MassHealth

Section 1115 Quarterly Report

Demonstration Year: 23 (7/1/2019 – 6/30/2020) & Quarter 4: (4/01/20 – 6/30/20)

Introduction

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

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

In accordance with the Special Terms and Conditions (STCs) of the Demonstration and specifically STC's 82-84, the Massachusetts Executive Office of Health and Human Services (EOHHS) hereby submits its quarter four and annual operational report for Demonstration Year 23, ending June 30, 2020.

Enrollment Information

The enrollment activity below reflects enrollment counts for SFY 2020 Quarter 4, as of June 30, 2020.

Eligibility Group	Current Enrollees (to date)

Base Families	798,780
Base Disabled	226,566
1902(r)(2) Children	14,501
1902(r)(2) Disabled	17,505
Base Childless Adults (19- 20)	28,642
Base Childless Adults (ABP1)	27,767
Base Childless Adults (CarePlus)	283,512
BCCTP	1,116

Eligibility Group	Current Enrollees (to date)
CommonHealth	32,547
e-Family Assistance	7,747
e-HIV/FA	724
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	1,439,407

*TANF/EAEDC is a subcategory of Base Families

Annual Summary

The enrollment activity below reflects enrollment counts for SFY 20120 Quarter 4 and the entirety of SFYs 2019 and 2020. The full SFY information was included to meet the requirement of the annual report.

- Current Enrollees (to date) represents the average monthly enrollment for the quarter ending June 30, 2020
- SFY 2019 and SFY 2020 represent the average monthly enrollment for the entirety of the SFYs.

Eligibility Group	**Current Enrollees (to date)**	**SFY 2019**	**SFY 2020**
Base Families	798,780	772,967	779,406
Base Disabled	226,566	228,029	224,010
1902(r)(2) Children	14,501	15,779	12,287
1902(r)(2) Disabled	17,505	16,651	17,141
Base Childless Adults (19- 20)	28,642	25,796	28,960
Base Childless Adults (ABP1)	27,767	31,186	26,450
Base Childless Adults (CarePlus)	283,512	258,514	267,390
BCCTP	1,116	1,134	1,114

Eligibility Group	**Current Enrollees (to date)**	**SFY 2018**	**SFY 2019**
CommonHealth	32,547	30,451	32,273
e-Family Assistance	7,747	7,999	7,507
e-HIV/FA	724	726	729
SBE	0	6	0
Basic	N/A	N/A	N/A
DSHP- Health Connector Subsidies	N/A	N/A	N/A
Base Fam XXI RO	0	0	0
1902(r)(2) XXI RO	0	0	0
CommonHealth XXI	0	0	0
Fam Assist XXI	0	0	0
Asthma	N/A	N/A	N/A

TANF/EAEDC*	N/A	N/A	N/A
End of Month Coverage	N/A	N/A	N/A
Total Demonstration	1,439,407	1,389,238	1,397,267

*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 2020 Quarters ending March 31, 2020 and June 30, 2020.

Plan Type	QE 03/20	QE 6/20	Difference
MCO	193,473	200,107	6,634
PCC	88,177	91,243	3,066
MBHP*	517,656	539,572	21,916
FFS/PA**	585,156	586,830	1,674
ACO	917,309	965,564	48,255

*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

Q4 Update

During this reporting quarter, MassHealth provided premium assistance for 44,465 health insurance policies (including Student Health Insurance Plan policies), resulting in premium assistance to 58,064 MassHealth eligible members. The increase in the number of premium assistance policies over the course of the Demonstration Year (July 1, 2019- June 30, 2020) can be attributed to the implementation of a more streamlined approach to gathering employer sponsored insurance information as well as the requirement that any full-time student at participating colleges and universities enrolled on MassHealth must enroll in a SHIP plan (as described below). Note that in the delivery system enrollment numbers included in the above section, 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 June 2020, 30,766 students were enrolled in the program. Note that the SHIP Program sunsetted on August 31, 2020 and details will be included in the next quarterly report.

