

MassHealth

Section 1115 Quarterly & Annual Report

Demonstration Year: 23 (7/1/2019 – 6/30/2020)

Quarter 1: (07/01/19-09/30/19)

## **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 23, ending June 30, 2020.

## **Enrollment Information**

The enrollment activity below reflects enrollment counts for SFY 2020 Quarter 1, as of September 30, 2019.

<b>Eligibility Group</b>	<b>Current Enrollees (to date)</b>
<b>Base Families</b>	778,768
<b>Base Disabled</b>	222,097
<b>1902(r)(2) Children</b>	12,426
<b>1902(r)(2) Disabled</b>	16,642
<b>Base Childless Adults (19- 20)</b>	28,706
<b>Base Childless Adults (ABP1)</b>	27,942
<b>Base Childless Adults (CarePlus)</b>	261,089
<b>BCCTP</b>	1,089

<b>Eligibility Group</b>	<b>Current Enrollees (to date)</b>
<b>CommonHealth</b>	31,755
<b>e-Family Assistance</b>	7,867
<b>e-HIV/FA</b>	730
<b>SBE</b>	0
<b>Basic</b>	N/A
<b>DSHP- Health Connector Subsidies</b>	N/A
<b>Base Fam XXI RO</b>	0
<b>1902(r)(2) XXI RO</b>	0
<b>CommonHealth XXI</b>	0
<b>Fam Assist XXI</b>	0
<b>Asthma</b>	N/A
<b>TANF/EAEDC*</b>	N/A
<b>End of Month Coverage</b>	N/A
<b>Total Demonstration</b>	<b>1,389,111</b>

\*TANF/EAEDC is a subcategory of Base Families

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

The enrollment activity below reflects the average monthly enrollment counts for the SFY 2019 Quarters ending June 30, 2019 and September 30, 2019.

Plan Type	QE 06/19	QE 09/19	Difference
MCO	204,808	200,442	-4,366
PCC	107,592	106,978	-614
MBHP*	525,962	529,530	3,568
FFS/PA**	561,320	559,680	-1,640
ACO	903,701	907,982	4,281

\*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 31,413 health insurance policies (including Student Health Insurance Plan policies), resulting in premium assistance to 44,429 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 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.

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 2019, 17,978 students were enrolled in the program. Enrollment is expected to grow through the end of the semester.

	Disabled Members	Non-Disabled Members	Total MassHealth Enrolled Members
<b>Premium Assistance Program: Employer Sponsored Insurance</b>			
<i>Standard</i>	1826	10,815	12,641
<i>CommonHealth</i>	3,752	0	3,752
<i>Family Assistance</i>	16	9,514	9,530
<i>CarePlus</i>	0	528	528

<i>Small Business Employee Premium Assistance (SBEPA)</i>	0	0	0
<b>Total for Q1</b>	<b>5,594</b>	<b>20,857</b>	<b>26,451</b>

<b>SHIP Premium Assistance Program (SHIP PA)</b>	<b>Disabled Members</b>	<b>Non-Disabled Members</b>	<b>Total MassHealth Enrolled Members</b>
<i>Standard</i>	634	10,474	11,108
<i>CommonHealth</i>	38	0	38
<i>Family Assistance</i>	4	1,546	1,550
<i>CarePlus</i>	0	5,282	5,282
<b>Total for Q1</b>	<b>676</b>	<b>17,302</b>	<b>17,978</b>

### **Outreach/Innovative Activities**

#### Certified Application Counselor Training and Communication

MassHealth continues its extensive training and communication efforts to continually educate and inform the over 1,300 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, the Health Connector Navigators, and 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 or other 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 Assistants, 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.

This quarter, CAC outreach and educational activities were focused on ensuring our over 1,300 CACs continued to be well informed about new and ongoing activities across both MassHealth and the Health Connector. This was accomplished through eight “Assister Update” newsletters (emails), and four in-person educational Massachusetts Health Care Training Forum sessions across the Commonwealth.

