



# HEALTH | CHOICE

## MASSACHUSETTS

Delivery System Reform Incentive Payment  
(DSRIP) Program  
Accountable Care Organization (ACO)

## PY3 Annual Progress Report

### General Information

Full ACO Name:	Steward Medicaid Care Network, Inc.
ACO Address:	89 A Street, Needham, MA 02494

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### Part 1. PY3 Progress Report Executive Summary (5 pages max.)

#### 1.1 ACO Goals from Full Participation Plan

Our vision for our Medicaid ACO program aligns closely with MassHealth’s stated goals and reflects Steward’s overall mission. Through this program, we aim to:

- Deliver world-class health care where members live
- Advance the Quadruple Aim: improve members’ health – including health equity –while improving members’ experience and quality of care, reducing total costs and improving providers’ administrative burden

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- Actively engage a continuum of providers to address the needs of the communities we serve, including physical health, preventive care, behavioral health, and long-term services and supports
- Create and operate a scalable, sustainable, and replicable model that uses sophisticated incentives to engage and align priorities among both ACO providers and members
- Use data and technology to effectively identify needs of both members and practices and efficiently target resources to meet these needs

Our plan below lays out 13 specific goals that extend this vision and that will support our efforts to improve quality and reduce total cost of care.

**Figure 2. Steward Health Choice five-year objectives**



We developed goals informed by data on our Medicaid ACO population and have evolved them to reflect insight gained from our experience in PY1, PY2, and PY3. We established specific, measurable targets for each goal as specific data about the costs and utilization patterns of our ACO members became available. In PY3, we stratified key metrics by race/ethnicity and language, and set targets to reduce the health disparities we observed in our claims data. We continually use data to focus and drive the programs we implement and the populations we target. We will submit requests to modify these goals and our investment strategy if, during the program, our data suggests we need to adjust our focus to achieve success in managing total cost of care and quality.

## 1.2 PY3 Investments Overview and Progress Towards Goals

Our PY3 was focused on investments required for Steward and our providers to succeed in the ACO program. We have adapted our investment approach as the program evolves, and as we refine our understanding of the operational requirements and challenges.

Our PY3 investments included the following specific investments from our PY3 full participation plan:

<b>ID</b>	<b>INVESTMENT CATEGORY</b>	<b>SPECIFIC INVESTMENT OR PROGRAM</b>
<b><i>S/O PC: 1001</i></b>	Community-Based Care Initiatives	Invest in workforce to support primary care practices and increase capacity
<b><i>S/O PC: 1002</i></b>	Organizational Integration	Invest in primary care practices to support risk adjustment and quality, and to improve patient experience of care
<b><i>S/O PC: 1003</i></b>	Health-Related Social Needs	Increase access to non-emergency medical transportation (including same day, evenings, and weekends) to support patient activation and connection to primary care
<b><i>S/O PC: 1004</i></b>	Community-Based Care Initiatives	Develop resources to support primary care providers care for patients with SMI, SUD, or social/safety needs
<b><i>S/O PC: 1007</i></b>	Health Information Technology	Enhance health information technology resources (including EMRs) to support care coordination, care planning, and data exchange among primary care, behavioral health, and other service providers
<b><i>S/O PC: 1009</i></b>	Health Information Technology	Implement enhancements to routine patient screenings to include housing/social needs, behavioral health conditions (including opiate addiction), pregnancy, and other key conditions
<b><i>S/O PC: 1017</i></b>	Culturally and Linguistically Appropriate Services	Expand resources to support PCPs with accessible and culturally/linguistically appropriate care
<b><i>S/O PC: 1024</i></b>	Care Coordination & Care Management	Integrate population health staff (community health workers, social workers, and other clinicians and resources) into primary care practices support care coordination
<b><i>S/O PC: 1027</i></b>	Organizational Integration	Additional investments proposed by network PCCs and community based organizations partnering with PCPs
<b><i>S/O D: 2001</i></b>	Health Information Technology	Invest in population health analytics and information technology, including predictive analytics and risk stratification, event notification, and secure data exchange
<b><i>S/O D: 2004</i></b>	Care Coordination & Care Management	Expand current Steward population health management programs to support Medicaid
<b><i>S/O D: 2005</i></b>	Care Coordination & Care Management	Develop care management programs for conditions prevalent among Medicaid enrollees, including behavioral, long-term, and social needs
<b><i>S/O D: 2009</i></b>	Other	Invest in new capacity to support Medicaid ACO members' social needs, including transportation, housing, nutrition, etc.

