

MassHealth

Section 1115 Quarterly Report

Demonstration Year: 25 (7/1/2021 – 6/30/2022)

Quarter 2: (10/01/21 – 12/31/21)

Introduction

The Commonwealth of Massachusetts' current 1115 Demonstration agreement (Project Number II-W-00030/I) Extension was approved on November 4, 2016, effective July 1, 2017 through June 30, 2022. This extension seeks to transform the delivery of care for most MassHealth members and to change how that care is paid for, with the goals of improving quality and establishing greater control over spending. The Demonstration also addresses the epidemic of opioid drug use in Massachusetts. The Demonstration extension seeks to advance seven goals:

- Goal 1: Enact payment and delivery system reforms that promote integrated, coordinated care; and hold providers accountable for the quality and total cost of care
- Goal 2: Improve integration of physical, behavioral and long-term services
- Goal 3: Maintain near-universal coverage
- Goal 4: Sustainably support safety net providers to ensure continued access to care for Medicaid and low-income uninsured individuals
- Goal 5: Address the opioid addiction crisis by expanding access to a broad spectrum of recovery-oriented substance use disorder services
- Goal 6: Increase and strengthen overall coverage of former foster care youth and improve health outcomes for this population.
- Goal 7: Ensure the long-term financial sustainability of the MassHealth program through refinement of provisional eligibility and authorization for SHIP Premium Assistance

In accordance with the Special Terms and Conditions (STCs) of the Demonstration and specifically STC's 82-84, the Massachusetts Executive Office of Health and Human Services (EOHHS) hereby submits its quarter one operational report for Demonstration Year 25, ending December 31, 2021.

Enrollment Information

The enrollment activity below reflects enrollment counts for SFY 2022 Quarter 2, as of December 31, 2021.

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
Base Families	943,364
Base Disabled	228,065
1902(r)(2) Children	26,903
1902(r)(2) Disabled	17,580
Base Childless Adults (19- 20)	25,829
Base Childless Adults (ABP1)	42,706
Base Childless Adults (CarePlus)	373,903
BCCTP	1,273

<u>Eligibility Group</u>	<u>Current Enrollees (to date)</u>
CommonHealth	31,837
e-Family Assistance	6,279
e-HIV/FA	848
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	1,698,587

*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 SFY 2022 quarters ending September 30, 2021 and December 31, 2021.

Plan Type	QE 9/21	QE 12/21	Difference
MCO	217,423	219,395	1,972
PCC	114,219	115,909	1,690
MBHP*	631,143	642,155	11,012
FFS/PA**	647,994	672,503	24,509
ACO	1,120,937	1,138,885	17,948

*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 11,295 health insurance policies resulting in premium assistance to 22,929 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.

Premium Assistance Program: Employer Sponsored Insurance	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<i>Standard</i>	1,741	10,717	12,458
<i>CommonHealth</i>	3,306	0	3,306
<i>Family Assistance</i>	16	6,518	6,534
<i>CarePlus</i>	0	631	631
<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	0	0
Total for Q2	5,063	17,866	22,929

Outreach Activities

Certified Application Counselor Training and Communication

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,321 Certified Application Counselors (CACs) across 269 CAC hospitals, community health centers, and community service organizations. Collaboration with the Massachusetts Health Connector on these activities provides timely, uniform knowledge and messaging across all enrollment Assisters (CACs and the Health Connector Navigators, Independent Enrollment Assisters).

This quarter, CAC outreach and educational activities focused on ensuring our 1,321 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).

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

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

- Quarterly MA Assister Newsletter Issue 3
- Health Connector Service Alert
- Reminder: Health Connector Certified Assister Conference Call and Webinar Series for Open Enrollment 2022
- MassHealth Federal Public Health Emergency Update
- Evaluation – Overview of Health Connector Dental Plans Webinar
- Updates from MassHealth: MassHealth Family Assistance Coverage Expansion Update
- MAHealthConnector.org System Update
- The Health Connector's Open Enrollment for 2022 coverage begins on Monday, November 1st
- Findyourfunds.org
- Reminder: Health Connector Shopping Tools and Enrollment Tips
- Evaluation – Health Connector Shopping Tools and Enrollment Tips
- Updates from MassHealth: MassHealth Health Equity RFI and Member Resources for Gender Affirming Care
- Reminder: Health Connector Premium Billing Processes and Payment Reminder
- MassHealth Family Assistance Expansion and Advance Child Care Tax Credits Updates

