

MassHealth

Section 1115 Quarterly & Annual Report

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

Quarter 1: (07/01/18-09/30/18)

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 six 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.

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 report for Demonstration Year 22, ending September 30, 2018.

Enrollment Information

The enrollment activity below reflects enrollment counts for SFY 2019 Quarter 1, as of September 30, 2018.

| <u>Eligibility Group</u> | <u>Current Enrollees (to date)</u> |
|---------------------------------|-------------------------------------------|
| Base Families | 791,745 |
| Base Disabled | 231,686 |

| | |
|-----------------------------------------|---------|
| 1902(r)(2) Children | 14,891 |
| 1902(r)(2) Disabled | 16,814 |
| Base Childless Adults (19-20) | 25,598 |
| Base Childless Adults (ABP1) | 31,064 |
| Base Childless Adults (CarePlus) | 263,491 |
| BCCTP | 1,157 |

| <u>Eligibility Group</u> | <u>Current Enrollees (to date)</u> |
|-----------------------------------------|------------------------------------|
| CommonHealth | 29,331 |
| e-Family Assistance | 8,313 |
| e-HIV/FA | 692 |
| SBE | 20 |
| 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 | 1,414,802 |

*TANF/EAEDC is a subcategory of Base Families

Enrollment in Managed Care Organizations and Primary Care Clinician Plan

The enrollment activity below reflects the average monthly enrollment counts for the Quarters ending June 30, 2018 and September 30, 2018

| Plan Type | QE 06/18 | QE 9/18 | Difference |
|------------------|-----------------|----------------|-------------------|
| MCO | 281,037 | 250,616 | -30,421 |
| PCC | 123,658 | 119,130 | -4,528 |
| MBHP* | 537,227 | 529,441 | -7,786 |
| FFS/PA** | 584,650 | 566,636 | -18,014 |
| ACO | 859,280 | 864,396 | 5,116 |

*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 32,207 health insurance policies (including Student Health Insurance Plan policies), resulting in premium assistance to 44,598 MassHealth eligible members. Note that in the delivery system enrollment numbers above, members in FFS and in MBHP may receive also premium assistance.

The Small Business Premium Assistance Program is still operating and the enrollment numbers decreased slightly since the last reporting period. Q1 numbers are pulled mid-enrollment, so more complete numbers for the fall semester enrollment will be provided in the Q2 report. During the quarter, we had an average monthly enrollment of 11 members in the SBEPA program. The gradual drop in enrollments over time continues to be mainly due to either loss of private insurance, or the member was determined eligible for a richer benefit and has been transferred to a Premium Assistance benefit under another category of aid.

MassHealth implemented a new premium assistance project in fall of 2016 called Student Health Insurance Plan Premium Assistance (SHIP PA). This project allows current MassHealth members who are full-time college students and have access to SHIP through their college or university to enroll in their schools’ SHIPs and receive MassHealth Premium Assistance. MassHealth eligible college students were previously able to waive out of electing SHIP but on November 4, 2016, MassHealth received approval through the 1115 demonstration to require that any full-time student enrolled on MassHealth must enroll in the SHIP plan, if available. As of September 2018, 19,463 students were enrolled in the program. The SHIP numbers reset at the beginning of each semester and at the time of reporting, enrollment was still underway. Enrollment will continue to grow through the fall semester and more representative numbers will be included in the second quarter reporting period. Participation in the program is expected to reach about 31,000 students by close of 2018 fall semester.

| Premium Assistance Program: Employer Sponsored Insurance | Disabled Members | Non-Disabled Members | Total MassHealth Enrolled Members |
|---------------------------------------------------------------------|-----------------------------|---------------------------------|----------------------------------------------|
| <i>Standard</i> | 2,029 | 10,536 | 12,565 |
| <i>CommonHealth</i> | 3,554 | 0 | 3,554 |
| <i>Family Assistance</i> | 21 | 8,463 | 8,484 |
| <i>CarePlus</i> | 0 | 521 | 521 |
| <i>Small Business Employee</i> | 0 | 11 | 11 |

| | | | |
|-----------------------------------|--------------|---------------|---------------|
| <i>Premium Assistance (SBEPA)</i> | | | |
| Total for Q1 | 5,604 | 19,531 | 25,135 |