Premium Assistance Program: Employer Sponsored Insurance	**Disabled Members**	**Non-Disabled Members**	**Total MassHealth Enrolled Members**
Standard	1,830	11,196	13,026
CommonHealth	3,886	0	3,886
Family Assistance	15	9,792	9,807
CarePlus	0	579	579
Small Business Employee Premium Assistance (SBEPA)	0	0	0
Total for Q2	**5,731**	**21,567**	**27,298**

Annual Summary for SFY20

SHIP Premium Assistance Program (SHIP PA)	**Disabled Members**	**Non-Disabled Members**	**Total MassHealth Enrolled Members**
Standard	1,101	19,183	20,284
CommonHealth	61	0	61
Family Assistance	7	2,186	2,193
CarePlus	0	8,228	8,228
Total for DY 7/1/119-6/30/20	**1,169**	**29,597**	**30,766**

Premium Assistance Program: Employer Sponsored Insurance	**Disabled Members Average Q1-Q4**	**Non-Disabled Members Average Q1-Q4**	**Total MassHealth Enrolled Members Average Q1-Q4**
Standard	1,799	10,742	12,541

CommonHealth	3,793	0	3,793
Family Assistance	15	9609	9,624
CarePlus	0	543	543
Small Business Employee Premium Assistance (SBEPA)	0	0	0
Total Average Q1-4	**5,607**	**20,894**	**26,501**

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 261 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 seven online, comprehensive certification training courses (over 850 pages) and one certification exam, to prepare CACs to assist consumers in obtaining MassHealth/health insurance per Affordable Care Act (ACA) regulations. The training covers 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 training that covers MassHealth updates and initiatives, as well as educational Assister emails, conference calls, webinars, meetings, and other outreach activities. All CACs must also take and pass a comprehensive assessment each spring to meet annual recertification requirements, as well as a compulsory series of four advanced courses in order to maintain their certification.

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 and thorough communications and trainings are provided for all application changes and the Health Insurance Exchange (HIX) system releases. Regular one-hour conference call training sessions are also provided for the Assisters, providing a more in-depth explanation and include detailed question and answer sessions with subject matter experts. Certain training is 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 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 32 "Assister Update" newsletters (emails), 16 assister conference calls, and due to the COVID-19 public health emergency, four virtual educational Massachusetts Health Care Training Forum sessions across the Commonwealth

A series of monthly assister conference calls covered topics such as updates to MassHealth Health Plans (including new training), online enrollment, ACO Provider Changes, and Health Safety Net updates.

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

- Federal Changes to Section 1557 of the ACA
- Updates to Learning Management System (LMS) Resource Documents
- HIX System Update - Release 21
- MassHealth COVID-19 Updates, including:
    - Provider Bulletins and Additional Guidance
    - Resources to Help Report Income Changes (information related to the Federal Pandemic Unemployment Compensation (FPUC))
    - Retroactive Eligibility (Up to 90 Days) for Members Under the Age of 65
- MassHealth's Cost Sharing Policy Updates
- MassHealth's Student Health Insurance Plan (SHIP) Premium Assistance (PA) Program Update
- Hospital-Determined Presumptive Eligibility Update
- Information about COVID-19 from the Health Connector
- Long Term Care Deductible Update
- Long Term Care Allowances Effective 07/01/2020
- Changes to ACA and SACA Paper Application
- Public Charge Rule Updates

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

Due to the COVID-19 public health emergency, no hosted events were held this quarter.

Annual Summary

Activities throughout the year focused on ensuring CACs were informed about the MassHealth health plan options, including the Accountable Care Organizations (ACOs). Efforts included two series of weekly, then monthly conference calls, emails with reminders about important dates, refreshers on rules for members wishing to enroll in or change a health plan or change primary care physicians, and an update to the MassHealth Choices Website—a key tool used by members and by Assisters as they help members learn about, compare, and choose health plans.

Ongoing CAC education and training continued in earnest throughout the year consisting of over 100 CAC touchpoints (emails, conference calls, webinars, in-person meetings) and new/updated online educational content (new/updated courses, job aids, access to recorded webinars, and Q&A). Key topics included:

- COVID-19;
- Public Charge Rule;
- Activities around the Health Connector open and closed enrollment;
- Updates to the online system (HIX) and paper applications;
- Mandatory online trainings (e.g., MassHealth and Health Connector End of Year Tax Filing Process, annual CAC Recertification, Health Connector Open Enrollment MassHealth and Disability); and
- A comprehensive review of the MassHealth disability process.

