6/30/21 and provides market comparisons. MassHealth also completed and delivered to Model A ACOs, Model B ACOs, and MCOs another round of CP enrollment and activities reports.

In Q3, MassHealth met with a subset of ACOs/MCOs who were not meeting minimum CP enrollment expectations. During this quarter, MassHealth issued the Preferred Relationships Guidance for 2022, which allowed ACOs/MCOs and CPs to propose to terminate relationships for reasons other than for-cause, however no proposals were received. Additionally, MassHealth released the March CP Enrollment and Activities Reports to all ACOs/MCOs, as well as an updated version of the CP Program Portal Enrollment and Disenrollment Guidance to ACOs/MCOs and CPs.

MassHealth began development of Amendment 2 to the 4<sup>th</sup> Amended and Restated ACPP and MCO Contracts to reflect updated policies to be effective in 2022.

In Q3, MassHealth reviewed and approved 27 PRPs submitted by 17 ACOs participating in ACO PRP Cycle 2. Cycle 2 combines CY21 and CY22 remediation opportunities into one process; the implementation period will last until November 30, 2022. Also during this quarter, MassHealth received initial proposals from 25 CPs participating in the CP PRP cycle that combines CY20, CY21, and CY22 and initiated the review process.

### Community Partners (CPs)

#### Q4 Update:

As of June 30, 2022, 29,930 members were actively enrolled in the Behavioral Health (BH) CP Program and 8,916 members were actively enrolled in the LTSS CP Program. For the BH CP population, the cumulative Participation Form rate was 68%, meaning the CP had located the member and began working with the member on completing a Care Plan. Approximately 61% 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 56%, and 44% 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.

As of June 27, 2022, over 260,000 CP enrollments and dis-enrollments have been processed through the CP Program Portal. MassHealth continues to provide CPs with information on their members that have received renewal letters or are in Covid-protected status. The Adult Clinical Community Services (ACCS) and Program of Assertive Community Treatment (PACT) flags were launched in MMIS in early June 2022. These flags were created and rolled out with Daily enrollment in March 2020 but had not yet been populated. The PACT flag will prevent or disenroll CP members enrolled in PACT and not eligible for the CP Program. The ACCS flag will disenroll CP members incorrectly enrolled in BH CP or LTSS CP assignment plans instead of the appropriate ACCS assignment plans. CPs are notified and may track disenrollments via a disenrollment code that appears on Health Care Benefit Enrollment and Maintenance (834) Outbound file (HIPAA ASC X12 transactions). This daily file is available in MassHealth's Provider Online Service Center (POSC) and is retrieved from the POSC by CPs and their vendors. CPs can take action on members disenrolled due to the ACCS flag by contacting the ACO/MCO and the Department of Mental Health (DMH) to facilitate placement of the member in the correct assignment plan in order to continue to receive CP services.

CP-facing Quarterly Reports were refreshed in June 2022. These were the first steady state reports to be published. In collaboration with MassHealth, CPs actively utilized the quarterly reports and other data sources to launch data-driven performance improvement initiatives. MassHealth has continued to engage with CPs significantly underperforming the market and continued to identify emerging trends and best practices. CPs have improved on measures such as "Days to Care Plan Complete" and "Percent of members with No QA Submitted in the First 92 Days" – an indicator of programmatic reach and financial viability.

Each CP has an approved capacity cap related to the MassHealth members it serves through the CP Program. On April 15, 2022, MassHealth invited CPs to apply to change their capacity caps. MassHealth provided CPs a "Request to Change Capacity" form that stated, in part, *"If a CP is currently over their approved capacity, it is required to submit a capacity increase request by May 6<sup>th</sup> or adjust its enrollment according to their currently-approved capacity cap."* CPs at or below their approved capacity cap could request to increase or decrease their capacity. One BH CP and two LTSS CPs requested a capacity cap increase. MassHealth evaluated these three requests during this period.

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#### Q1:



As of August 30, 2021, 33,163 members were actively enrolled in the BH CP Program and 9,621 members were actively enrolled in the LTSS CP Program. For the BH CP population, the cumulative Participation Form rate was 68%, and approximately 57% of BH CP members were engaged. For the LTSS CPs, the cumulative Participation Form completion rate was 62%, and 47% of LTSS CP members were engaged.

MassHealth sponsored a webinar on CP Program Portal functionality in September 2021 to CP program contacts at the ACOs/MCOs. The goal of the webinar was to highlight tools available to ACO/MCOs to provide CPs more comprehensive and timely confirmation of member enrollment/disenrollment processing status into MMIS.

Phase I CP-facing quarterly report launched adding risk scores, risk adjusted Total Cost of Care (TCOC) and 30-day BH readmissions to the reports. It also included the Member Journey Report, which is a report that brings together several data components to show how risk adjusted TCOC changes over time for enrolled members.

## Q2:

As of November 29, 2021, 33,589 members were actively enrolled in the BH CP Program and 9,882 members were actively enrolled in the LTSS CP Program. For the BH CP population, the cumulative Participation Form rate was 69% and approximately 59% of BH CP members were engaged. For the LTSS CPs, the cumulative Participation Form completion rate was 62%, and 48% of LTSS CP members were engaged.

MassHealth and Business Support Services jointly presented at the CP Qualifying Activity (QA) Submission Webinar on December 1, 2021. The webinar covered QA submission and reconciliation, electronic data interchange and a refresher on claims resubmission through direct data entry and reference documents were provided to CPs after the webinar.

The first clean-up phase of the CP-facing quarterly report launched. This phase refined the measures currently available in response to survey feedback provided by the CPs. The most notable of these refinements was further stratification of the measures to better understand drivers.

MassHealth approved all Service Area addition requests submitted by the CPs. Four CPs requested a total of seven additional Service Areas. MassHealth did not receive any requests from CPs to remove Service Areas.

### Q3:

As of February 28, 2022, 30,891 members were actively enrolled in the BH CP Program, and 8,861 members were actively enrolled in the LTSS CP Program. For the BH CP population, the cumulative Participation Form rate was 69% and approximately 58% of BH CP members were engaged. For the LTSS CPs, the cumulative Participation Form completion rate was 63% and 45% of LTSS CP members were engaged.