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

- Online system update to Release 18.0
  - New Look for Online Application and Mobile Compatibility
  - Document Upload Functionality
  - Updates to Report a Change Functionality
  - Disability Related Messages and Alerts
  - Electronic Signature Updates
  - Immigration Tool Tips
- **Health Connector notice update:** A Special Enrollment Period was made available for Massachusetts residents who are or were at any point in 2019 members of an Alera "health-sharing ministry."
- 2020 Health Connector Redeterminations and Renewals Update
- Mandatory Training for Certified Application Counselors (CACs) and Navigators on Health Connector Preliminary Eligibility, Renewal and Open Enrollment 2020
- Conference Calls Regarding Health Connector Redeterminations, Renewals and Open Enrollment for 2020

### Member Education and Communication

During Q1, MassHealth continued its approaches toward member education and communication, in particular; creating global awareness and education, providing support materials/ensuring member engagement, and finally, promoting customer service support.

A Plan Selection Period (PSP) is the annual 90-day period after enrollment into a plan during which a member may change to a different plan prior to their “Fixed Enrollment” in the plan. This is a member-specific event on which MassHealth continued to maintain an educational

focus in Q1. Additionally, during this period, MassHealth introduced member stakeholders to two recent bulletins, “*Managed Care Entity Bulletin 15: Accountable Care Partnership Plans—Service Area Additions Effective January 1, 2020,*” and “*Managed Care Entity Bulletin 16: Updated: Accountable Care Organization Primary Care Provider Changes Effective January 1, 2020.*” MassHealth brought member stakeholders’ attention to these bulletins during the MassHealth Training Forum (MTF), and in other stakeholder forums in order to provide advanced awareness of possible updates to the ACO program that may have a member-facing impact.

The Bulletins offered health plans an opportunity to request that MassHealth allow them to add providers and modify their service areas. Therefore, stakeholders were advised that plan options may change on January 1, 2020, as follows, depending on which responses to these bulletins were received and approved:

1. Members may have access to new managed care plan enrollment options within their geographic area.
2. A subset of members’ managed care plan enrollments may change – following their existing Primary Care Provider into a new ACO.

### **Global Awareness and Education**

The first category, creating a global awareness and education approach, created communications and member-friendly materials that included our efforts in Q1 around PSP that shared information to mass audiences and educated members and our stakeholder communities about ongoing PSP efforts. Additionally, during the quarter MassHealth began preparing global awareness and education trainings for our member stakeholder audiences on the possible Accountable Care Partnership Plans Service Area Additions, and Accountable Care Organization Primary Care Provider changes mentioned above that would go live on January 1, 2020. The primary venue for this education was the quarterly MassHealth Training Forums (MTFs), in-person meetings (total of four meetings reaching four regions statewide) held at the beginning of Q2 where member-facing stakeholders including hospital staff, health center staff, and organizations that support members, were trained and educated.

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

The second category is creating materials and engaging directly with our members. On a member-specific basis in Q1, MassHealth continued to mail member-friendly materials which included information on how to take advantage of Plan Selection Period (PSP), and change plans by calling MassHealth customer service, or utilizing our interactive website. Printed, detailed MassHealth Enrollment Guides continued to be mailed to newly eligible managed care members, and were available upon request from MassHealth Customer Service. The member website (MassHealthChoices.com), continued to support members in better understanding their managed care enrollment options, search for providers, and make an enrollment.

MassHealth also began preparing member mailings related to Accountable Care Organization Primary Care Provider Changes that would go live on January 1, 2020. Member-friendly notices were drafted, based upon similar member notices used in 2018 and 2017. Preparations were made for the mailing of the notices to members in Q2. Additionally, revised versions of the MassHealth Enrollment Guide and MassHealthChoices.com were developed for launch in Q2.

### **Enhancements to Customer Service Support**

To promote a positive member experience, MassHealth Customer Service continued to stand ready in Q1 to answer any PSP-related member questions. Additionally, MassHealth engaged both the MassHealth and health plan customer service teams in early preparations for Accountable Care Partnership Plans Service Area Additions, and Accountable Care Organization Primary Care Provider Changes that would go live on January 1, 2020. This included preparations to be able to answer any member questions related to these changes, beginning in Q2, to correspond with the related member mailings.

### **Provider Education and Communication**

During Q1, Provider Education and Communication focused on PCDI Year 3 changes, effective January 1, 2020. These changes include 56 primary care sites joining ACO plans. The majority of these sites involve those moving from MassHealth's current Primary Care Clinician (PCC) plan. The Primary Care ACO plans, which use MassHealth's network of providers, will receive 17 of these sites. The Accountable Care Partnership Plans, which use their own network of providers, will receive the remaining 39 sites.