| SHIP Premium Assistance Program (SHIP PA) | Disabled Members | Non-Disabled Members | Total MassHealth Enrolled Members |
|--------------------------------------------------|-------------------------|-----------------------------|------------------------------------------|
| <i>Standard</i> | 466 | 11,926 | 12,392 |
| <i>CommonHealth</i> | 51 | 0 | 51 |
| <i>Family Assistance</i> | 5 | 1,690 | 1,695 |
| <i>CarePlus</i> | 0 | 5,325 | 5,325 |
| Total for Q1 | 522 | 18,941 | 19,463 |

Outreach/Innovative Activities

Certified Application Counselor Training and Communication

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,200 Certified Application Counselors (CACs) across 270 CAC hospitals, community health centers, and community service organizations. Collaboration with the Massachusetts Health Connector on these activities provides timely, uniform knowledge and messaging across all enrollment Assisters (CACs and the Health Connector Navigators, Independent Enrollment Assisters).

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

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

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

CAC outreach and educational activities this quarter were focused on ensuring our 1,200+ CACs continued to be well informed about ongoing activities across both MassHealth and the Health Connector. This was accomplished through over 10 emails, 3 all-Assister conference calls, and 4 in-person educational Massachusetts Health Care Training Forum sessions across the Commonwealth. These activities covered a range of topics including activities in support of the new MassHealth health plan options and introduction of Accountable Care Organizations (ACOs) that went into effect March 1, 2018 and Assister preparation for Health Connector Open Enrollment.

This quarter, the MassHealth CAC Training team continued to focus on ensuring CACs were prepared to support MassHealth members who transitioned into the new MassHealth Health plans. The final all-Assisters conference call in the MassHealth Health Plan series was held in July and focused on supporting members as they moved into their “Fixed Enrollment Period,” or FEP. Call topics included a refresher on rules for members during their FEP, exceptions for changing plans, how to change primary care physicians within a plan, and the enrollment process. Questions and feedback from the Q&A period of the call were shared with internal operations and program staff for research, clarification, and follow up as needed.

Updates to the MassHealth Choices Website—a key tool used by Assisters as they help members learn about, compare, and choose health plans—were implemented this quarter. These changes, presented in the Assister call and detailed in an “Assister Update” newsletter, included updates made in response to input from the Assister community.

Other key CAC activities for the Training and Communications team this quarter included:

- Informing CACs about and helping them prepare for the annual Health Connector Preliminary Eligibility, Renewal and Open Enrollment 2019, including “Assister Update” emails, calls hosted by the Health Connector, and mandatory online training
- “Assister Update” emails that informed CACs about key topics including updates to online courses this quarter, resources for information about the Federally proposed changes to public charge policies announced in September, upcoming conference calls

and other related activities

Member Education and Communication

As noted above, on March 1, 2018, MassHealth rolled out new health plan options to support the state's Payment and Care Delivery Innovation Initiative (PCDI). This rollout impacted roughly 1.2M MassHealth managed care eligible members.

MassHealth developed and implemented a multi-prong member support strategy to rollout this effort. That approach covered three categories and each focused on different strategic goals and reaching different populations. The approaches were to create global awareness and education, support materials and member engagement, and enhancements to customer service support. During this quarter, MassHealth continued to implement those strategies.

Global Awareness and Education

The first category, creating a global awareness and education approach provided training, created communications and member friendly materials that shared broad information to mass audiences, educating members and our stakeholder communities on the new health plan options available to managed care eligible members.

During the quarter, the Massachusetts Training Forums (MTF) in-person meetings (total of 4 meetings reaching 4 regions statewide), we continue to educate and provide MassHealth health plan updates to our stakeholders, hospital staff, health center staff, the provider community, community health workers, and organizations that support our members, to help them understand available resources. The July 2018 MTF session had over 436 individuals participate in the training; 224 individuals participated in conference calls.

1. Support Materials and Member Engagement

The second category is creating materials and engaging directly with our members during this transition. MassHealth created member-friendly materials and began to hold special events to support member enrollment choices and assist with any eligibility issues they were experiencing.