The CAC Training and Communications team also had the opportunity to work with the Department of Transitional Assistance (DTA) on a SNAP/MassHealth Outreach Initiative. DTA was looking to partner with CAC organizations that may encounter individuals who would be eligible for SNAP benefits and they followed up with organizations who expressed interest after learning about DTA's Outreach Partnership Reimbursement Project through an Assister Update email and at the quarterly Massachusetts Health Care Training forums. Several of the interested organizations have now partnered with DTA.

<u>Member Education and Communication</u>

In response to COVID-19, MassHealth implemented temporary changes in eligibility-related policies and processes to support the public health efforts, to expedite access to necessary health care, and maintain health care coverage for existing members and new MassHealth applicants. Beginning at the end of Q3 through Q4, MassHealth continued to support members, stakeholders, and health plans with COVID-19 related changes. MassHealth worked with plans to ensure that their websites, and our Member Service Centers, continued to be responsive with assisting members with access to care and supports.

Additionally, MassHealth included an insert to all new members advising them of how best to make health plan selections and access support during COVID-19. Lastly, the MassHealth

website was updated with information to help members navigate access to care during COVID-19.

Global Awareness and Education

During this quarter, in response to COVID-19, the quarterly Massachusetts Training Forums (MTF) in-person meetings transitioned to virtual meetings. Meetings included education and training for stakeholders, hospital staff, health center staff, the provider community, and organizations that support our members, helping them understand available resources and timelines related to MassHealth's implementation of COVID-19 related changes, including: temporary changes in eligibility-related policies and processes, to support the public health efforts to expedite access to necessary health care, and maintain health care coverage for both new MassHealth applicants and existing members. MassHealth also used All Provider Bulletins as well as COVID-19 focused webinars to alert providers, plans, and member stakeholders to the latest guidance from MassHealth in response to COVID-19.

In addition, MassHealth began routine weekly calls/webinars with key stakeholders that included certified assisters, plans and providers. During this call series, MassHealth continued to educate plans and providers around new flexibilities and guidance in response to COVID-19. These also served as an opportunity for stakeholders to ask questions and raise new ideas relevant to the coordinated response across the state.

MassHealth set up a series of clinical calls with each ACOs, to outline strategies to identify and engage at-risk members during this period. Finally, MassHealth also undertook a compliance exercise to verify that plans had properly instituted key aspects of the COVID-19 response, such as new telehealth options and limiting requirements for referrals to promote timely member access.

Support Materials and Member Engagement

This quarter, MassHealth printed detailed MassHealth Enrollment Guides to be mailed to newly eligible managed care members. The guides are also available upon request from MassHealth Customer Service. The member website (MassHealthChoices.com) continued to support members in understanding their managed care enrollment options and their ability to search for providers and enroll in a plan. Furthermore, MassHealth oversaw the posting of COVID-19 related member educational materials to the MassHealth website as well as each of the health plan websites.

Enhancements to Customer Service Support

Beginning at the end of Q3 through Q4, MassHealth continued to closely collaborate with

MassHealth Customer Service to make sure members who access both website and call center resources were accurately informed about MassHealth's response to COVID-19.

Annual Summary

Global Awareness and Education

This year, MassHealth provided training and created communications and member friendly materials that shared a variety of information to mass audiences. These materials educated members and stakeholder communities on new primary care practices primarily from the PCC Plan into the Accountable Care Organization (ACO) health plans effective January 1, 2020. As discussed in Q4 updates, MassHealth engaged CACs, stakeholders, the health plans to adjust and respond to COVID-19, to assist members with access to care and supports. The quarterly Massachusetts Training Forums (MTF) meetings (which totaled 12 meetings in-person this year across four regions statewide; 10 virtual meetings), were held to educate and train our stakeholders, hospital staff, health center staff, the provider community and organizations that support our members, to help them understand available resources and timelines relevant to these changes. These in-service trainings, along with regular webinars and conference calls, provided additional information related to member impact, addressed specific information that would impact the populations they work with, and answered questions.