Provider education focused on making certain that providers were aware of the activities involving member notification and provider movement. Additionally, activities during the quarter ensured that all resources were available and updated. During Q1, MassHealth took advantage of any scheduled provider events and meetings to give providers a preview of the upcoming changes. Examples of such meetings included two provider association events that took place in September.

A Provider Education and Communication Workgroup was created to focus primarily on the materials and trainings needed for Q2. The training approach, which is scheduled to be implemented in Q2, will focus on providing October trainings at the Provider Association Forum (PAF), and at the four regional MTFs as a way to communicate these in-person trainings.

Planned activities also include updating the provider resource materials, such as seven Payment and Care Delivery Innovation (PCDI) fact sheets, the 2020 Managed Care Health Plan contact list, and the PCDI Year 3 resource presentation. When completed, the resource materials will be posted to the PCDI provider-focused webpage. This page will continue to be the primary landing

page for providers to be able to access key materials, and learn more about payment reform activities.

## **Delivery System Reforms and DSRIP**

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

During this quarter, MassHealth continued implementation of its DSRIP investment sustainability analysis project in collaboration with ACOs. MassHealth met with ACO partners to discuss their DSRIP investments, and focused on the effectiveness to-date of investments made in years one and two of ACO program, based on performance metrics, as well as ACO frameworks for evaluating the impact of investments and determining investment plans going forward.

MassHealth continued to work on the second phase of data and reporting enhancements for Model B ACOs. MassHealth also finalized development of the next round of Model B financial reporting to be delivered in the next quarter. In August, MassHealth released the first market utilization report to Model A ACOs, Model B ACOs, and MCOs – this report shared blinded performance of all the plans so that they could see how they compared to each.

MassHealth continues to work to improve ACO/MCO and Community Partners (CP) program care integration. During this quarter and Q2, MassHealth outlined a plan for a phased approach to near- and long-term CP program improvements in 2020. The near-term refinements include alignment of care model expectations, performance management, IT integration and operational improvements. Stakeholder engagement on these topics will continue through 2019 and into 2020. See the CP section for more details about efforts to improve ACO/MCO and CP integration.

MassHealth notified plans of approval or denial decisions regarding ACO applications to add or remove primary care providers (PCPs) to their exclusive list of PCPs, for an effective date of 1/1/20. MassHealth also notified plans of approval and denial regarding ACO applications to add or remove Service Areas, for an effective date of either 8/1/19, or 1/1/20.

MassHealth incorporated programmatic policy and rate updates into the ACO and MCO contracts as part of a contract amendment to be effective 1/1/20. The contract amendment will be sent to plans later in Q2 for execution.

### **Community Partners (CPs)**

MassHealth continued to support successful implementation of the Community Partners Program



and the Community Services Agencies (CSA) DSRIP program, which are geared towards investing and supporting populations with high behavioral health (BH) and complex Long-Term Services and Supports (LTSS) needs in the Commonwealth. Since the launch of both programs on July 1, 2018, MassHealth has worked closely with contracted CPs on the implementation and performance management of the program.

At the end of Q1, approximately 33,500 members were enrolled in the BH CP Program and approximately 9,700 members were enrolled in the LTSS CP Program. For the BH CP population, 57% of members have a Participation Form complete (meaning the CP has made contact with the member and is actively working on care planning), and 37% of BH CP members are “Engaged” (i.e. have a CP Care Plan completed). For the LTSS CPs, the Participation Form rate is 53% and 28% of LTSS CP members are “Engaged” (i.e. have a CP Care Plan completed). 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, for example, visiting areas where homeless individuals frequently reside (e.g., shelters, under bridges). Through these strategies, CPs are demonstrating their value to ACOs and MCOs as it pertains to outreaching and engaging some of MassHealth’s most vulnerable and least connected members.

Throughout this quarter, MassHealth developed an updated Care Plan policy to ensure that CPs and ACOs/MCOs are aligned on care plan implementation. The goal of the policy is to help PCPs, ACOs/MCOs, and CPs align on expectations of the implementation of CP Program care plans, including continued standardization of care plan domains and care plan update requirements. These updates have been codified in CP and ACO/MCO contract changes for January 1, 2020 implementation. MassHealth staff has also been working with vendors to develop a Learning Collaborative focused on shared care planning and care integration, which will continue to promote health care integration. Throughout the policy development and implementation process, MassHealth has actively engaged stakeholders (including CPs, ACOs, MCOs, and advocates).