MassHealth engaged in a clean-up of ACO/MCO-CP Enrollments; reassigning DMH ACCS members who were incorrectly enrolled in the wrong assignment plans; and disenrolling DMH PACT members who were improperly enrolled in the CP program. This clean-up is in preparation for launching the addition of PACT and ACCS flags in MMIS in Spring 2022.

CP-facing Quarterly Reports were refreshed in March. These reports refined the measures currently available in response to survey feedback provided by the CPs. The most notable of these refinements was enhanced documentation and labeling to clarify certain measures and ensure understanding. Additional stratification of the measures was also added to some reports.

### **DSRIP Statewide Investments**

#### Q4 Update:

Provider Access Improvement Grant Program (PAIGP): During this quarter, two out of the five awardees were met with relief when their grant funded equipment arrived and was installed by the 05/30/2022 deadline. The remaining three awardees continued to experience shipping delays and were uncertain when their equipment will arrive. The awardees were given a final extension, up until the end of the grant window on 6/30/22, to receive their equipment and to submit all the required reports. Awardees understood that unspent grant funds will have to be returned by the end of the grant window. They were grateful for the extension, additionally, EOHHS and Health Resources in Action (HRiA) continued to work with these awardees as they navigate through the challenges.

For the BH Partnership Expansion Grants, which provided funding to providers to expand their BH workforce and support career advancement, awardees continued to implement activities with the goal of providing training to an estimated 461 employees and providing salary replacement for 387 supervisors, in order to support hours of clinical supervision and progress toward licensure completion. Additionally, grantees reported that regional strategic planning activities

were particularly key to improve connections between regional workforce resources and local BH employers both during the grant period and beyond. Grant activities will continue through 12/31/2022 with DSRIP funding. Given the impact of the grants for regional BH employers, in Q4, the state proposed to provide additional state dollars to extend grant activities through 6/30/2023.

During Quarter 4, The Center for Health Impact (CHI), supported by DSRIP funding, delivered their Telehealth, Mental Health, and Substance Use Disorder Trainings to Community Health Workers (CHWs) and will continue to do so through the end of August 2022. Cambridge Health Alliance used Technical Assistance funds to work with The Institute for Community Health to perform an evaluation of front-line community health professionals that participated in the Competency-Based Education program offered by Southern New Hampshire University and supported by DSRIP funding. The program received a significant amount of positive feedback along the dimensions of cost, flexibility, and high relevancy to work.

The MassHealth team continued to process and approve applications for its Technical Assistance Program, and all off-the-shelf projects were completed by the end of May. The final deadline for completion of all other TA projects is 9/30/22.

As part of their research efforts for the DSRIP independent evaluation, UMass Chan Medical School interviewed the team at MassHealth and other stakeholders to better understand actions taken to achieve the goals of the DSRIP program, the challenges and successes of the program thus far, and the overall context under which the program is being implemented.

The Massachusetts League of Community Health Centers, supported by DSRIP funding, developed and delivered a webinar with the UMass Chan Medical School Center for Integrated Primary Care entitled, “Building Telehealth Policies and Best Practices.” The goals of the webinar were to: 1) understand emerging evidence and best practices for telehealth practice, 2) describe common barriers associated with telehealth, and 3) implement patient-centered strategies to reduce barriers to telehealth engagement.

## Annual Summary

### Q1:

The MassHealth Care Planning Learning Collaborative hosted a national webinar, Integrated Care Planning for Medicaid Members with Complex Needs: Lessons from MassHealth, to share lessons from the collaborative on building key partnerships to support integrated teams.

MassHealth awarded the Center for Health Impact a contract to develop and deliver an advanced training for CHWs about telehealth to increase the effectiveness and retention of CHWs in MassHealth ACOs and CPs.

## Q2:

MassHealth worked with the Massachusetts League of Community Health Centers to record episodes for the podcast series, *Reimagining Primary Care: Innovation After Disruption*.

114 applications were selected for awards as part of the final cycle of the DSRIP-funded student loan repayment program. These included providers in community health centers and community-based BH provider organizations.

Four community health centers were selected to be awarded 8 residency slots as part of the final cycle of the Family Nurse Practitioner Program.

The MassHealth team continued to review and process applications as part of the MA Technical Assistance program, which is in its 5th and final year.

## Q3:

The six-episode “Reimagining Primary Care: Innovation After Disruption” series (recorded in Q2) was launched and made publicly available on Spotify, Apple, and Amazon Music.

As part of the final cycle of the DSRIP-funded student loan repayment program, 94 awardees’ contracts were executed.

Funding was provided to the Center for Health Impact (CHI) to develop advanced trainings for CHWs in the areas of telehealth, mental health, and substance use disorders.

## **Carryforward Section:**

MassHealth has made the shifts detailed below to accommodate payments needing to be made outside of the original demonstration period. These payments focused on remaining earned at-risk dollars, the DSRIP extension period (January 1, 2023 – March 31, 2023), and DSRIP closeout activities were shared with CMS on September 22, 2022 and approved as part of the Section 1115 Waiver Demonstration renewal.

|  | <b>DY1</b>       | <b>DY2</b>       | <b>DY3</b>       | <b>DY4</b>       | <b>DY5</b>       | <b>DY6</b>      | <b>DY7</b>      | <b>DY8</b>      | <b>DY9</b>      | <b>DY10</b>     | <b>DY11</b>    | <b>Total</b>       |
|--|------------------|------------------|------------------|------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|--------------------|
| Previous EA  | \$367.0 M        | \$404.9 M        | \$332.1 M        | \$329.0 M        | \$367.0 M        | \$0.0M          | \$0.0M          | \$0.0M          | \$0.0M          | \$0.0M          | \$0.0 M        | \$1,800.0 M        |
| Shifts due to payment attribution of remaining at-risk payments  |                  |                  | -\$5.8M          | -\$54.1M         | -\$51.4M         |                 |                 |                 |                 |                 |                |                    |
| Shifts to support DSRIP extension period and closeout activities |                  |                  |                  |                  | -\$195.7 M       | \$54.2 M        | \$45.7 M        | \$98.6 M        | \$56.1 M        | \$52.4 M        | \$0.5 M        |                    |
| <b>New total EA</b>  | <b>\$367.0 M</b> | <b>\$404.9 M</b> | <b>\$326.2 M</b> | <b>\$275.0 M</b> | <b>\$119.5 M</b> | <b>\$54.2 M</b> | <b>\$45.7 M</b> | <b>\$98.6 M</b> | <b>\$56.1 M</b> | <b>\$52.4 M</b> | <b>\$0.5 M</b> | <b>\$1,800.0 M</b> |