- Evaluation Health Connector Premium Billing Process and Payment Webinar
- MassHealth’s Doula Services Program Administrator Request for Information (RFI)
- MassHealth’s Health Equity Requests for Information (RFIs) – response deadline extended to January 15, 2022
- Pathway to Short-Term and Long-Term-Care for MassHealth Family Assistance Members
- Communication: The Payment Deadline for Health Connector Coverage that Starts on January 1st, is Thursday December 23rd

Assister Webinar opportunities

- Helping Health Connector and MassHealth Members Update Income
- Overview of Health Connector Dental Plans
- Lead CAC Check-in Meetings

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

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

Member Education and Communication

During Q2, 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 12 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 730 individuals joined the webinars.

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

Enhancements to Customer Service Support. The member website ([MassHealthChoices.com](https://www.mass.gov/info-details/masshealth-choices)) continued to support members in understanding their managed care enrollment options, their ability to search for providers and enroll in a plan.

Provider Education and Communication

The provider education and communication focus this quarter continued to be on supporting our members and providers with the latest updates and guidance from MassHealth to respond to the COVID-19 emergency, including communication to providers regarding COVID-19 vaccinations, 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 October, COVID-19 focused updates were presented at the virtual quarterly Provider Association Forum (PAF), and at two virtual 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
- Announcement of MassHealth Business Services and Supports (BSS) vendor
- Gender Affirming Care Coverage
- Office of Long-Term Services and Supports (OLTSS) updates
- Medicaid and CHIP Managed Care Final Rule Updates
- Payment Error Rate Measurement (PERM) RY 2023
- New MassHealth Provider type - Urgent Care
- New MassHealth Provider type - Acupuncture

As with previous quarters, 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.

Delivery System Reforms and DSRIP

Accountable Care Organizations (ACOs)

During Q2, MassHealth completed another update of the ACO Integrated Performance Dashboard (IPD) for ongoing monitoring and management of ACO financial, quality, and compliance performance. The team has been preparing for performance management discussions with a set of individual ACOs. MassHealth also closed out rates discussions and all ACOs accepted the RY22 rates.

In October, MassHealth delivered to the Model B ACOs the latest round of Model B financial reporting. This round provides Model B ACOs with a preliminary view of their financial performance during the 1/1/2021 – 6/30/2021 time period. In December, MassHealth completed and 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 engaged with a few ACOs doing well on LTSS CP enrollment, in order to share best practices with other ACOs because ACOs have asked for support in this area. MassHealth hosted a joint ACO/MCO/CP Statewide Meeting in December, sharing policy updates and data, as well as hearing from some CPs and ACOs on best practices.

During the quarter, MassHealth executed Amendment 4 to the 3rd Amended and Restated Contracts, to reflect updated policies effective in 2021, as well as the 4th Amended and Restated 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 also reviewed and approved 24 Performance Remediation Plans (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.

Community Partners (CPs)

As of November 29, 2021, 33,589 members were actively enrolled in the Behavioral Health (BH) CP Program and 9,882 members were actively enrolled in the Long Term Services and Supports (LTSS) CP Program. For the BH CP population, the cumulative Participation Form rate was 69%, meaning the CP had located the member and began working with the member on completing a Care Plan. Approximately 59% 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

62%, and 48% of LTSS CP members were "engaged." Engagement rates reflect CPs' increasing ability to locate, outreach, and establish strong relationships with members. Many CPs have adopted unique and innovative strategies to help successfully find members such as creating dedicated outreach teams to locate and work with hard-to-reach members. As a result of these strategies, CPs have demonstrated their value to ACOs and MCOs as it pertains to contacting and engaging some of MassHealth's most vulnerable and least connected members.

Operational Updates. As of December 27, 2021, over 170,000 CP enrollments and disenrollments have been processed through the CP Program Portal. MassHealth and the Business Support Services vendor jointly presented at the CP Qualifying Activity (QA) Submission Webinar on December 1. The webinar covered QA submission and reconciliation, electronic data interchange and a refresher on claims resubmission through direct data entry. A Frequently Asked Questions (FAQ) document and the PowerPoint presentation was provided to CPs to use as a reference document.