Support Materials and Member Engagement

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

In October 2019, MassHealth supported the addition of primary care practices primarily from the PCC Plan into new ACO program by mailing 37,000 member notices, as a part of ACO Year Three. The notices informed members that their primary care provider was joining a new ACO effective January 1, 2020, and that MassHealth was going to enroll the member in their provider's new ACO, unless the member voluntarily chose another health plan. The notices made it clear that MassHealth's intention was to preserve the member-primary care provider relationship, but also emphasized that members' have the right to make an alternative enrollment choice, and would be given a new 90-day Plan Selection Period (PSP) from January 1, 2020-March 30, 2020. Each impacted household was sent a new MassHealth Enrollment Guide, which was inclusive of the January 1, 2020, PCDI Year Three service area updates. Additionally, the online health plan enrollment form was revised to improve the member's online experience when making a voluntary health plan selection, and links seamlessly with the MassHealthChoices.com website.

Enhancements to Customer Service Support

Finally, MassHealth continued throughout the year to make 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 numbers and training all customer service staff on health plan changes including Fixed Enrollment, Plan Selection Period and the Fixed Enrollment exceptions process. Staff were also educated around how to handle member inquiries related to continuity of care after transitioning to a new health plan enrollment.

Annual Summary

Global Awareness and Education

This year, MassHealth provided training and created communications and member friendly materials that shared a variety of information to mass audiences. These materials educated members and stakeholder communities on new primary care practices, primarily those moving from the PCC Plan into the Accountable Care Organization (ACO) health plans effective January 1, 2020. As discussed in Q4 updates, MassHealth engaged CACs, stakeholders, the health plans to adjust and respond to COVID-19, and to assist members with access to care and supports. The quarterly Massachusetts Training Forums (MTF) meetings (which totaled 12 meetings in-person this year across four regions statewide and10 virtual meetings), were held to educate and train our stakeholders, hospital staff, health center staff, the provider community and organizations that support our members, to help them understand available resources and timelines relevant to these changes. These in-service trainings, along with regular webinars and conference calls, provided additional information related to member impact, addressed specific information that would impact the populations they work with, and answered questions.

Support Materials and Member Engagement

In October 2019, MassHealth supported the movement of primary care practices primarily from the PCC Plan into the ACO program by mailing 37,000 member notices, as a part of ACO Year Three. The notices informed members that their primary care provider was joining an ACO or moving to a different ACO effective January 1, 2020, and that MassHealth was going to enroll the member in their provider's new ACO, unless the member voluntarily chose another health plan. The notices made it clear that MassHealth's intention was to preserve the member-primary care provider relationship, but also emphasized that members' have the right to make an alternative enrollment choice, and would be given a new 90-day Plan Selection Period (PSP) from January 1, 2020-March 30, 2020. Each impacted household was sent a new MassHealth Enrollment Guide, which was inclusive of the January 1, 2020, Health Plan Year Three service area updates. Additionally, the online health plan enrollment form was revised to improve the

member's online experience when making a voluntary health plan selection, and links seamlessly with the MassHealthChoices.com website.

Enhancements to Customer Service Support

Finally, MassHealth continued to make enhancements to the customer service center to provide support to members by answering questions, providing resources, and resolving member issues. MassHealth increased customer service staff numbers and trained staff on health plan changes including Fixed Enrollment, Plan Selection Period and the Fixed Enrollment exceptions process. Staff were also educated on how to handle member inquiries related to continuity of care after transitioning to a new health plan.

Provider Education and Communication

During this quarter, the provider education and communication focus continued to be on supporting our members and providers with the latest updates and guidance from MassHealth to respond to the COVID-19 emergency. Also, provider Education and Communication activities continued to use virtual tools, such as a dedicated COVID-19 webpage for providers (https://www.mass.gov/info-details/masshealth-coronavirus-disease-2019-covid-19-providers), webinars using video conferencing tools, such as zoom and Cisco WebEx, enhanced customer service, and provider support email were used to educate and support providers.