## **DSRIP Operations and Implementation**

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

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

During Q4, MassHealth and the Independent Assessor (Public Consulting Group) reviewed and approved all CY21 Annual Progress Reports. MassHealth also continued reviewing updated CY22 budgets and budget narratives from ACOs, CPs, and Community Services Agencies (CSAs). MassHealth disbursed more than \$22 million in ACO Startup/Ongoing and CP/CSA Infrastructure and Capacity Building non-at-risk payments for CY22 in Q2.

### **Ombudsman:**

During Q4, MassHealth's ombudsman program, My Ombudsman (MYO), took part in 14 outreach events (including both virtual and in-person activities), reaching more than 1,190 individuals. Other activities included tabling at multiple Pride events across Massachusetts.

MYO continued to focus on building new partnerships with organizations in geographically isolated areas, including community health centers and health equity coalitions in Western MA, organizations that provide services for immigrants, gender affirming health care programs, and rural independent living centers.

MYO also launched two new outreach initiatives this quarter, including:

- o A new Social Media Health Equity Coalition (SMHEC), which now includes 24 diverse organizations focused on promoting health equity. The purpose of this group is to publicly share and support each other's resources, events, materials, etc., through their respective social media platforms, while helping to share best practices and skills building. The goal is to increase the visibility of smaller programs like MYO, while allowing larger organizations to reach more niche consumers.
- o A workgroup to organize a virtual event on navigating gender-affirming health care in Massachusetts, in collaboration with other community-based organizations serving these populations. The goal of the event will be to share accessible information and resources on gender affirming care.

MYO's top complaint topics from managed care members (excluding individuals enrolled in integrated care programs serving dual members) this quarter involved requests for assistance finding specific types of providers (e.g., behavioral health, dental care, or primary care providers) and requests for help accessing various benefits/services (e.g. MRIs, behavioral health residential services, and gender affirming care). MYO helped members by researching plan provider directories or working with the plan to find a suitable provider. MYO also provided education on the prior authorization process and worked with their providers or the plan to help find alternatives whenever necessary.

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

During this quarter, the Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP), completed the fielding of the 2022 (Year 4) Primary Care (PC), Behavioral Health (BH), and Long-Term Services and Supports (LTSS) adult and child MassHealth Member Experience Surveys. Fielding activities included sending mail and email survey invitations to the adult and child PC, BH, and LTSS survey populations, conducting LTSS telephone surveys, and sending bi-weekly survey response rate reports to EOHHS. Following the survey closing in early May 2022, MHQP created and sent EOHHS the final response rate report and the Technical Report, finalized the survey variable books and the 2022 Data Information Sheets, and conducted psychometric analyses on the survey composites in the survey data files.

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

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in April to discuss ACO Performance. Also included in the April meeting were the updates on the Performance Remediation Plans process and on (Budget Period 2 (BP2) State Accountability Score. MassHealth continued to provide updated key statistics such as ACO and CP member enrollment.

#### MassHealth ACO/APM Adoption Rate

- **ACO members<sup>1</sup> as of 6/30/22:** 1,191,827
- 

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



- **MCO enrollees covered by APMs that are not ACOs:** 4,629
- **ACO-eligible members<sup>2</sup> as of 6/30/22:** 1,463,078
- **Percent of ACO-eligible members enrolled in ACOs:** 81.8%

| Managed Care Plan                                   | Members | Membership Percentage | HCP-LAN Category  |
|---|---------|-----------------------|---|
| Model A   | 703,258 | 48.07                 | Category 4C   |
| Model B   | 476,060 | 32.54                 | Category 3B   |
| Fee for Service (not managed care)                  | 45,046  | 3.08                  | Category 1  |
| Traditional MCOs (including 11,500 Model C members) | 110,964 | 7.58                  | Traditional MCO: Category 4N <sup>3</sup> (between State and MCO)<br>Model C: Category 3B (between MCO and Model C) |
| Primary Care Clinician (PCC) Plan                   | 123,101 | 8.20                  | Category 1  |
| MCO Non-ACO APM Contracts                           | 4,629   | 0.32                  | Category 3A   |

#### Flexible Services (FS)

MassHealth's Flexible Services Program (FSP) is testing whether MassHealth ACOs can reduce the cost of care and improve their members' health outcomes by paying for certain nutrition and housing supports through implementing targeted evidence-based programs for certain members. In April, MassHealth began analyzing CY21 Annual Progress Reports and reviewing CY21 Q4 Quarterly Tracking Reports (QTRs) for compliance and quality. Additionally, MassHealth hosted a learning community via the Social Service Organization (SSO) Preparation Fund for nutrition SSOs to share best practices and discuss areas of improvement.

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

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

In May, MassHealth reviewed several Full Participation Plan (FPP) and Budget and Budget Narrative (BBN) modifications. Additionally, MassHealth received resubmissions of CY 21 Annual Progress Reports and began a second round of review and continued reviewing Q4 QTRs. MassHealth is continuing to find ways to improve the Flexible Services program and increase member enrollment by planning a learning community on member engagement.

In June, MassHealth approved final FPP and BBN modifications for ACOs. MassHealth approved most CY21 Annual Progress Reports and continued to iterate with the last few ACOs. MassHealth Provided feedback on CY 21 Q1 QTRs. Additionally, ACOs submitted their CY22 Q1 QTRs for review. Finally, MassHealth hosted a learning community via the SSO Preparation Fund for ACOs and SSOs regarding techniques to improve member engagement.