MassHealth developed member-friendly letters to inform members of their new health plan choices in late 2017. All materials were written in plain language, using infographics, and were translated into English and Spanish. Member materials were focused tested with individuals who worked directly with members to ensure readability and clarity. In addition, in late 2017 a new member website was launched called MassHealthChoices.com. It was created as an interactive way for members to Learn, Compare, and Enroll in their desired health plan. The website is available in English and Spanish. Additional materials including tools to understand how to select a health plan and a primary care provider that's important to the member, to understand

the new Accountable Care Organization models and some of the benefits for members, to how to navigate our new MassHealthChoices.com website, along with easy to read and understand new health plan web content were developed and distributed broadly to our provider community, community agencies, stakeholders, and made available on the MassHealth website.

During the quarter, enhancements were made to ensure the website continues to be user-friendly and easy to navigate. Such enhancements include reordering sub-pages under the *Compare* option, adding the health plan type to the details section of the *Compare* profile for each health plan to help members quickly identify the plan type, changing the “Provider Name” field title to clarify the website is a primary care provider only tool, adding “*No Results Found*” language to the *Find a PCP*, and adding suggestions for how to conduct a more successful search. For example, added search tips help with the abbreviations used, such as ‘s’ or ‘so’ instead of “south.” Additionally, the ability to search for primary clinicians that are in the Primary Care Clinician (PCC) Plan was added to functionality. MassHealthChoices.com continues to experience high traffic, as it had a total of 50,021 visits during the quarter from external domains.

Enhancements to Customer Service Support

Lastly, MassHealth made enhancements to the customer service center to provide effective customer service support to members by answering questions, providing resources, and resolving member issues. This was accomplished by increasing customer service staff and then training all customer service staff on health plan changes. In addition, in an effort to address member information in a timely manner, updates were made to our member messaging system, and a special line was set up to directly provide members with particular health plan enrollment information. Teams were developed at the customer service center to address specific health plan questions. A reporting strategy and a triage process were established to escalate cases, with enhanced communication processes between the health plans and our customer support managers.

During the quarter, MassHealth is working to ensure that enhancements established during the rollout continue to provide effective customer service support to members.

Provider Education and Communication

During the first quarter, MassHealth conducted **Phase III: Community Partners** trainings as the final phase of a multi-phase approach to educate providers about the operational changes due to the new plan options. The three phase approach began in the Fall on 2017 and phase three is expected to conclude in the Fall of 2018.

This third phase of education (webinars and in-person events) focused on:

- Overview of the MassHealth Community Partner's (CP) care model
- How CPs promote care integration
- What the CP Program means for providers
- How members access this program

As noted above, in this quarter, MassHealth held 8 webinars with a total of 86 attendees and presented at 4 in-person sessions at MassHealth Training Forum (MTF) with a total of 436 attendees.

This quarter MassHealth developed and published a dedicated web page for Community Partners for providers. This page, <https://www.mass.gov/guides/masshealth-community-partners-cp-program>, is focused primarily on educating providers on the Community Partners Program. The page includes the objectives of the program as well as basic information about the types of CPs, the program implementation timeline, and the webinar training schedule.

MassHealth is in the process on developing an additional factsheet targeted to the CP program which will educate providers on the program, the 2 types of CPs, provide information on member assignment to a CP, Care plans for members assigned to a CP and what the CP program means for providers. A fact sheet is posted on <https://www.mass.gov/guides/masshealth-community-partners-cp-program#community-partners-fact-sheet>. Also during this quarter, MassHealth was in the process of developing an additional provider bulletin. This bulletin will provide additional guidance and clarification regarding primary care exclusivity requirements for Accountable Care Organizations (ACOs), including how primary care exclusivity relates to other MassHealth programs, Medication Assisted Treatment Services, and School-Based Health Centers. This provider bulletin is expected to be published in Fall 2018.

Since the initial launch in December 2017, MassHealth continues to update the Payment and Care Delivery Innovation provider focused webpage, <https://www.mass.gov/payment-care-delivery-innovation-pcdi-for-providers> with additional materials and information as they became available. This is a primary landing page for providers to access key materials and learn more about payment reform activities. A link from this page has been added to allow providers to have a direct link to the Community Partners webpage.