<b>S/O D: 2010</b>	Care Coordination & Care Management	Develop innovative partnerships with community BH and LTSS providers
<b>S/O D: 2015</b>	Care Coordination & Care Management	Implement referral management and utilization management processes and technology
<b>S/O D: 2016</b>	Organizational Integration	Develop robust member engagement and communications program incorporating culturally and linguistically appropriate communication channels
<b>S/O D: 2018</b>	Other	Support ACO members in maintaining eligibility and accurate demographic data
<b>S/O D: 2020</b>	Care Coordination & Care Management	Develop supports for children and parents, including childbirth and parenting classes, care coordination, and other targeted programs
<b>S/O D: 2021</b>	Organizational Integration	Build infrastructure to support member and provider services, including call center, CRM, and collateral
<b>S/O D: 2022</b>	Workforce Development	Enhance network's ability to address Medicaid member needs through training, contracting, and other development activities
<b>S/O D: 2028</b>	Other	Develop financial models, controls, and evaluation program for all ACO-related funding
<b>S/O D: 2029</b>	Organizational Integration	Clinical leadership for medical and behavioral health programs
<b>S/O D: 2030</b>	Organizational Integration	Invest in primary care practices, hospitals, and community-based organizations, including technical assistance, to support transformation to value-based care and improve program performance
<b>S/O D: 2033</b>	Organizational Integration	Build administrative infrastructure to support implementation, operation, and monitoring of ACO

#### Examples of progress on initiatives to date:

##### S/O PC 1001. Invest in workforce to support primary care practices and increase capacity

In PY3, Steward successfully provided Personal Protective Equipment (PPE), including N95 respirators, level 2 isolation gowns, and hand sanitizer, to primary care practices for our providers to ensure that they could maintain personal safety while serving our members during the COVID-19 pandemic.

### S/O PC 2005. Develop care management programs for conditions prevalent among Medicaid enrollees, including behavioral, long-term, and social needs

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In PY3, Steward successfully launched the Flexible Services program. We contracted with three SSOs to provide housing and nutrition services in Southeastern MA, a nutrition and home modification program serving members residing on Cape Cod, and a COVID-19-specific medically-tailored nutrition program to serve members statewide.

### S/O PC 2020. Develop supports for children and parents, including childbirth and parenting classes, care coordination, and other targeted programs

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In PY3, Steward expanded its innovative community-based doula program, providing eligible members with doula support during pregnancy, birth, and the post-partum period. In partnership with Steward's hospitals, we were able to provide doula care to 92 members. In addition to in-person care, Steward provided virtual doula support in response to the COVID-19 pandemic.

### S/O PC 2033. Build administrative infrastructure to support implementation, operation, and monitoring of ACO

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In PY3, Steward implemented its Medicaid care management program evaluation methodologies and tools. Steward staff collaborated to identify key metrics, develop baseline and post-intervention parameters, and build the analytic infrastructure required to properly evaluate the impact of care management programs on key utilization, cost and quality outcomes.

#### 1.2.1 Successes and Challenges of PY3

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Our focus in PY3 was optimization of the infrastructure, processes, and program required to advance the ACO. Some of our key successes and challenges in 2020 were:

##### **Successes:**

- Steward launched its Flexible Services program, serving members residing primarily in Southeastern MA. Despite the COVID-19 pandemic, Steward enrolled 147 members in the FSP, including housing-related services to 87 members and nutrition services to 80 members. In PY4, Steward is expanding its programs statewide with the addition of four new SSOs.
- Steward distributed 100% of RY18 Shared Savings to participating providers in PY3, using the performance model tailored for the Medicaid program for the first time. Shared Savings were distributed based on performance across four key elements: Stewardship (Gating), Quality, Patient Experience, and Risk-Adjusted Total Medical Expense trend. This distribution model incentivizes providers to provide quality care to our members.
- In PY3, Steward Health Care Network launched a Health Equity Committee to guide company-wide efforts for incorporating health equity into the work we do. The Committee's initial priorities include implementing staff trainings on health equity and identifying gaps in the availability and collection of demographic data including race, ethnicity, language, gender/gender identity, sexual orientation, and disability demographics for the ACO population. Additionally, Steward Health Care System recently launched a diversity, equity, and inclusion education series for hospital and ACO staff, as well as network providers, CPs, and Social Service Organizations (SSOs) who are partnered with Steward for the Flexible Services Program. Finally,

we have stratified key cost and outcome metrics by race, ethnicity, and language, and endeavored to establish targets for reducing gaps between specific subpopulations and the population overall. Steward is looking forward to enhancing its health equity efforts in PY4.

**Challenges:**

Similar to other health systems, Steward experienced operational challenges due to the unprecedented COVID-19 pandemic in PY3. Many patients reduced their health care utilization, including routine well visits, due to fears about contracting the disease. In response, we developed a marketing and communications campaign to promote the availability of telehealth among Steward Health Choice providers. The objective of the campaign was to inform MassHealth members that telehealth options are available and to direct them to their PCP via our website to schedule a virtual visit (as available and appropriate). The rationale for the campaign included the fact that low income and vulnerable populations have been disproportionately impacted by COVID-19 and may be particularly reluctant to engage in in-person care. The campaign targeted current members across the geographies we serve and were translated into multiple languages.

- Following MassHealth's shift of the medically-frail population from RC II Adult into RC IX in PY2, Steward remains concerned that the TCOC benchmark for adults with disabilities does not reflect the insurance risk of this population segment and utilization outside the control of Model B ACOs. In 2020, overall utilization for this group is projected to decrease by over 5% due to the COVID-19 pandemic, while risk-adjusted TME trend is expected to increase by 1%, driven in large part by rising pharmacy and SUD costs. Further, drug prices are the driver of increasing pharmacy expense (as utilization decreased year over year), and Model B ACOs have no control over drug prices. In addition, SUD is the third leading driver of TME growth, yet Model B ACOs have little to no control over SUD management.