### Q1:

During Q1, MassHealth finalized and released guidance for CY22. Based on that guidance, MassHealth hosted a kick-off meeting for CY22 and all 17 ACOs submitted their updated FPPs and BBNs which included 6 net new programs. MassHealth finalized review of the CY20 Annual Progress Reports and reviewed CY21 Q2 QTRs. Additionally, MassHealth received Semi-Annual Progress Reports from the 17 ACOs.

### Q2

During Q2, MassHealth reviewed and approved 81 continuing and 4 new Flexible Services programs for CY22, which included at least 1 program from each of the ACOs. MassHealth reviewed and approved CY 21 Semi-Annual Progress Reports and Q2 QTRs. Additionally, MassHealth receive CY21 Q3 QTRs from the ACOs. Finally, MassHealth presented on initial Flexible Services CY21 data to the DSRIC stakeholder group.

### Q3:

In Q3, ACOs continued their 81 previously approved programs and launched 4 new Flexible Services programs. MassHealth approved CY2021 Q3 QTRs and collected CY21 Q4 QTRs and Annual Progress Reports. Additionally, MassHealth hosted multiple informational sessions. The first was a Learning Community via the SSO Preparation Fund, that convened the housing SSOs to discuss best practices and areas for improvement. The second meeting convened just ACOs to discuss best practices in member engagement, workflow development, and referral processes.

**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             | Q3 CY21             | Q4 CY21             | Total CY21            | Q1 CY22             |  |
| <b>Pre-Tenancy Individual</b>                             | 17                                      | 61                | 225                 | 377                 | 480                 | 583                 | 821                 | 860                 | 894                 | 2,209                 | 1,021               |  |
| <b>Pre-Tenancy Transitional</b>                           | 0                                       | 6                 | 66                  | 62                  | 104                 | 123                 | 123                 | 197                 | 161                 | 527                   | 155                 |  |
| <b>Tenancy Sustaining</b>                                 | 10                                      | 79                | 293                 | 378                 | 584                 | 387                 | 481                 | 642                 | 679                 | 1,286                 | 869                 |  |
| <b>Home Modifications</b>                                 | 0                                       | 3                 | 68                  | 109                 | 176                 | 103                 | 96                  | 172                 | 145                 | 495                   | 190                 |  |
| <b>Nutrition</b>  | 29                                      | 1,228             | 2,683               | 3,980               | 5,450               | 2,453               | 2,962               | 3,913               | 5,053               | 8,075                 | 6,111               |  |
| <b># of Unique Members / \$ Spent</b>                     | 42 / \$161,770                          | 1,310 / \$948,794 | 3,040 / \$2,532,792 | 4,533 / \$3,130,035 | 6,134 / \$6,773,390 | 3,275 / \$3,410,093 | 3,915 / \$4,756,724 | 4,995 / \$7,322,413 | 6,148 / \$7,129,917 | 10,466 / \$22,618,697 | 8,346 / \$7,525,864 |  |
| <b># of Unique Members / \$ Spent Across All Quarters</b> | 17,236 / \$36,923,611.08                |                   |                     |                     |                     |                     |                     |                     |                     |                       |                     |  |

\*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.

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

| <b>PY5 Q1</b>     | <b>Nutrition</b> | <b>Home Modifications</b> | <b>Tenancy Sustaining</b> | <b>Pre-Tenancy – Individual</b> | <b>Pre-Tenancy – Transitional</b> | <b>Total Members</b> | <b>Total Spend</b> |
|-------------------|------------------|---------------------------|---------------------------|---------------------------------|-----------------------------------|----------------------|--------------------|
| <b>MVACO</b>      | 469              | 2                         | 129                       | 9                               | 6                                 | 615                  | \$614,548.13       |
| <b>BACO</b>       | 676              | 1                         | 66                        | 41                              | 5                                 | 789                  | \$1,080,427.71     |
| <b>Mercy</b>      | 18               | 0                         | 4                         | 5                               | 0                                 | 27                   | \$69,591.73        |
| <b>Signature</b>  | 14               | 0                         | 0                         | 0                               | 0                                 | 14                   | \$49,491.00        |
| <b>Southcoast</b> | 74               | 0                         | 0                         | 0                               | 0                                 | 74                   | \$72,773.43        |
| <b>C3</b>         | 2194             | 64                        | 297                       | 235                             | 42                                | 2832                 | \$1,626,674.43     |
| <b>Berkshire</b>  | 221              | 0                         | 5                         | 16                              | 0                                 | 242                  | \$266,596.39       |
| <b>Reliant</b>    | 6                | 0                         | 1                         | 9                               | 0                                 | 16                   | \$49,426.03        |
| <b>Wellforce</b>  | 110              | 2                         | 39                        | 96                              | 12                                | 259                  | \$326,930.00       |
| <b>Baystate</b>   | 159              | 67                        | 0                         | 19                              | 7                                 | 252                  | \$574,022.76       |
| <b>Lahey</b>      | 34               | 1                         | 6                         | 8                               | 2                                 | 51                   | \$36,586.32        |
| <b>MGB</b>        | 373              | 9                         | 5                         | 45                              | 1                                 | 433                  | \$823,111.14       |
| <b>SMCN</b>       | 594              | 26                        | 134                       | 357                             | 62                                | 1173                 | \$967,587.50       |
| <b>Atrius</b>     | 23               | 0                         | 0                         | 0                               | 0                                 | 23                   | \$10,206.00        |
| <b>BCACO</b>      | 807              | 14                        | 141                       | 21                              | 4                                 | 987                  | \$530,144.30       |
| <b>BIDCO</b>      | 30               | 0                         | 17                        | 36                              | 10                                | 93                   | \$143,681.68       |
| <b>CHA</b>        | 309              | 4                         | 25                        | 124                             | 4                                 | 466                  | \$284,065.88       |

\*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.

## Infrastructure and Capacity Building (ICB)

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

During Q4, MassHealth continued to the review of the submitted ICB Round 2 Installment 1 and 2 reports and connected with select awardees to request revisions of the submitted documents.

## Annual Summary

### Q1:

In Q1, MassHealth continued to connect with awardees to collect final reports for ICB Round 2 Installment 2 and continued the review of the submitted reports.