MassHealth has also focused on developing policy to support “preferred relationships” between ACOs/MCOs and CPs, which will enable CPs, ACOs, and MCOs to focus on strengthening their relationships to achieve fully integrated care for shared members. Overall administrative complexity due to many-to-many relationships has been identified as a barrier to program success. This policy will allow CPs, ACOs and MCOs request to end Agreements for reasons other than termination for cause, with approval from MassHealth beginning January 1, 2020. MassHealth held several stakeholder meetings to engage CPs, ACOs, and MCOs on preferred relationships to ensure developed policies meet program needs.

Another area of focus was the fiscal sustainability of the program. CPs have expressed concerns about their financial health, specifically for Budget Period 3 (i.e., CY20). In response to the CPs,

MassHealth launched a series of stakeholder meetings (including CPs, ACOs, MCOs, trade organizations, and other relevant stakeholders) to fully understand the challenges contributing to the financial stress. Budget and cost analyses were conducted for each CP and the program as a whole, and various financial models were evaluated. One outcome of this process was the development of a list of performance improvement priorities that MassHealth incorporated into its performance management strategy. The main outcome of this process was a moderate increase to the per member per month (PMPM) payment rate for CP care coordination supports, as contemplated in Sections 4.5.1 and 4.5.4 of the DSRIP Protocol. Specifically, *“The State anticipates that the rate will remain constant for the first two years of the program, at which time the State plans to evaluate the program and revisit the PMPM rate. The State may vary the amount of the PMPM in its discretion at any time during the demonstration.”*

In addition to policy work, MassHealth continued to monitor CP Program performance through regular contract monitoring calls, in person site visits, and monthly stakeholder meetings. MassHealth utilized internal dashboards and analytics to evaluate CP and ACO/MCO performance on key program initiatives. MassHealth also engaged in qualitative analysis, such as conducting record reviews to trace a member’s journey through the program.

Finally, in an ongoing effort to maintain a successful program, MassHealth worked to support ongoing operational excellence and reduce administrative burden associated with managing the CP Program. To this end, MassHealth engaged in an extensive stakeholder input process, including a day-long operational improvements workshop in August 2019. After the workshop, MassHealth created an operational improvements plan, which includes processual, IT, and other changes which will support the long-term sustainability of the program. Operational improvements will be rolled out throughout the demonstration year.

### 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 this quarter, EOHHS released a competitive procurement via the Massachusetts League of Community Health Centers for the Family Medicine and Family Nurse Practitioner Residency Training Programs. Via Abt Associates, EOHHS hosted the first event in the SWI Pop Up series. SWI Pop Ups are mini-conferences aimed at enabling leaders, clinicians, and staff in ACOs and CPs to make time-limited deep dives into a variety of topics relevant to building their new organizations. The first three events will focus on various aspects of member engagement. Also during this quarter, Health Resources in Action (HRiA), on behalf of the Commonwealth, completed reviewing grant proposals for the Provider Access Improvement Grant Program

(PAIGP) and prepared funding recommendations for disbursing to eligible providers in the next quarter.

### 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 this quarter, EOHHS completed the Semi-Annual Progress Report and Payer Revenue Mix processes, and is finalizing preparations for the PY3/BP3 Budget, Budget Narrative, and Full Participation Plan updates for both ACOs and CPs.

The Independent Assessor (IA), Public Consulting Group (PCG), received all 17 ACO PY2 Semi-Annual Reports and any accompanying Budget revisions. The IA and CP team reviewed all CP and CSA semi-annual progress reports and BP2 budget revisions. The IA continued to work with the Independent Evaluator on the Midpoint Assessment. For additional details, please see the evaluation section of this report.