Reporting and Performance Management Strategy. The first clean up phase of the CP-facing quarterly report launched along with the December refresh. This phase did not add any new measures to the suite of reports. Instead, it 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. Before converting to a steady state, MassHealth will roll out the rest of the clean up requests to ensure the reports are best meeting the needs of the CP programs. In collaboration with MassHealth, CPs actively utilized the quarterly reports and other data sources to launch data-driven performance improvement initiatives. CPs have already made improvements on measures such as "Days to Care Plan Complete" and "Percent of Members with No QA Submitted in the First 92 Days" – an indicator of programmatic reach and financial viability.

Service Area Additions and Removals. MassHealth approved all Service Area addition requests submitted by the CPs. Four CPs requested a total of 7 additional Service Areas. MassHealth did not receive any requests from CPs to remove Service Areas.

DSRIP Statewide Investments

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

During Quarter 2, MassHealth worked with a vendor to record five episodes for the podcast series, *Reimagining Primary Care: Innovation After Disruption*. The series aims to encourage community health center providers and leaders to think differently, feel empowered, and join the celebration of innovation and commitment to community health in the wake of COVID-19. The series features a wide range of topics including mental health; diversity, equity, and inclusion; and employee burnout. The first episodes of the series will be made public in the next quarter. As part of the final cycle of the DSRIP-funded student loan repayment program, 114 applications were selected for awards. These included providers in community health centers and community-based behavioral health (BH) provider organizations. As part of the final cycle of the Family Nurse Practitioner Program, 4 CHCs were selected to be awarded 8 residency slots. Funding the residencies supports increasing the number of structured training opportunities available statewide to smooth the transition to community-based practice for novice nurse practitioners. The team continued to review and process applications as part of the MA Technical Assistance program, which is in its 5th and final year. Through December 2021, 42 unique TA Vendors have worked on 300 TA Projects with ACOs and CPs.

MassHealth staff administering the Provider Access Improvement Grant Program, which provides funding to improve accessibility for people with disabilities or for whom English is not their primary language, received extension requests for receipt submission for the third cycle of the program. Grantees reported COVID-related delays on the manufacturer and or/supplier end of products funded through the grant program. It has taken much longer than during pre-COVID times for delivery and installation of equipment to take place. Additionally, some medical equipment was discontinued, and some items were more expensive than originally quoted. As a result, EOHHS has shifted the deadline to submit invoices from 12/20/2021 to 1/28/2022 to allow time for awardees to submit their receipts on the equipment they purchased. MassHealth will continue to work with awardees through these challenges.

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.

During Q2, MassHealth and the Independent Assessor reviewed and approved all CY21 Semiannual Progress Reports. MassHealth also released funding notifications, guidance, and templates for various CY22 deliverables. Various document submissions from ACOs, CPs, and

Community Services Agencies (CSAs) are due in Q3. All remaining ACO Startup/Ongoing and CP/CSA Infrastructure and Capacity Building payments for CY21 were released in Q2.

During this quarter, MassHealth's ombudsman program (called My Ombudsman (MYO)) returned to conducting all outreach activities virtually after another surge of COVID-19 cases statewide and nationally. MYO participated in 23 outreach events overall, reaching more than 550 participants. MYO also focused on building new partnerships with various community-based organizations (CBOs). These partnerships included presentations by MYO to member-facing staff, with many organizations later distributing informational MYO materials to consumers and other CBO partners (both directly and virtually). In addition, the program's Director and Director of Deaf Services were interviewed for Bay State Council for the Blind's monthly podcast called "Council Connections." The recording is set to be released in January. Other major initiatives included mailing materials (including flyers, brochures, and magnets) to 13 organizations, mostly those focused on primary care and social services, across the state. My Ombudsman also delivered over 1,300 informational flyers to 5 different Elder Services agencies that operate meal delivery programs in their service areas, for distribution to meal delivery participants. MYO continues to monitor the efficacy of different outreach efforts.

The top complaint from managed care members (excluding individuals enrolled in integrated care programs serving dual members) involved complaints related to individual problems with providers and issues with accessing medications. For example, some members were dissatisfied with the medical advice or course of treatment, and others reported lack of communication or rude service. In all instances, My Ombudsman helped members file grievances with their health plans or related entities. Complaints about medications mostly involved denials or delays of Prior Authorization requests. When the issue was due to a denial, MYO helped members file an appeal or helped them work with their doctor to identify covered alternatives when possible.