### Q2:

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

### Q3:

MassHealth continued to review the submitted ICB Round 2 Installment 1 and 2 report and connected with select awardees to request revisions of the submitted documents.

## **Operational/Issues**

In response to the COVID-19 outreach, this year MassHealth announced certain policy changes to provide greater flexibility in providing care to MassHealth members, as well as strengthen and stabilizing the state's healthcare workforce. Key bulletins included:

- ARPA-related rate enhancements for HCBS and BH services:  
<https://www.mass.gov/doc/managed-care-entity-bulletin-71-temporary-rate-increases-due-to-american-rescue-plan-act-hcbs-services-and-behavioral-health-services-0/download>
- Coverage of a third dose of COVID-19 vaccine and coverage for COVID-19 vaccine counseling. <https://www.mass.gov/doc/managed-care-entity-bulletin-67-coverage-and-payment-policy-for-services-related-to-covid-19-vaccine-counseling-and-3rd-dose-of-pfizer-biontech-vaccine-and-moderna-covid-19-vaccine-for-immunocompromised-individuals-0/download>
- Coverage for booster vaccine doses and administration for children aged 5 to 11.  
<https://www.mass.gov/doc/managed-care-entity-bulletin-77-coverage-and-payment-policy-for-booster-doses-of-coronavirus-disease-2019-covid-19-vaccines-pediatric-vaccines-and-monoclonal-antibody-treatments-0/download>
- Coverage over-the-counter diagnostic antigen tests for SARS-CoV-2 when accessed through a pharmacy. <https://www.mass.gov/doc/managed-care-entity-bulletin-80-coverage-of-over-the-counter-diagnostic-antigen-tests-for-sars-cov-2-0/download>
- Coverage of pediatric enteral special formula and thickening agents as a pharmacy benefit to expand access. <https://www.mass.gov/doc/managed-care-entity-bulletin-85-coverage-of-pediatric-enteral-special-formula-and-thickening-agents-as-a-pharmacy-benefit-0/download>

## **Policy Developments/Issues**

During Quarter 1, EOHHS received approval for an amendment making conforming edits to the CHIP State Plan and for Medicaid State Plan Amendments (SPAs) to update the Estate Recovery hardship policies, to update the payment methodology for hearing services and to update the payment methodology for chronic maintenance dialysis treatments and home dialysis supplies. Also during the quarter, EOHHS posted for public comment its draft request to extend the Demonstration and held two public listening sessions to seek input on the draft.

During Quarter 2, EOHHS received approval for a number of Medicaid SPAs including a SPA to add the new Medication Assisted Treatment (MAT) benefit under *the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act*

(SUPPORT Act) to the Standard and CarePlus Alternative Benefit Plans. EOHHS also received approval for a number of Medicaid Disaster Recovery State Plan Amendments to authorize flexibilities during the COVID-19 public health emergency.

Also during the quarter, EOHHS reviewed the comments received during the public comment period for the 1115 extension request and finalized and submitted the request to CMS.

During Quarter 3, the [Governor's FY23 Budget](#) was released. There were also a number of activities related to the Roadmap for Behavioral Health Reform, including:

- The release of a [request for proposals](#) by the MassHealth Behavioral Health Vendor for a network of Community Behavioral Health Centers (CBHCs) to coordinate and integrate mental health and substance use disorder treatment for MassHealth members;
- Behavioral Health Urgent Care services began to be offered at 11 locations across the Commonwealth (expanding in coming months) to provide same or next day appointments with evening and weekend hours;
- MassHealth and the Department of Mental Health [released a joint procurement](#) for a 24/7 Behavioral Health Help Line and MassHealth managed behavioral health vendor to manage behavioral health networks and services for a subset of MassHealth members and to help implement key components of the Roadmap for Behavioral Health Reform, including operating a 24/7 Help Line and providing oversight for CBHCs, behavioral health urgent care, and community and mobile crisis intervention.

Also during the 3rd quarter, discussions with CMS on the Demonstration extension began in mid-February and EOHHS and CMS agreed to continue to meet at least weekly through summer.

During Quarter 4, EOHHS received approval for a number of Disaster SPAs including one related to ARPA funded rates on Home and Community Based services and for a number of regular SPAs, including one related to a new mandatory benefit for coverage of routine patient costs for services furnished in connection with participation in qualifying clinical trials.

Also during the quarter, EOHHS began to accept bids to procure a Behavioral Health Vendor to provide comprehensive behavioral health services to eligible MassHealth members, Primary Care Clinician Plan Management, and other Behavioral Health Specialty Services as described in Quarter 3. Finally, during the quarter EOHHS continued meeting weekly with CMS to discuss

the 1115 Demonstration extension request.

### **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) 2022 as reported through the quarter ending June 30, 2022 (QE 6/30/22).

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2018, SFY 2019, SFY 2020, SFY 2021, and SFY 2022. The enrollment data for the years SFY 2020, SFY 2021, and SFY 2022 were updated based on actual enrollment through September 2022.

### **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 \$6.2 billion for the period SFY 2018 through SFY 2022 and \$28.2 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 2022</b> | <b>May 2022</b> | <b>June 2022</b> | <b>Total for Quarter Ending 06/22</b> | <b>Total for SFY 2021</b> | <b>Total for SFY 2022</b> |
|---|-------------------|-----------------|------------------|---------------------------------------|---------------------------|---------------------------|
|   |                   |                 |                  |                                       |                           |                           |



|                     |         |         |           |           |            |            |
|---------------------|---------|---------|-----------|-----------|------------|------------|
| Base Families       | 988,966 | 996,255 | 1,004,016 | 2,989,237 | 10,155,445 | 11,441,550 |
| Base Disabled       | 229,735 | 229,002 | 228,147   | 686,884   | 2,741,809  | 2,756,704  |
| 1902(r)(2) Children | 27,841  | 28,745  | 29,740    | 86,326    | 254,960    | 321,803    |
| 1902(r)(2) Disabled | 18,673  | 18,468  | 18,754    | 55,895    | 215,394    | 217,666    |
| New Adult Group     | 463,333 | 466,082 | 468,814   | 1,398,229 | 4,643,300  | 5,372,611  |
| BCCDP               | 1,315   | 1,335   | 1,348     | 3,998     | 13,767     | 15,331     |
| CommonHealth        | 31,457  | 31,627  | 31,702    | 94,786    | 388,214    | 382,296    |
| TANF/EAEDC*         | 418     | 422     | 405       | 1,245     | 4,528      | 4,855      |