During this quarter, MassHealth's ombudsman program (called My Ombudsman) participated in 31 outreach events, attended by approximately 11,000 participants in locations all over the state. These activities included staffing information tables at conferences, presentations, and other activities. My Ombudsman has also begun holding "office hours," an initiative in which My Ombudsman partners with a community-based organization (CBO) to be available on-site at the CBO for a few hours on a particular day (or days) each month to meet with members, either on a walk-in basis or by appointment. Over the past few months, My Ombudsman has successfully piloted this effort with organizations serving Deaf/Hard of Hearing individuals, Haitian Creole individuals, and Spanish-speaking individuals. My Ombudsman plans to expand these efforts to additional organizations over the next year. In addition, on September 30, 2019, My Ombudsman presented an overview of data to MassHealth's Disability Advocates stakeholder group. This presentation included a discussion of the top high-level complaint topics over the past year for managed care members (members enrolled in ACOs and MCOs) compared to members enrolled in integrated care programs (programs such as One Care (Massachusetts' Financial Alignment Demonstration) serving dual-eligible members). The top issues for managed care members included assistance with appeals and grievances, access to behavioral health services, and general benefits/access complaints. By comparison, the top complaints for integrated care members included care coordination, access to Long-Term Services and Supports (LTSS), and transportation. My Ombudsman also continues to partner with other state programs and community based organizations, including ongoing collaboration and coordination with the SHINE program (Serving the Health Insurance Needs of Everyone), Massachusetts' State Health Insurance Program (SHIP), as well as Aging and Disability Resource Center (ADRC) organizational members. Activities include providing education about My Ombudsman services

to staff and clients and distributing materials. Over this quarter, My Ombudsman handled 41 inquiries and 71 complaints.

The Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP) completed analysis of the results of the 2019 MassHealth Member Experience Surveys which included survey data from the adult and child versions of the Primary Care Survey, the Behavioral Health Survey, and the Long Term Services and Supports Survey. They also completed the 2019 Member Experience Survey Analysis Report, which detailed the data analysis, the Technical Report, which described the survey methodology and survey administration, and the Recommendations Report, which provided recommendations for the 2020 survey administration.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in October and provided an update and overview of the Community Partners Program. In response to the June meeting on Health Equity, EOHHS is forming a subcommittee of DSRIC to advise on this topic. EOHHS continued to provide updated key statistics such as ACO and CP member enrollment.

#### **MassHealth ACO/APM Adoption Rate**

- **ACO members as of 9/30/19:** 914,343
- **ACO-eligible members as of 9/30/19:** 1,167,693
- **Percent of ACO-eligible members enrolled in ACOs:** 78.3%

Note that the numerator of the percentage does not currently include MCO enrollees that are covered by APMs that are not ACOs. The State is working to gather this information.

#### **Flex Services**

MassHealth's Flexible Services (FS) Program 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 July, MassHealth held a Social Services Integration Work Group (SSIWG) meeting to provide members with an update on Flexible Services policy decisions, provide a preview of criteria to be a social service organization (SSO), and gather feedback from SSIWG members on these topics. MassHealth also attended the State Health and Values Strategies Social Determinants of Health work group in Chicago, a 2-day event for state Medicaid agencies addressing social determinants of health in their managed care programs. MassHealth also collected input from SSIWG members on the Verification, Screening, and Referral (VPR) form, a standard form that will be used by ACOs to

collect information about members screened and referred into the program, and updated the form based on feedback received. MassHealth also delivered a Nutrition 101 presentation in July to support the nutrition work that ACOs will be engaging with in their Flexible Services Programs. This meeting provided an opportunity for ACO staff to better understand the landscape of nutrition programs in Massachusetts and learn best practices for engaging with members and organizations. MassHealth also submitted a request to modify the FS Protocol to CMS, which was approved by CMS in July.

In early August, MassHealth finalized and released a comprehensive Flexible Services Program guidance package for ACOs, and their CP and SSO partners, to use in designing and implementing their programs. To accompany the release of the guidance package, MassHealth developed a communications strategy and plan to disseminate the guidance to stakeholders. MassHealth held two informational stakeholder meetings to explain the document and answer questions in August. ACOs then submitted their Full Participation Plans (FPPs) and Budget and Budget Narratives (BBNs) to MassHealth for review on September 20th, 2019. MassHealth also developed new contract language for the FSP for ACOs and CPs.

MassHealth partnered with the Department of Public Health (DPH) on an effort to provide a total funding allotment of \$4.5 million to qualified SSOs who are contracting with ACOs to deliver FS. The Notice of Intent (NOI) for the SSO FS Preparation Fund was released at the end of July, and the RFR was released in September.

### **Infrastructure and Capacity Building**

EOHHS 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. Final reports for audits and investments funded through ICB Round 2 Installment 1 were due July 31, 2018, and hospitals were expected to complete work for ICB Round 2 Installment 2 by June 30, 2019.

During Q1, EOHHS continued to connect with awardees to collect final reports for ICB Round 2 Installment 1. Through September 30, 2019, 36 final reports have been collected from awardees for ICB Round 2 Installment 2.