For the Year 4 Member Experience Survey (MES) cycle, MassHealth and its MES vendor, Massachusetts Health Quality Partners (MHQP), reviewed the November final sample frame counts for the surveys and updated the new and revised practice names for the Primary Care Survey. In addition, the team made minor updates to the Year 4 surveys and translated content-related updates into non-English languages. The team also programmed and updated the Primary Care, Behavioral Health and LTSS web surveys and materials (e.g., web landing pages, FAQs, etc.) and reviewed and updated the LTSS telephone CATI scripts. In December, MHQP joined MassHealth in a presentation to ACOs to promote the use of the Pre-Notification Survey Toolkit (containing language and strategies to increase survey response rate) and encourage ACOs to promote the survey to members.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in October to provide a Year 3 review of the Community Partners program. In November, MassHealth’s Independent Evaluator, UMass Chan Medical School, shared an overview of the DSRIP Interim Evaluation report. Another DSRIC meeting was held in December: the topics included a two-year update of the Flexible Services program, as well as a plan for DSRIC in the next calendar year. MassHealth continued to provide updated key statistics such as ACO and CP member enrollment.

MassHealth ACO/APM Adoption Rate

Overview

- ACO members¹ as of 12/31/21: 1,158,655
- MCO enrollees covered by APMs that are not ACOs: 4,698
- ACO-eligible members² as of 12/31/21: 1,425,983
- Percent of ACO-eligible members enrolled in ACOs: 81.6%

Managed Care Plan	Members	Membership Percentage	HCP-LAN Category
Model A	681,440	47.79	Category 4C
Model B	465,778	32.66	Category 3B
Fee For Service (not managed care)	49,786	3.49	Category 1
Traditional MCOs (including 11.5K Model C members)	108,961	7.64	Traditional MCO: Category 4N ³ (between State and MCO)

¹ 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.

² 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.

³ 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.

			Model C: Category 3B (between MCO and Model C)
Primary Care Clinician (PCC) Plan	115,247	8.08	Category 1
MCO non-ACO APM contracts	4,698	0.33	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 October, MassHealth began to review the ACO’s Flexible Services Plans and Budgets for CY22 for all 17 ACOs, which included 6 new program proposals.

In November, MassHealth received updated CY21 Semi-Annual Reports and member-level data from April to June 2021 to review and continue to analyze; as needed, ACOs received additional feedback to correct for data entry errors. Additionally, MassHealth sent feedback to ACOs on their Flexible Services Full Participation Plans and Budgets for CY22.

In December, MassHealth issued approval for 81 continuing and 4 new Flexible Services programs for CY22, which includes at least 1 program for each of the 17 ACOs. The 85 programs include 42 Nutrition programs, 41 Tenancy programs, and 2 Nutrition and Tenancy programs. 2 additional new programs were still being considered and iterated on between MassHealth and the ACOs. MassHealth received submissions from ACOs for their CY21 Q3 Quarterly Tracking Reports. Additionally, MassHealth presented initial Flexible Services CY22 Q2 data to the DSRIC stakeholder group and looked for input on continuing to improve the Flexible Services Program.

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	Total CY21
Pre-Tenancy Individual	17	61	225	377	480	583	821	860	1675
Pre-Tenancy	0	6	66	62	104	123	123	197	402

Transitional									
Tenancy Sustaining	10	79	293	378	584	387	481	642	1007
Home Modifications	0	3	68	109	176	103	96	172	364
Nutrition	29	1228	2683	3980	5450	2453	2962	3913	5727
# of Unique Members / \$ Spent	42 / \$161,770	1310 / \$948,794	3040 / \$2,532,792	4533 / \$3,130,035	6134 / \$6,773,390	3275 / \$3,410,093	3915 / \$4,712,307	4995 / \$7,327,490	7582 / \$15,449,890
# of Unique Members / \$ Spent Across All Quarters	11,689 / \$22,223,280.20								
*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 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.

Operational/Issues

During Q2, in response to COVID-19, MassHealth announced certain policy changes to provide greater flexibility in providing care to MassHealth members. The following bulletins were released to guide health plans:

- In response to the COVID-19 emergency, MassHealth has extended managed care entity coverage and reimbursement requirements for 24-Hour Substance Use Disorder Services, including acute treatment services (ATS), clinical stabilization services (CSS), and residential rehabilitation services (RRS), for enrollees who are unable to be transitioned

or discharged to an appropriate and safe location due to quarantine or other impacts of COVID-19 until the enrollee can be safely and appropriately discharged or transitioned. The requirement to continue payment for such services will continue until June 30, 2022. <https://www.mass.gov/doc/managed-care-entity-bulletin-79-extension-of-coverage-and-reimbursement-policy-related-to-covid-19-for-24-hour-substance-use-disorder-services-0/download>