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

- **For Informational Purposes Only**

| <b>Expenditure and Eligibility Group (EG) Reporting</b> | <b>April 2022</b> | <b>May 2022</b> | <b>June 2022</b> | <b>Total for Quarter Ending 06/22</b> |
|---|-------------------|-----------------|------------------|---------------------------------------|
| e-HIV/FA  | 875               | 879             | 885              | 2,639                                 |
| 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. 17) and MassHealth flexibilities for members in response to COVID-19 (Member Education and Communication p. 6).

## **Quality Assurance/Monitoring Activity**

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

The MassHealth MCO Program engaged in quality-related activities focused primarily on quality measurement and improvement. During Quarter 1, the MassHealth Quality Office began its annual process of gathering data to assess plan performance on State-specified quality indicators. Utilizing data from a variety of sources including managed care plan Healthcare Effectiveness Data and Information Set (HEDIS) submissions (Measurement Year (MY) 2020) and data calculated from the MassHealth comprehensive quality vendor (CQMV), analysts compared MCO performance across plans and calculated MassHealth weighted means and other descriptive statistics. Where applicable, analysts compared performance to national benchmarks. Data generated through these analyses were used to support the development of MassHealth's annual Performance Measure Report as well as the calculation of the Adult and Child Core Set measures in Quarter 2. To view the Performance Measure Report please visit: <https://www.mass.gov/info-details/masshealth-quality-reports-and-resources>.

In Q3, the MCOs kicked-off National Committee for Quality Assurance (NCQA) MY2021 HEDIS data collection efforts. In addition to the measure results, the MCOs will submit member level data, including race, ethnicity, and language (REL) data, for review and further analysis. Quarter 3 also marked the start of the first pay-for-performance year applicable to the MCO program. To align with other programs, MassHealth developed a quality incentive program for implementation in the 2022 MCO contracts. Specifically, MCOs are now subject to meeting performance and improvement targets on a set of 6 NCQA-HEDIS quality measures. MCOs will receive a quality incentive payment based on the quality incentive score tied to these quality metrics.

In Q4, the MCOs completed NCQA MY2021 HEDIS data collection efforts with measure rates submitted to MassHealth. In addition to the measure results, the MCOs submitted member level data, including race, ethnicity, and language (REL) data, for review and further analysis. In Quarter 4, MCOs continued efforts to support their first pay-for-performance year (applicable to

the MCO program). MassHealth will consider results of PY2021 measures to inform potential benchmark adjustments (due to COVID), applicable to PY2022.

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

In Quarter 1, the EQR held virtual site visits with ACOs and MCOs as part of the triennial compliance audit. After summarizing the findings, initial reports were distributed, and plans were given an opportunity to respond to any areas of noncompliance. In addition to the compliance audit, the External Quality Review Organization (EQRO) collected and reviewed the required information to complete performance measure validation and network adequacy validation activities for 2021 for all managed care plans including MCOs, Accountable Care Partnership Plan ACOs (ACPPs), Primary Care ACOs, Senior Care Organizations (SCOs), One Care Plans, and the Massachusetts Behavioral Health Partnership (MBHP).

In addition, the EQRO began completing reviews of Performance Improvement Project (PIP) materials submitted in Q1. Each plan submitted Year 1 reports for each PIP, one focused on telehealth and the other focused on vaccinations (flu, COVID, or other) with an added sub-focus on health equity. The EQRO held teleconferences with each plan to ask questions and discuss feedback on the projects during Q2 with scoring worksheets being distributed in Q2 as well.

EQR activities in Q2 focused primarily on the submission and review of plan performance PIP year-end reports. Plans submitted their reports in the September for each of their PIPs: one focused on telehealth and the other focused on vaccinations (flu, COVID, or other) with an added sub-focus on health equity. The EQRO held a teleconference with each MCO to discuss their PIPs and obtain additional information that may not have been included within the MCO's submitted reports. In October, the PIPs were scored and scoring worksheets were released to the MCOs in November. In addition to reviewing PIPs, the EQRO finalized ACO and MCO Compliance audit scores and actions. Results of the audit were incorporated into the 2021 technical reports.

EQR activities in Q3 represented the beginning of a new performance improvement plan (PIP) cycle. The EQR vendor updated PIP reporting documents and provided plans with guidance pertaining to the updated PIP topics:

- Health Equity: Reducing or eliminating health disparities with the goal of attaining the highest level of health for all people. Plans may select to focus their PIPs on the following disparity-sensitive measures:
  - Controlling High Blood Pressure

- Comprehensive Diabetes Care
- Initiation and Engagement in Treatment
- Childhood Immunization Status
- Prenatal and Postpartum Care.
- Prevention and Wellness: Reducing the occurrence and complexity of disease while improving level of functioning and quality of life.
  - Increasing vaccinations rates with at least one specific intervention focused on reducing health inequities.
- Access to Care: Ensuring the timeliness and availability of health care services to achieve optimal health outcomes.
  - Reducing barriers to accessing telehealth services for either behavioral or physical health.

EQR activities in Q4 were primarily focused on PIP validation. Managed care plans (MCPs) submitted their PIP planning/progress reports. Reports were reviewed by the EQRO and feedback was provided through conference calls. Several plans were asked to resubmit their report incorporating the feedback provided by the EQRO. Plans will submit their year-end PIP reports in Q1 FY23.

In addition to PIP analyses, MassHealth continued the re-procurement process for an EQR vendor. MassHealth received and reviewed Bidder responses in Q4. MassHealth anticipates having a fully executed contract October 1, 2022.

## **MassHealth Quality Committee**

The MassHealth Quality Committee is a collaborative forum that serves 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 and are involved in quality program development, measurement, improvement and evaluation activities.