### **Operational/Issues**

MassHealth understands that members may face challenges when interacting with MassHealth. MassHealth is committed to improving the member experience through accurate information, timely responses and consistent messaging to members. During the quarter, MassHealth began an Eligibility & Enrolment Operations Member Experience initiative. Through MEC town halls and Advocate listening sessions, we heard concerns and identified opportunities for improvement in three main categories: systems, processes and training. Workgroups will be assembled in the next quarter to review these categories in depth, and to provide strategies for improvement.

### **Policy Developments/Issues**

On October 18, 2019, the Baker-Polito Administration introduced comprehensive health care legislation to improve outcomes for patients, increase access to care, and bring down costs. The reforms will promote access to behavioral health and primary care service, cut down on hidden costs and impact the overall system. The legislation also holds drug companies accountable for excessive prices and unjustified price increases, and supports distressed community hospitals and community health centers. While the legislation is focused on the broader health care landscape (not specifically Medicaid), certain provisions, including the significant investments in primary care and behavioral health, will improve outcomes for MassHealth members.

#### **The legislation includes reforms in five major areas:**

- Prioritizing behavioral health and primary care
- Managing health care cost drivers to protect consumers
- Improving access to high-quality, coordinated care
- Stabilizing distressed community hospitals and health centers
- Promoting insurance market reforms

### **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) 2019 as reported through the quarter ending September 30, 2019 (QE 09/30/19). SFY 2020 expenditures and member months are projected from SFY 2019 Quarters 1-4 actual data.

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

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

The five-year SNCP target is based on projected expenditures for SFY 2018-2022. The changes

for SFY 2020 will continue to be updated as the fiscal year progresses.

**Budget neutrality - summary**

In sum, the total projected budget neutrality cushion is \$4.6 billion for the period SFY 2018 through SFY 2022 and \$21.1 billion for the period SFY 2015 through SFY 2022. We will continue to update CMS through quarterly reports as updated information is available.

**Member Month Reporting**

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

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

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Jul 2019</b>	<b>Aug 2019</b>	<b>Sep 2019</b>	<b>Total for Quarter Ending 09/19</b>
<b>Base Families</b>	713,678	715,953	715,650	2,145,281
<b>Base Disabled</b>	227,344	226,110	225,084	678,538
<b>1902(r)(2) Children</b>	17,011	12,699	10,246	39,956
<b>1902(r)(2) Disabled</b>	16,818	16,845	16,838	50,501
<b>New Adult Group</b>	321,214	320,237	318,485	959,936
<b>BCCDP</b>	1,092	1,100	1,091	3,283
<b>CommonHealth</b>	31,641	31,791	31,927	95,359
<b>TANF/EAEDC*</b>	68,443	70,165	70,869	209,477

\*TANF/EAEDC is a subcategory of Base Families

- **For Informational Purposes Only**

<b>Expenditure and Eligibility Group (EG) Reporting</b>	<b>Jul 2019</b>	<b>Aug 2019</b>	<b>Sep 2019</b>	<b>Total for Quarter Ending 09/19</b>
<b>e-HIV/FA</b>	732	731	714	2,177
<b>Small Business Employee Premium Assistance</b>	0	0	0	0
<b>DSHP- Health Connector Subsidies</b>	N/A	N/A	N/A	N/A
<b>Base Fam XXI RO</b>	0	0	0	0
<b>1902(r)(2) RO</b>	0	0	0	0
<b>CommonHealth XXI</b>	0	0	0	0

<b>Fam Assist XXI</b>	0	0	0	0
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**Consumer Issues**

During this quarter, the MassHealth Customer Service Center (CSC) continued to maintain support of specialty skillsets including the Certified Application Counselors. Overall, the CSC received over 768,000 calls and was able to respond to this considerable volume. Calls on the CAC/Assister line numbered approximately 8,500 during the period and the CSC team prioritized those calls.

During Q1, the CSC team initiated several resources focused on improving the member experience via the following.

- PCDI Year 3 – member notices ready for distribution
- On-line Fair Hearing Request Form – to expedite member access to Board of Hearings
- Managed Care Enrollment Forms – a more sophisticated on-line form is available for members
- Customer Service Representative (CSR) Soft Skills Training – a focus on using more empathy when managing encounters
- Call Center Improvement Plan Project – Strategy to minimize member complaints

The CSC team also utilized its internal MAX Weekly notice to refresh staff about the role and scope of support to members in the MassHealth community. The CSC team will continue to provide guidance to members, assisters, CACs, and Navigators as needed, in navigating the Assister Portal. MAXIMUS will continue to hold the member experience at the forefront of services and assistance, which in turn improves each CAC’s ability to help members more effectively.