- In response to the COVID-19 pandemic, MassHealth is requiring its managed care entities to implement a flexibility that allows providers to separately bill and receive payment for COVID-19 specimen collection services and any related billable services. This flexibility has been extended until March 31, 2022. <https://www.mass.gov/doc/managed-care-entity-bulletin-78-temporary-extension-of-flexibilities-to-permit-separate-payment-for-specimen-collection-0/download>
- In order to further promote access to COVID-19 related testing, evaluation, and treatment, MassHealth is requiring managed care entities to cover outpatient COVID-19 testing, evaluation, and treatment services provided by out-of-network providers for the duration of the COVID-19 emergency. <https://www.mass.gov/doc/managed-care-entity-bulletin-78-temporary-extension-of-flexibilities-to-permit-separate-payment-for-specimen-collection-0/download>
- In order to increase rates of COVID-19 vaccination for MassHealth members, MassHealth is directing its managed care entities to cover booster vaccine doses and administration of the Pfizer-BioNTech COVID-19 vaccine for children 5 through 11 years of age, as approved by the FDA. <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>
- In support of its mission to improve the health outcomes for its enrollees, MassHealth is requiring managed care entities to suspend prior authorization requirements for 90 days for scheduled surgeries and any behavioral health or non-behavioral health admissions at acute care, mental health hospitals and post-acute care facilities, including inpatient behavioral health services and Intensive Community-based Acute Treatment (ICBAT)/Community-based Acute Treatment (CBAT), at least through 12/31/2022. <https://www.mass.gov/doc/managed-care-entity-bulletin-75-90-day-suspension-of-prior-authorization-for-previously-scheduled-surgery-and-behavioral-health-and-non-behavioral-health-inpatient-care-0/download>

Policy Developments/Issues

During Quarter 2 EOHHS received approval for a number of Medicaid State Plan Amendments

(SPA) 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.

Financial/Budget Neutrality Development/Issues

The attached budget neutrality (BN) statement includes actual expenditures and member months through Quarter 2 of state fiscal year (SFY) 2022 as reported through the quarter ending December 31, 2021 (QE 12/31/21).

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 Q1 and Q2. The enrollment data for the years SFY 2019, SFY 2020, SFY 2021, and SFY 2022 Q1 and Q2 were updated based on actual enrollment through March 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 \$5.9 billion for the period SFY 2018 through SFY 2022 and \$27.8 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

<u>Expenditure and Eligibility Group (EG) Reporting</u>	<u>Oct 2021</u>	<u>Nov 2021</u>	<u>Dec 2021</u>	<u>Total for Quarter Ending 12/21</u>
Base Families	926,480	945,517	954,763	2,826,760
Base Disabled	229,052	228,832	228,423	686,307
1902(r)(2) Children	25,964	26,409	27,039	79,412
1902(r)(2) Disabled	17,910	17,683	17,591	53,184
New Adult Group	436,964	441,782	447,674	1,326,420
BCCDP	1,255	1,270	1,280	3,805
CommonHealth	32,139	31,881	31,905	95,925
TANF/EAEDC*	416	402	495	1,313

*This line shows EAEDC member months. TANF member months are included with Base Families.

- **For Informational Purposes Only**

<u>Expenditure and Eligibility Group (EG) Reporting</u>	<u>Oct 2021</u>	<u>Nov 2021</u>	<u>Dec 2021</u>	<u>Total for Quarter Ending 12/21</u>
e-HIV/FA	843	840	839	2,522
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. 8) and MassHealth flexibilities for members in response to COVID-19 (Member Education and Communication p. 5).

Quality Assurance/Monitoring Activity

Managed Care Program (under 65, non-disabled)

The MassHealth MCO Program continued to engage in quality-related activities focused primarily on quality measurement and improvement. During Quarter 2, the MassHealth Quality Office continued drafting the annual MassHealth Performance Measure Report which reports MCO contract-level results for Measure Year (MY) 2020 on select performance measures. The report is in its final stages and will be reviewed by the Internal Quality Committee prior to its posting to the MassHealth website. To view previous versions of the report please visit: <https://www.mass.gov/info-details/masshealth-quality-reports-and-resources>. In addition to the MassHealth Performance Measure Report, MassHealth Quality Office focused on finalizing the Adult and Child Core Measures for submission to CMS in Q3. Results of the Core Measures were presented to the Internal Quality Committee for review and sign-off in December. To align with other programs, MassHealth developed a quality incentive program for implementation in the 2022 MCO contracts. MCOs will receive a quality incentive payment based on the quality incentive score tied to four quality metrics:

- Initiation and Engagement of Alcohol, Opioid, or Other Drug Abuse or Dependence Treatment
- Follow-Up After Hospitalization for Mental Illness
- Follow-up After Emergency Department Visit for Mental Illness
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

External Quality Review (EQR) Activities

EQR activities in Q2 focused primarily on the submission and review of plan performance improvement project (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. Final results of the audit will be incorporated into the 2021 technical reports which will be submitted to MassHealth for review in Q3.

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 Q2, the Committee continued work that began in Q1 to identify 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.

MassHealth ACO/CP Quality Strategy

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.

Demonstration Evaluation

(University of Massachusetts Chan Medical School (UMass Chan), formerly "UMass Medical School")

The primary goals for this period included revising and submitting the Independent Evaluation Interim Report (IEIR) as an appendix to the Demonstration extension application, disseminating key findings from the IEIR, initiating the second wave of primary data collection activities, including key informant interviews (KIIs) with the leadership of 17 ACOs and 27 CPs, preparing for the second round of the ACO provider and CP staff surveys, and data acquisition.

Data collection activities during this period focused on the KII interviews. UMass Chan conducted 40 KII interviews, of which 18 interviews were with 158 staff from 16 ACOs and 22 interviews with 94 staff from 25 CPs. The interviews were sent for transcription, and an analysis plan was prepared. The team continued to analyze data from various sources, including the ACO practice site administrator (PSA) survey, ACO provider and CP staff surveys, member experience surveys, key informant interviews (KIIs) with various stakeholders, MassHealth

administrative data, clinical quality measures, and MassHealth financial reconciliation reports for the ACOs.

UMass Chan continues to hold recurring meetings with MassHealth to coordinate workstreams and deliverables, communicate updates with potential impact on the evaluation, and ensure access to data required. During this period, UMass Chan presented the key findings from the IEIR to the Massachusetts Health Policy Forum and to MassHealth's Delivery System Reform Implementation Advisory Council (DSRIC). As feasible and appropriate, UMass Chan will seek to incorporate feedback from the DSRIC in future evaluation activities.

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

I. Goals 1 and 2 and DSRIP Evaluation Updates


A. Overall

- a. Analyzed ACO provider and CP staff surveys
- b. Analyzed member experience surveys
- c. Analyzed hybrid quality measure data
- d. Continued coding and analysis of MassHealth administrative data
- e. Reviewed DSRIP program documentation
- f. Continued interviews for the second round of ACO and CP KIIs

B. Evaluation components involving primary data collection:

- Coordinated with MassHealth to communicate with ACOs and CPs regarding data collection
- Outreached for, scheduled, and conducted KII interviews with ACOs
- Outreached for, scheduled, and conducted KII interviews with CPs
- Sent ACO and CP KII data for transcription and prepare for data management
- Began to plan for KII interviews with MCOs
- Began to plan for KIIs with MassHealth members
- Continued analysis of the ACO Provider Survey
- Continued analysis of the CP Staff Survey
- Discussed topics and venues for dissemination of evaluation findings
- Continued preparation of manuscript for submission to peer-reviewed journal

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

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- Coordinated with MassHealth to facilitate availability and transfer of data needed for the evaluation
 - Coded and analyzed measures relying on MassHealth administrative claims and encounter data for calendar years 2015-2019
 - Performed analyses for hybrid quality measures
 - Performed analyses for member experience surveys
 - Reviewed DSRIP program documentation, with a focus on the ACO Flexible Services Programs

I. Goals 3-7: Non-DSRIP Evaluation Updates

A. 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

- 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 analyses
- Continued reviewing and analyzing data for HEDIS based quality measures for Goal 4, in collaboration with DSRIP quantitative evaluation team
- Continued to produce and finalize the integrated Goals 1-7 interim report
- Continued to support MassHealth with activities related to Demonstration amendments and upcoming Demonstration extension request
- Continued to receive and capture updates from MassHealth about potential new Demonstration amendments
- Continue to develop and refine topics for peer-reviewed dissemination
- Continued regular monthly meetings with MassHealth

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

- Continued data analyses of MassHealth administrative data

Enclosures/Attachments

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

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