In Q1, the Quality Committee reviewed and updated the meeting charter, role of members and annual agenda to drive strategies and activities to support measure alignment, quality performance, policy and reporting. The Committee conducted an annual review and update of quality measures across MassHealth to understand the alignment across programs and with external measurement activities and measure slates (e.g., NCQA HEDIS measures, CMS Core Set measures, State Quality Measurement Alignment Taskforce, MIPs program measures). The

review also informs considerations for future program measure selection. The Committee started discussions around current member surveys across MassHealth and quality improvement activities to inform future member experience and quality improvement project priorities and goals.

In Q2, the Committee began the process of identifying opportunities to review investments in quality and member experience data collection while delivering on MassHealth's strategic priorities and quality goals. The ultimate objective was to inform quality data and member experience survey strategies for MY2023 and beyond, with a focus on maximizing alignment, while minimizing redundancy and continued corrective action and response. The Committee reviewed the various quality measure sources used by MassHealth vendors and contracted entities. The Committee reviewed a crosswalk of standardized member experience survey domains and discussed hypotheses and potential recommendations to strengthen data as well as overall survey alignment, effectiveness, and efficiency.

In Q3, the Committee focused its energies on drafting and finalizing the comprehensive quality strategy for submission to CMS to be posted in Quarter 4. In Quarter 4, the MassHealth Quality Committee finalized the submission of the Quality Strategy to CMS (in June 2022) after the public posting and comment period for stakeholder feedback was held in May. The Committee also convened for update and discussions on health equity efforts across MassHealth, aimed to achieve measurable reductions in health and health care inequities experienced by MassHealth members. Discussion areas with implications/intersections with quality included a multi-disciplinary health equity workgroup structure, program activities, social risk factor data collection and public input through requests for information (RFIs) related to member engagement and health equity incentives.

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

In Quarter 1, MassHealth and CMS collaborated on a set of hypotheses to inform additional COVID-19 based quality score adjustments, applicable to CY2021. Once finalized, these adjustments are anticipated to be applied to both ACO and CP quality scores. Additionally, MassHealth released formal guidance to ACOs regarding Performance Remediation Plan requirements, providing DSRIP fund earn back opportunities based on successful completion of quality improvement projects.

In Quarter 2, MassHealth submitted to CMS proposed benchmarks across a large subset of CP and ACO quality measures. Once finalized, these benchmarks will facilitate timely scoring of DSRIP Accountability Scores, applicable to PY2020-2022. Additionally, MassHealth released formal guidance to ACOs regarding Performance Remediation Plan requirements for PRP-Cycle

2 as well as guidance to CPs regarding PRP-Cycle 1. Performance Remediation Plan cycles allow for recipients to earn fund opportunities based on successful quality improvement projects.

In Quarter 3, MassHealth delivered to CMS a final set of recommendations related to expanded COVID-based performance allowances applicable to PY2021-2022 of the ACO program. These allowances primarily focus on performance target reductions informed directly from quality data collected during PY2020. Reduction targets were also reviewed and advised by members of the DSRIP Quality Subcommittee. Also in Q3, ACOs continued implementation efforts related to 2 Performance Remediation Plan cycles (applicable to PY2019-2020 and PY2021-2022), providing opportunities to earn back DSRIP Accountability based funding not initially earned via the application of their Quality Scores.

In Quarter 4, MassHealth finalized PY2020 Quality Score results for all ACO and CP organizations. These scores included all CMS approved COVID-allowances applicable to the first year of the public health emergency. Over the next quarter, MassHealth will continue to work with CMS on the potential expansion of COVID allowances into remaining performance periods of the DSRIP program. Also in Q4, ACOs and CPs continued implementation efforts for Performance Remediation Plan cycles (applicable to PY2019-2022), providing opportunities to earn back DSRIP Accountability based funding not initially earned via the application of their Quality Scores.

## **Demonstration Evaluation**

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

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

The primary goals for this period included continuing the second wave of qualitative data collection activities and qualitative data analysis, launching the second round of the ACO provider and CP staff surveys, secondary data acquisition, responding to additional CMS comments on the Independent Evaluation Interim Report (IEIR), and developing detailed analysis plans for cost analyses.

Qualitative data-related activities during this period included completing MassHealth staff interviews and starting CP key informant interviews (KII) data analysis, continued ACO and MCO KII data analysis, continued recruiting and planning oversight of the member interview

process and finalizing the ACO study site selection, and drafting plans for CP study site selection. The team collaborated with MassHealth to identify appropriate staff and schedule the interviews, which were conducted with several MH team members. The team uploaded CP KII data to qualitative data management software and began to analyze the CP KII data. ACO KII data analysis activities were continued. The team continued to outreach for and receive member nomination forms from ACOs and CPs. The team completed the contract process to engage Collective Insight, LLC to conduct the interviews under the oversight of the project team. The team developed a process document to assign activity responsibilities and met with Collective Insight staff to review the process and materials. Finally, ACOs case study site selection was completed, and CP site selection was started.

In coordination with MassHealth and ACO administrators, the team completed the collection of provider contact information from ACO practice sites, selected the CP and ACO survey samples, and started the administration of the CP staff survey in May 2022 and the ACO provider survey in June 2022. The team continued to analyze data from various sources, including the first wave of the practice site administrator survey and the ACO provider and CP staff surveys, MassHealth administrative data, clinical quality measures, and MassHealth financial reconciliation reports for the ACOs. In addition, the team continued drafting analytic protocols and began developing tools to collect MH expenditure data for DSRIP programs. The team continues developing dissemination materials, such as peer-reviewed journal manuscripts. UMass Chan continues to hold recurring meetings with MassHealth to coordinate work streams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to data required.

In the upcoming quarter, UMass Chan will conclude the CP staff and ACO provider surveys, start the data cleaning process and initiate the data analysis. In addition, UMass Chan will continue to analyze, integrate, and synthesize data from multiple sources. UMass Chan will develop and apply criteria to select social service organizations (SSOs) for case studies and will begin preparing for SSO interviews. The team also plans to continue to analyze ACO, MCO, and CP round two KII data, begin MassHealth staff interview data analysis, oversee and complete the member interview process, plan for and conduct ACO and CP case studies, coordinate with MassHealth to collect DSRIP program expenditure data from MassHealth teams and their vendors. The team will also continue to disseminate interim report findings through presentations and publications.