**MassHealth In-Person Enrollment Events**

**July 26, 2019** - United Way’s Project Connect - Reggie Lewis Center, Roxbury, MA. - This was MassHealth’s second year attending this annual event, in conjunction with the Health Connector. MassHealth assisted and answered questions for over 50 families and seniors who visited our table.

**August 2019 National Health Center Week** - MassHealth usually participates in this annual weeklong celebration which raises awareness about the mission and accomplishments of America’s health centers over the past five decades.

**September 27, 2019** - MassHealth attended the 3<sup>rd</sup> Annual Cultural Appreciation Day an event held by the Commonwealth of Massachusetts Trial Court of Springfield. We assisted and answered questions of at least a dozen individuals who visited our table.

**Quality Assurance/Monitoring Activity**



## **Managed Care Quality Activities**

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

During Quarter 1, the MassHealth Quality Office (MQO) continued to review managed care performance on the 2019 HEDIS measure slate and compared individual MCO and overall MassHealth performance to regional and national benchmarks. MassHealth is the process of the using the MCO-submitted data to calculate MassHealth weighted means. In Quarter 2, MassHealth anticipates beginning the process of calculating the Adult and Child Core Measure Sets and well as drafting the 2019 public report for the MassHealth website.

In addition to assessing performance on quality measures, the MCOs submitted their year-end progress reports for their contractually required quality improvement projects (QIPs) to MassHealth's External Quality Review (EQR) vendor.

### **External Quality Review Activities**

During the first quarter of this year, the External Quality Review Organization began reviews of Performance Improvement Plan (PIP) materials submitted by MCOs for CY 2019 reviews. They also reviewed PIP submissions for One Care, SCO, MCO, and ACO 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. Beginning in September, preliminary performance improvement project feedback was provided to all participating Managed Care Entities (MCEs) through collaborative technical assistance phone calls designed to help MCEs improve their project design and documentation.

### **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.

Activities this quarter focused on engagement with new and returning committee members and preparation for the fall meetings. Based on the input provided as part of this process, materials were developed including an updated draft charter and calendar of priority topics for the Committee to focus on for the next two quarters. Materials were also developed for the first fall meeting to understand the developments and current landscape of behavioral health measures to address substance use disorders. The group will discuss and identify appropriate measures over the fall to recommend consideration to calculate, monitor and include in quality programs or initiatives. Active preparation of other materials are being put together so that the Committee will be prepared to address additional topics slated in upcoming quarters including member experience activity, review of quality measure results, reporting of quality measures, evaluation

and updates to the overall Quality Strategy.

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

This quarter, MassHealth through its quality measure vendor calculated the ACO clinical quality measures based on the data that were submitted to the state as well as the administrative quality measures. The audit strategy was finalized followed by the design and implementation of the clinical data collection process in advance of the audit implementation. The audit implementation process commenced with a series of guidance sessions through ACO office hours. MassHealth received its member experience survey results for its Primary Care, Behavioral Health and Long-Term Services and Support surveys. Assessment and analysis of the administration of the surveys (e.g., response rates/volume, modes of administration etc.) guided refinement of the tool kit of communications to providers and members, additional languages/translations of the surveys, expanded use of on-line options to support surveying efforts for the next cycle. The clinical quality and member experience measure results were analyzed to identify and support the process for selection of benchmarks (for member experience and several quality measures), and prepare distribution of ACO-level results. Both efforts are anticipated to be finalized in the next quarter.

### **CMS Grant Activities –Contraceptive Use Grant**

During this quarter, MassHealth worked on finalizing detailed reports with MassHealth specific contraceptive data for a subset of 14 community health centers. The purpose of the reports is to support continued quality improvement projects for community health centers that are not specifically Title X providers and not already receiving additional support from the Massachusetts Department of Public Health. MassHealth anticipates that the reports should be completed by the end of the year and disseminated thereafter. Final grant close-out reports are due to CMS in December 2019.

### **Demonstration Evaluation**

#### **Independent Evaluator (UMass Medical School (UMMS))**

Massachusetts received [official approval of the Evaluation Design Document \(EDD\)](#) from CMS on January 31, 2019.