In April, a special COVID-19 focused Provider Association Forum (PAF), and two virtual Mass Training Forum (MTF) sessions were conducted to help providers understand MassHealth efforts in response to COVID-19 in the following areas:

- New Provider Bulletins,
- Hospital-Determined Presumptive Eligibility (HPE),
- Expansion of telehealth,
- Authorization and referral updates,
- Provider enrollment flexibilities,
- Home visits.
- Long term services and supports (LTSS),
- Pharmacy, and
- Introductions of a new "Telehealth Network Provider" provider type.

The trainings also reviewed provider resources.

Since COVID-19 impacted all providers in various ways, it was important to ensure regular communication with providers. The goal of these activities was to highlight the state and federal COVID-19 response to support both members and providers.

Annual Summary

During the first three quarters, Provider Education and Communication focused on Health Plan Year Three changes, effective January 1, 2020. These changes included additional primary care sites joining ACO plans. Since the majority of these sites moved from MassHealth's current Primary Care Clinician (PCC) plan into either the Primary Care ACO plans (MassHealth's ACO using MassHealth's existing network of providers) or Accountable Care Partnership Plans (using ACPP network of providers), it was important to ensure communication between the associated providers and the members impacted by this change. Provider education focused on making certain that the providers were aware of the activities involving member notification and provider movement as well as ensuring that all resources were available and updated.

In Q1, a multi-stakeholder workgroup was convened and MassHealth leveraged provider events and meetings to give providers a preview of the upcoming changes. Among these events were two provider association events took place in September 2019.

In Q2, the workgroup developed provider resource materials, which included seven PCDI fact sheets, the 2020 Managed Care Health Plan contact list, and the PCDI Year Three resource presentation. The PCDI provider-focused webpage was updated for providers to view as the primary source for Payment Reform content.

During Q2, five in-person sessions were also conducted for providers, including four regional MTF sessions and one session conducted at the PAF which took place in October. In addition, there was one in-person provider association event in December conducted at the Massachusetts Association of Patient Account Managers (MAPAM) meeting.

In Q3, Provider Education and Communication continued to focus on the awareness and notification activities through education and communication channels to support providers during the implementation of PCDI year three changes, including through four MTF and one PAF sessions. The topics reviewed at these sessions included Continuity of Care, newborns, Program of Assertive Community Treatment (PACT), Flex Services, and Community Partners program updates in addition to other MassHealth program updates.

Due to the COVID-19 state of emergency at the end of Q3, the provider education and communication focus shifted to supporting our members and providers with the latest updates and guidance from MassHealth related to COVID-19, which continued through Q4, as described above

Delivery System Reforms and DSRIP

Accountable Care Organizations (ACOs)

Q4 Update

During Q4 the ACO Performance team finalized the second iteration of the Integrated Performance Dashboard including new utilization metrics to help understand COVID-related telehealth utilization. The Performance team also approved population health management program evaluation strategies, allowing the ACOs to begin executing evaluations. Discussions with specific plans regarding performance opportunities related to quality, member experience, inappropriate utilization, and cost are ongoing.

During Q4, MassHealth continued to execute a 2020 ACO Reporting strategy which focuses on building upon and updating utilization and financial reporting established in 2019. MassHealth finalized development on a third round of utilization reporting which shows ACOs their 2019 performance compared to a market comprised of the other MassHealth managed care eligible plans (ACO, MCO, PCCP) across a variety of high-value and actionable metrics. In May, MassHealth delivered a third round of Model B financial reporting, including a final view of RY18 financial performance and an initial view of financial performance across the full RY19 performance period.

MassHealth continues to work to improve ACO/MCO and Community Partners (CP) Program integration and sustainability, despite ongoing challenges posed by COVID-19. Beginning in 2020 MassHealth launched two policy changes to reduce administrative burden and allow ACOs, MCOs and CPs to move towards preferred partnerships, and in Q4, MassHealth closely monitored the implementation of those flexibilities. ACOs and MCOs identified and assigned members to the CP Program, without significant disruption to overall enrollment levels. ACOs and MCOs submitted 11 proposals to MassHealth to end Agreements with CPs, all of which included robust plans for transitioning members and continuing to maintain CP volume through fewer partnerships, and therefore were approved by MassHealth. The overall member impact was relatively small (107 members). Work is ongoing to improve integrated care planning for CP enrollees; the ACO/MCO CP Care Plan Learning Collaborative prepared for its second virtual meeting, geared towards sharing best practices and preparing Change Teams for their 1:1 virtual TA sessions, which will begin in Q1 FY21.