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

- Launched wave two of the ACO provider and CP staff surveys
- Continued analysis of ACO/MCO wave two KII data
- Began analysis of CP wave two KII data
- Completed MassHealth staff KIIs
- Planned and oversaw the beginning of the member interview process
- Selected ACO case study sites
- Began CP case study site selection process
- Continued coding and analysis of MassHealth administrative data
- Analyzed ACO provider and CP staff surveys
- Analyzed member experience surveys
- Analyzed hybrid quality measure data
- Reviewed DSRIP program documentation

B. Evaluation components involving primary data collection:

**Activities Completed in this Quarter**

- Administered wave two of the ACO provider and CP staff surveys
- Conducted KII interviews with MassHealth staff
- Continued ACO/MCO KII data analysis
- Began CP KII data analysis
- Continued to plan and recruit for KIIs with MassHealth members
- Completed ACO case study site selection
- Began CP site selection process
- Continued analysis of the first wave of data previously collected
- Continued preparation of manuscripts for submission to peer-reviewed journals

**Planned Activities for the Upcoming Quarter**

- Finalize the data collection for the second wave of ACO provider and CP staff surveys
- Continue analysis of ACO, MCO, CP wave two KII data
- Begin analysis of MassHealth staff KII data
- Review nominations and select interviewees, then oversee KIIs with MassHealth members to be conducted by Collective Insight, LLC.
- Complete CP site selection process
- Plan for and conduct ACO and CP site visit interviews
- Continue integration and synthesis of data
- Continue to disseminate evaluation findings through presentations and publications



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

**Activities Completed in this Quarter**

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

**Planned Activities for the Upcoming Quarter**

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

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

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

**Activities Completed in this Quarter**

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

- Continued to revise the integrated Goals 1-7 interim report in response to CMS comments
- Continued to support MassHealth with activities related to waiver amendments and upcoming waiver extension request
- Continued to receive and capture updates from MassHealth about potential new waiver amendments
- Continue to develop and refine topics for peer-reviewed dissemination
- Continued regular monthly meetings with MassHealth

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

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

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

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

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

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

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

## Annual Summary

### **Summary of Independent Evaluation Activities**

Significant FY22 activities focused on drafting the IEIR, soliciting feedback from internal reviewers, external scientific advisors, and MassHealth program staff reviewers on the content of goal-specific sections of the interim report, updating and submitting the IEIR for public review, and subsequently to CMS as an appendix to the new waiver extension application, responding to CMS comments on the IEIR, and disseminating key findings from the IEIR. In addition, the IE (UMass Chan) completed the data collection for the second wave of ACO, CP, and MassHealth staff KIIs and launched the CP staff and ACO provider surveys. The team began analyzing these data and continued analyzing data collected during the first waves and continued conducting analyses of secondary data sources. During FY22, the team prepared for the second wave of member experience interviews and case studies to be conducted in FY23. UMass Chan continues to hold recurring meetings with MassHealth to coordinate work streams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to the data required.

#### Q1:

In this quarter, UMass Chan conducted the following activities:

- Responded to MassHealth and public comments on the draft IEIR to help prepare for submission to CMS
- Continued secondary data acquisition
- Initiated the second wave of data collection activities, including scheduling KIIs with the leadership of 17 ACOs and 27 CPs
- Continued analyses of MassHealth administrative claims and encounter data, hybrid quality measures, member experience surveys, flexible services data, KII data, MassHealth and other program data, and CP staff and ACO provider surveys
- Supported MassHealth with activities related to developing evaluation plans for waiver amendments and evaluation considerations for the upcoming waiver extension
- Developed summaries of relevant literature and policy

#### Q2:

In this quarter, UMass Chan conducted the following activities:

- Revised and submitted to EOHHS the IEIR as an appendix to the new waiver extension application

- Initiated the second wave of data collection activities, including key informant interviews (KIIs) with the leadership of 17 ACOs and 27 CPs
- Prepared for the second round of the ACO provider and CP staff surveys
- Continued secondary data acquisition
- Continued analyses of MassHealth administrative claims and encounter data, hybrid quality measures, member experience surveys, flexible services data, KII data, MassHealth and other program data, and CP staff and ACO provider surveys
- Disseminated key findings from the IEIR and continued preparation of topics and manuscripts for submission to peer-reviewed journals
- Reviewed DSRIP program documentation, with a focus on the ACO Flexible Services Programs
- Continued research of policy developments relevant to the evaluation goals
- Supported MassHealth with activities related to developing evaluation plans for waiver amendments and evaluation considerations for the upcoming waiver extension

### Q3:

In this quarter, UMass Chan conducted the following activities:

- Responded to CMS comments on the IEIR
- Disseminated key findings from the IEIR
- Completed interviews for the second wave of ACO, MCO, and CP KIIs
- Prepared for the second wave of member experience interviews and MassHealth staff KIIs
- Developed MassHealth members' recruitment outreach materials to share with stakeholders and solicit nominations of MassHealth members for interviews
- Continued analyses of MassHealth administrative claims and encounter data, hybrid quality measures, member experience surveys, flexible services data, KII data, MassHealth and other program data, and CP staff and ACO provider surveys
- Prepared for the second round of the ACO provider and CP staff surveys
- Reviewed DSRIP program documentation, with a focus on the ACO Flexible Services Programs
- Continued to monitor policy developments relevant to the evaluation
- Continued secondary data acquisition, including communication with data system teams about compiling and transferring MH data to UMass Chan for Goal 7 analyses
- Continued to support MassHealth with activities related to developing evaluation plans for waiver amendments and evaluation considerations for the upcoming waiver extension
- Continued to receive and capture updates from MassHealth about potential new waiver amendments

- Continued preparation of topics and manuscripts for submission to peer-reviewed journals

**Enclosures/Attachments**

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

**State Contact(s)**

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