Major goals for Q1 included initiating analysis of Key Informant Interview (KII) data from ACO and CP interviews conducted in Quarter 4 of FY19 as well as initiating a Member Experience Stakeholder Workgroup to inform the outreach process and development of protocol materials associated with the Member Experience Interviews (MEI) which will be conducted in early 2020. Additionally, the ACO/CP Provider Staff Survey is in development. The qualitative team

has completed initial transcript review of the KIIs. The Member Experience Stakeholder Workgroup has been formed and initial meetings held, the products of which are frameworks for member experience interview protocols and materials as well as outreach plans.

The Independent Evaluator (UMMS) continues to engage with the Independent Assessor (PCG) to ensure coordination between their activities with an eye towards efficiency and minimizing respondent burden, including holding weekly coordinating and planning meetings related to the ACO Practice Site Administrator Survey, KII interview data analysis, and preparing for the UMMS ACO/CP Provider Staff Survey. UMMS continues to hold bi-weekly meetings with MassHealth to coordinate work-streams and deliverables, to communicate updates with potential impact on the evaluation, and to ensure access to data required for the evaluation.

The following sections provide updates by Demonstration Goal aligned with the 1115 Demonstration Waiver and the EDD.

I. Goals 1 and 2

A. Overall

- a. Completion of initial ACO and CP KII data analysis
- b. Formation of a Stakeholder Workgroup of MassHealth Members and their advocates to inform the Member Experience Interview process

B. Evaluation components involving primary data collection:

Activities Completed in this Quarter

- Creation of code book to guide KII analysis efforts
- Identification of key themes emergent from KIIs
- Completion of initial coding and transition to first pass of analysis efforts
- Outreach, nomination review, and formation of Member Experience Stakeholder Workgroup, which has held initial meetings and begun to work towards developing materials and outreach plan
- Development of ACO/CP Provider Staff Survey which is in final revision process internally within UMMS team

C. Quantitative Evaluation:

Activities Completed in this Quarter

- Developed a work plan for measure specifications, coding, and statistical analyses
- Continued drafting specifications for measures that do not have existing measure stewards

- Coded and calculated CY 2017 performance for select ACO performance measures for which UMMS is responsible for developing risk adjustment models
- Coordinated with MassHealth to facilitate availability and transfer of data needed for the evaluation
- Began developing a statistical analysis protocol for the interim report

## II. Goals 3-7

### A. Goals 3, 4, 6, 7

#### Activities Completed in this Quarter

- Continued search and review of literature related to these goals
- Continued updating Population Health based uninsurance rate measure template and continued collecting data to populate the template
- Downloaded American Community Survey (ACS) data, calculated uninsurance rate for each state, and started analyses to identify program impact on uninsurance rate
- Continued developing a flowchart summarizing the policies/programs related to disproportionate share hospitals
- Continued coordinating with DSRIP quantitative evaluation team on quality measures
- Initiated review of cost reports related to safety net hospitals
- Continued refining detailed analysis plans for each goal
- Started developing new methods to collect SHIP program member experiences
- Secured budget to support the evaluation of new waiver amendments
- Continued regular monthly meetings with MassHealth
- Developed a draft Medicaid churning analysis plan
- CMS approved the 2014-2017 Demonstration Period Evaluation Report

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

#### Activities Completed in this Quarter

- Completed drafting detailed specifications for measures that do not have existing measure stewards
- Continued to gather information regarding acquisition of data sets from CDC WONDER and Massachusetts Vital Statistics
- Continued monthly meetings with MassHealth program contacts

#### **Independent Assessor (Public Consulting Group (PCG))**

The IA has completed drafts of two major deliverables in the last quarter. DSRIP Midpoint

Assessment (MPA) report templates were submitted to MassHealth for review and feedback in September. MassHealth and the IA reached agreement upon the templates, opting to focus on adding more to the Results section before continuing template revisions. Drafts of the Statewide Investment Interview guides have also been completed and circulated through relevant MassHealth staff for review.

The ACO Practice Site Administrator survey concluded in September, marking the end of the data collection period in a major MPA workstream. A preview of initial findings was given to MassHealth in late September, and the IA is incorporating MassHealth feedback into its data analysis plan.

### **Enclosures/Attachments**

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

### **State Contact(s)**

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### **Date Submitted to CMS**

December 6, 2019