Delivery System Reforms and DSRIP

Accountable Care Organizations (ACOs)

During this quarter, MassHealth provided guidance to members, ACOs, and providers about the start of the Fixed Enrollment period and held stakeholder meetings in which it addressed, among other topics, care for complex pediatric members.

MassHealth worked closely with the ACOs to support them at the July 1, 2018 launch and during the first few months of the CP program. MassHealth continued to hold joint meetings with the ACOs and CPs to discuss challenges and successes in the initial months and to provide a forum for constructive feedback. Additionally, MassHealth offered joint ACO/CP Office Hours to discuss operational and other topics. MassHealth provided further support to ACOs in the area of member assignment to and enrollment in CPs.

MassHealth also completed approval of all of the ACOs' Full Participation Plans, through which the ACOs provided detailed information about how they plan to use DSRIP dollars to provide better, more integrated care to members. MassHealth also completed the disbursement of Performance Year 1/Q2 DSRIP payments to the ACOs and also disbursed Performance Year 1/Q3 DSRIP payments to the ACOs. During this quarter, MassHealth requested the Payer Revenue Mix deliverable from ACOs in order to calculate certain DSRIP payments.

MassHealth executed a contract amendment for each of the ACO models for Contract Year 2018 and developed a draft amendment for each model to be effective January 1, 2019. In this quarter MassHealth issued its approval of the addition of new primary care providers to three ACOs' list of exclusive PCPs, for an effective date of January 1, 2019. During this quarter, MassHealth continued to work with and support ACOs, including by offering ACO-specific Office Hours for general questions and to focus on specific areas including Reporting.

Community Partners (CPs)

On July 1st, MassHealth successfully launched the Community Partners (CP) Program, and the Community Services Agencies (CSA) DSRIP program, which are geared towards supporting populations with high behavioral health (BH) and complex Long-Term Services and Supports (LTSS) needs and investing in community-based entities that support these populations in the Commonwealth of Massachusetts. By the end of the quarter, approximately 42,000 members were assigned to BH CPs and 11,400 members were assigned to LTSS CPs.¹

MassHealth continued to work closely with contracted CPs on program implementation. This included hosting meetings with all contracted CPs and joint meetings with CPs and ACOs/MCOs. MassHealth implemented an interim enrollment process as MMIS updates are underway. This included assignment file and trading partner testing with each contractor and subsequent distribution of assignment files to CPs through Secure File Transfer Protocol sites. MassHealth also worked with CPs on the development and submission of member status and

¹ Inclusive of members assigned for 10/1 enrollment.

outreach reports that contain member-level information necessary for program monitoring and care coordination. During this quarter, CPs successfully submitted their first qualifying activities for PMPM Payment for CP Supports. In addition, CPs submitted Preparation Budget Period final expenditure reports and annual reports as well as revised Budget Period 1 Budget and Budget Narrative reports and updated Full Participation Plans.

CPs indicated early outreach challenges caused by a high prevalence of members with outdated contact information. Because of these data issues, outreach is reportedly taking longer than anticipated. In order to support outreach and healthcare integration, MassHealth is working on providing CPs with claims data that includes medical and pharmacy claims. In addition, MassHealth developed and offered a series of webinar opportunities for providers to learn about CPs and, as noted above, developed a provider-facing website about the CP program. This strategy was intended to promote awareness about the CP program and to inform providers about MassHealth's expectations about their role in care integration.

MassHealth implemented a portfolio of investments focused on improving statewide community-based workforce capacity and infrastructure to support MassHealth's restructuring efforts. During this quarter, CPs were provided with opportunities to participate in the Technical Assistance (TA) Program and took part in a webinar and attended a launch meeting to learn more about TA Program opportunities, how to use the newly developed TA Marketplace, who are the available TA vendors, and the application process.

DSRIP Operations and Implementation

The Operations and Implementation stream provides funding for staff and vendor contracts to assist the DSRIP program.

In Q1, the Independent Assessor (IA)(PCG) worked with EOHHS to approve all remaining revised ACO PY1 Budgets and Budget Narratives and Full Participation Plans. They also completed their initial review of all ACO Semi Annual Progress Reports in September. The IA's Community Partners team began their initial review of CP and CSA Revised BP1 Budgets and PBP Annual Reports. These submissions included requested material deviations. The IA continued to work with the Independent Evaluator (University of Massachusetts Medical School/UMMS) and EOHHS on finalizing plans for the Midpoint Assessment including provider surveys.

This quarter, EOHHS continued to work closely with the Independent Evaluator (UMMS) to refine the evaluation design of both the DSRIP program as well as the overall 1115 Demonstration and to identify data flows necessary to support the proposed evaluation. In July EOHHS received feedback on the evaluation design document (EDD) submitted to CMS at the end of SFY 2018. Also in July EOHHS connected UMMS with PCG to ensure that the activities

of the Mid-Point Assessment and the Evaluation are aligned and wherever possible remove duplication.

In Q1, the patient experience survey vendor, MHQP, drafted and revised BH and LTSS surveys with an internal MassHealth (MH) work group and conducted cognitive interviews of BH and LTSS surveys with MH members. Additionally, results of the ACO pilot primary care survey were presented to internal and external stakeholders. Results were also distributed to the 6 pilot ACOs. Drafting of materials for the 2019 administration of the surveys also began in Q1.

EOHHS continued budget forecasting as part of an overall strategic planning process. Through this process, EOHHS is able to anticipate needs as well as better prepare for support for risk mitigation. Lessons learned from DY1 were vital to this process. There were a number of staffing changes this quarter, including the hiring and onboarding of new contract managers, a new ACO Performance Director, and a Director of Strategic Projects.

The state-procured Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in August to discuss various program updates, including ACO program care delivery requirements. This discussion centered on ACO contract requirements related to care delivery (e.g., care needs screening, care coordination) and proposed opportunities to further improve alignment with evidence-based clinical best practices. EOHHS also presented again on updated ACO vital statistics such as call center statistics, member enrollment, and member choice enrollment. Updates on CP enrollment, program monitoring, as well as qualitative feedback on program launch were also shared with DSRIC members.

DSRIP Statewide Investments

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

During Q1, the State awarded grants following a competitive RFP to five provider organizations that are not part of ACOs to support their work towards alternative payment methods through the Alternative Payment Methods Preparation Fund. The State executed an Inter-Agency Service Agreement (ISA) with the Executive Office of Labor and Workforce Development (EOLWD) to enable a partnership with Commonwealth Corporation, a quasi-state agency with expertise in workforce development associated with EOLWD. Commonwealth Corporation will stand up and manage programs under the Workforce Development Grant Program, which will invest in training for Community Health Workers, Certified Peer Specialists, and frontline workers in ACOs and CPs. The State signed a contract with the Massachusetts Health and Hospital Association to provide operational and management services to continue a program to reduce ED

boarding in the Commonwealth through the Enhanced Diversionary Behavioral Health Activities investment.

The State continued working with Abt Associates to serve as the external partner to assist with standing up and managing the Technical Assistance (TA) investment. This included running a competitive procurement for a suite of TA Vendors to be available to provide TA supports to ACOs and CPs across nine content-area domains (Actuarial and Financial, Care Coordination/Integration, Community-Based Care and Social Determinants of Health, Consumer Engagement, Flexible Services, Health Information Technology/Health Information Exchange, Performance Improvement, Population Health Management, Workforce) and releasing an RFP for vendors to design and implement 1) ACO/CP Integration Learning Collaborative and 2) CHW/Peer Specialist Learning Communities. The State also continued working with the Massachusetts League of Community Health Centers to assist with standing up and managing student loan repayment programs, the Primary Care Integration and Retention Program, the Investment in Primary Care Residency Training programs, and a portion of technical assistance specifically focused on CHCs. In Q1, this included running competitive procurements for the student loan repayment programs and the Primary Care Integration Models and Retention Program. Lastly, the State continued working under the ISA with UMMS to design a provider directory for MassHealth members that details the accessibility accommodations at MassHealth providers.

Flex Services

During the quarter EOHHS continued to work collaboratively with CMS towards Flexible Services protocol approval. A meeting was held with the Social Services Integration Workgroup (SSIWG) in July. Topics for discussion included updates to the SSIWG meeting calendar and an introductory presentation from Moving Massachusetts Upstream (MASS-UP), an inter-state agency collaborative focused on establishing a state-level, interagency coordinated approach to policy development, technical assistance, and strategic investment for integration of social determinants of health into health care practice for hospitals, health systems/ACOs, and communities. Another meeting was held in August that established sub-workgroups covering bundling of services, member journey, community and clinical linkages, and assessments and planning.

In July, a request for information was sent out to ACOs to gather information on the programs they plan to implement as part of the FSP. All ACOs responded by early September and provided varying levels of information including:

- Domain of the program
- Program Description
- Program Rationale

- Target Population
- Potential SSDE Partners
- Operating Models

EOHHS analyzed the information to help inform policy decisions regarding both ACOs and Social Service Organizations (SSOs). All ACOs named at least one housing and one nutrition program in their lists of programs. Over 60 SSOs were named as potential partners. All ACOs had at least one program they planned on partnering with an SSO. Many ACOs included plans to build the program from within.

Infrastructure and Capacity Building

EOHHS released an additional \$4.6 million out of a potential \$5 million (“ICB Round 2”) for SFY 2017. ICB Round 2 provides eligible acute care hospitals with funding to complete independent financial and operational audits and to implement recommendations from the audits. The audits and resulting projects focus on enhancing sustainability and efficiency and improving or continuing health care services that benefit the uninsured, underinsured, and MassHealth populations. Final reports for ICB Round 2 grants were due July 31, 2018. During Q1, EOHHS began to intake and review the final reports from these ICB Round 2 hospitals. EOHHS has thus far received 38 reports and is current working with the remaining 9 hospitals to obtain the other Final Reports. During Q2, EOHHS will continue to review the Final Reports.

For SFY 2018, the State is providing another opportunity for ICB Round 2. In Q3, the State updated its guidance alerting providers to an additional \$10.385M available for eligible acute care hospitals. As in SFY 2017, the funds must be used 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 Q1, the second round of hospitals began their projects.

Operational/Issues

During this quarter, MassHealth has continued to work with the Massachusetts Health Connector and our systems integration vendor on fixing HIX defects to improve system stability and eliminate workaround processes and to implement new policy. These enhancements and updates included:

- Elimination of provisional eligibility for certain adults. Effective, July 1, 2018, certain applicants and members aged 21 and older with unverified MassHealth MAGI household income are no longer eligible for provisional benefits.
- System updates to Reasonable Compatibility rules to streamline how this logic is invoked for members who report changes to previously manually verified income.
- Updates to renewal logic for the Health Connector Open Enrollment Period included the following:
 - Changes allowed during and after renewal without satisfying the renewal.
 - Updates to User Interface (UI) to identify when self-attested income is considered reasonably compatible with manually verified income.
 - Changes to enhance the logic that allows reactivation of members who were previously closed as deceased.
 - Updates to enhance the logic that resets the MassHealth application date.
 - System updates to allow address changes without navigating the entire application (if less than 365 days from the last application submitted) and to bypass the Rights and Responsibilities page.
- Introduction of the Homeless Shelter Assistance Line pilot.

Policy Developments/Issues

As noted above, the change to eliminate Provisional Eligibility for certain adults went into effect on July 1, 2018. EOHHS had requested this effective date in April 2018, after the amendment approval, to allow time to make the necessary operational updates. EOHHS and CMS are continuing discussion regarding approval of this effective date.

On July 27, 2018 EOHHS submitted an acknowledgement letter to CMS in response to the CMS approval of the request to disregard state veteran annuity income for purposes of eligibility. EOHHS also submitted a list of requested Technical Corrections on that date, including a request to disregard state veteran annuity income for Post Eligibility Treatment of Income (PETI).

CMS confirmed that the PETI Technical Correction request would need to be handled through an amendment, rather than a Technical Correction. Throughout Q1 EOHHS continued discussions with CMS about this pending request.

EOHHS submitted a request for a set of Technical Corrections to CMS on August 14, 2018. The requested technical corrections included clarifications to DSRIP Flexible Services, Final Evaluation and Midpoint Assessment language, to cost limit protocol language, and to financial determination methodology for disabled adults language.

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) 2018 as reported through the quarter ending September 30, 2018 (QE 09/03/18). SFY 2019 expenditures and member months are projected from SFY 2018 Quarters 1-4 actual data.

This BN demonstration includes actual expenditure figures, updated according to the most recent complete data available for SFY 2017 and SFY 2018. The enrollment data for the years SFY2017 and SFY 2018 were updated based on actual enrollment through November 2018.

Safety Net Care Pool (SNCP)

The five-year SNCP target is based on projected expenditures for SFY 2018-2022. The changes for SFY 2019 will continue to be updated as the fiscal year progresses.

Budget neutrality - summary

In sum, the total projected budget neutrality cushion is \$5.4 billion for the period SFY 2018 through SFY 2022 and \$27.4 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

| Expenditure and Eligibility Group (EG) Reporting | Jul 2018 | Aug 2018 | Sep 2018 | Total for Quarter Ending 09/18 |
|---------------------------------------------------------|-----------------|-----------------|-----------------|---------------------------------------|
| Base Families | 736,592 | 738,698 | 726,453 | 2,201,743 |
| Base Disabled | 236,299 | 234,814 | 233,417 | 704,530 |
| 1902(r)(2) Children | 14,913 | 14,545 | 14,654 | 44,112 |
| 1902(r)(2) Disabled | 17,673 | 17,329 | 17,147 | 52,149 |
| New Adult Group | 328,368 | 322,096 | 323,779 | 974,243 |
| BCCDP | 1,187 | 1,174 | 1,148 | 3,509 |
| CommonHealth | 29,107 | 29,309 | 29,456 | 87,872 |
| TANF/EAEDC* | 62,850 | 59,112 | 72,252 | 194,214 |

*TANF/EAEDC is a subcategory of Base Families

B. For Informational Purposes Only

| Expenditure and Eligibility Group (EG) Reporting | Jul 2018 | Aug 2018 | Sep 2018 | Total for Quarter Ending 09/18 |
|---------------------------------------------------------|-----------------|-----------------|-----------------|---------------------------------------|
| e-HIV/FA | 687 | 690 | 705 | 2,082 |
| Small Business Employee Premium Assistance | 21 | 20 | 19 | 60 |
| 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

MassHealth In-Person Enrollment Events

MassHealth attended events at and rendered eligibility and enrollment assistance to the following community centers and membership organizations within the months of July –September 2018:

July 11, 2018 – Health and Wellness Fair – Caring Health Center, Springfield

This event provided the list of services below to those who attended. MassHealth and The Health Connector (CCA) were asked to assist with health plan eligibility and enrollment.

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

July 20, 2018- United Way Event Presented by the Greater Boston Project Connect- Reggie Lewis Center

This event's main focus was to provide for the needs of families currently experiencing homelessness in the community. MassHealth attended, in conjunction with CCA, and rendered eligibility and enrollment assistance. The Chelsea MassHealth Enrollment Center (MEC) and the MassHealth Central Processing Unit (CPU) provided MassHealth staff for this event which approximately 200-300 members of the community attended.

August 10-18, 2018 - National Health Center Week (NHCW)

For the past three years MassHealth has taken part in National Health Center Week, held annually the second week of August, in partnership with CHCs and other community groups throughout the Commonwealth.

A brief description of this week long event, as taken directly from the NHCW website, follows:

“Each year, the second week in August is dedicated to celebrating the services and contributions of community, migrant, homeless and public housing health centers. While there are countless reasons to celebrate America’s health centers, among the most important and unique is their 50-year history of providing access to affordable, high quality, cost effective health care to medically vulnerable and underserved people throughout the United States.”

MassHealth has taken this annual opportunity to address questions members may have regarding MassHealth health care plans in general, their current health plans, as well as specific questions for themselves and/or family members. Additionally, this forum is used to answering general questions, and address concerns that members may have about MassHealth.

When available, we partner with select CHCs where our eligibility staff provides support by helping members renew/enroll in the online application process. This year MassHealth helped the following community health centers celebrate NHCW:

- **Lynn Community Health Center** (helped members renew/enroll in the online application process)
- **Manet Community Health Center**
- **Worcester Family Health Center** (helped members renew/enroll in the online application process)
- **Brockton Neighborhood Health Center**
- **Fenway Health, Boston**

Quality Assurance/Monitoring Activity

Managed Care Quality Activities

Managed Care Program (under 65, non-disabled)

During Quarter 1 the MassHealth Managed Care (MCO) Program engaged in several quality activities. The MCO program continued to monitor plan performance on variety of quality measures. The 2017 MassHealth Managed Care report, which summarizes individual MCO and overall MassHealth performance on several HEDIS indicators, was posted to the MassHealth

website. Additionally, MassHealth initiated preparation for the 2018 MassHealth Managed Care report by reviewing and assessing MCO performance data submitted by MassHealth contracted MCOs in SFY18 Quarter 4, via the health plans' IDSS submissions. MassHealth not only uses these data to assess plan performance, but also uses these data for reporting on the CMS Adult and Child Core Set and identifying areas to focus quality improvement activities.

In addition to assessing performance on quality measures, the MCOs continued implementation of their contractually required quality improvement projects (QIPs). CY18 represents the baseline year of a new 3-year QI Goals cycle for the MCO program. In September, the MCO plans submitted QIP progress reports to the state's EQR vendor. Results of these reviews are currently being compiled and will likely be shared with plans sometime in late Quarter 2.

Finally, work with external quality review (EQR) continued into Quarter 1, with plans submitting requested information to the EQR vendor for performance measure validation, performance improvement project validation. Follow up phone calls were held with plans in late September. It is anticipated that drafts of the EQR technical reports will be made available to MassHealth staff in late Quarter 2.

External Quality Review Activities

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

Also during the fourth quarter, planning continued for onboarding of ACOs and re-procured MCOs which will begin EQR participation in CY2019. The EQRO drafted templates for performance improvement project reporting, and developed detailed guidance. The EQRO also designed and delivered a training regarding how to conduct successful PIP projects and prepared materials for a second training related to project documentation and submission.

MassHealth Quality Committee

The goal of the MassHealth Quality Committee is to support and inform development and alignment of quality goals, strategies and activities across current and new programs. The majority of activities that took place in Quarter 1 were dedicated to the continued drafting and review of a comprehensive MassHealth Quality Strategy. The committee began this work in

SFY2018, and due to the ongoing development of MassHealth's ACO and other programs, the strategy underwent several updates and revisions to best reflect the current quality goals and objectives of these programs, as well as the broader MassHealth agency. A strategy for ongoing measurement and evaluation was finalized and approved by the committee. The strategy was prepared for public comment and posted at the start of Q2. Upcoming work includes incorporation of public comments and submission to CMS by November 30, 2018 as outlined in our request to CMS for an extension of the July 1, 2018 due date.

MassHealth ACO/CP Quality Strategy

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

CMS Grant Activities -- Contraceptive Use Grant

During Q1, MassHealth calculated the measures rates for Contraceptive Care for All Women, capturing results for calendar year 2017. This measure went through a QA process and was finalized. It will be reported in Q3 as part of the adult and child core set reporting to CMS. The postpartum contraceptive measure was also calculated in Q1. Measure rate data were compared to previously calculated data to observe trends over time.

Also during Q1, the grant team conducted qualitative interviews with primary care providers at 6 community health centers in Massachusetts. The goal of the interviews was develop an understanding of how contraceptive services are provided at community health centers, and whether clinicians encounter challenges in providing patients with their chosen methods. Several questions focused on the provision of long-acting reversible contraceptives (LARCs), because while LARCs are the most effective contraceptive methods, barriers to access to LARCs may differ from other contraceptive methods at the patient, provider and systems levels. Following the interviews, the grant team obtained transcripts and summarized the findings of the interviews

in a report. That report will be shared with participating providers in Q2 and used to support potential technical assistance efforts during Grant Year 4.

Demonstration Evaluation

On July 27, 2018, CMS sent EOHHS comments and questions on the Evaluation Design Document (EDD) that EOHHS submitted to CMS on June 29, 2018. During the remainder of the reporting period, EOHHS worked with its contracted evaluation vendor, UMass Medical School, to revise the EDD in preparation for resubmission to CMS.

Enclosures/Attachments

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

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Date Submitted to CMS

November 30, 2018