MassHealth is incorporating programmatic policy and rate updates, some of which are in response to the COVID-19 pandemic, into the ACO and MCO contracts and will execute them as Amendment 2 to the Second Amended and Restated ACO Contracts, effective upon execution.

Annual Summary

Q1:

- MassHealth outlined a plan for a phased approached 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 calendar year 2019 and into calendar year 2020.
- 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 of the other plans.
- Continued implementation of MassHealth's DSRIP investment sustainability analysis project in collaboration with ACOs.
- Discussed the effectiveness of DSRIP investments in years one and two of ACO program.
- Established a go-forward framework for evaluating the impact of investments and determining future investment
- MassHealth incorporated programmatic policy and rate updates into the draft Second Amended and Restated ACO Contracts to be effective 1/1/20. The contract amendment was sent to plans later in Q2 for execution.

Q2:

- MassHealth drafted and executed the Second Amended and Restated ACO Contracts, along with Amendment 1 to the Second Amended and Restated ACO Contracts effective January 1, 2020.
- MassHealth continued to implement a number of near-term refinements to the CP program, including aligning Care Plan requirements for ACOs, MCOs and CPs for CP members, creating operational efficiencies to reduce administrative burden and allowing more flexibilities for ACOs, MCOs and CPs to form preferred partnerships.
- Stakeholder engagement on these topics continued through calendar year 2020.
- During this quarter, MassHealth completed the final phase of 2019 data and reporting updates and enhancements for Model B ACOs.
- In October, MassHealth delivered the second round of Model B financial reporting, including an up-to-date refined view of RY18 and an early view of RY19 financial performance.
- In December, MassHealth sent out to ACOs and MCOs a survey requesting their feedback on the suite of MassHealth-produced reports.

- Finalized 2020 ACO performance management strategy.
- Developed more detailed DSRIP reporting, and a schedule for engaging on cost and clinical performance opportunities.
- Began development of a comprehensive ACO scorecard for internal benchmarking and prioritization.

Q3:

- During this quarter, MassHealth began compiling programmatic policy and rate updates into a draft Amendment 2 to the Second Amended and Restated ACO Contracts, effective upon execution.
- MassHealth continues to work to improve ACO/MCO and CP Program integration and sustainability, despite ongoing challenges posed by COVID-19.
- ACOs and MCOs were given flexibility to direct more ACO-generated referrals to the CP Program, and have flexibility to direct referrals to preferred CPs.

- MassHealth began to allow ACOs/MCOs and CPs to request to end certain ACO/MCO-CP Agreements, with MassHealth approval, which allows low-volume or sub-scale relationships to end.
- The ACO/MCO CP Care Plan Learning Collaborative launched in March and will continue through 2020, providing ACOs, MCOs and CPs with technical assistance and training around integrated and person-centered care planning best practices. While COVID-19 interrupted plans to host sessions in-person, TA will now be provided virtually
- MassHealth met with ACOs and MCOs to review feedback on the suite of MassHealth-produced reports and align on a 2020 ACO Reporting strategy.

- In February, MassHealth delivered to ACOs and MCOs a second round of utilization reporting which included new utilization measures jointly prioritized for report inclusion by ACO/MCO stakeholders and MassHealth.
- Throughout February and March, MassHealth continued work on a third round of Model B ACO financial reporting due to be delivered to the Model B ACOs in early May 2020.
- Finalized the first Integrated Performance Dashboard and began working on the second iteration.
- Reviewed ACO program evaluation framework deliverables, sent feedback to the plans, and hosted follow-up conversations to clarify feedback.
- Worked with a subset of ACOs on performance opportunities related to quality, member experience, inappropriate utilization, and cost.

Community Partners (CPs)

At the end of Q4, approximately 30,794 members were enrolled in the BH CP Program and approximately 9,726 members were enrolled in the LTSS CP Program. For the BH CP population, 66% of members had a Participation Form completed, meaning the CP had located the member and was working with the member on completing a Care Plan. One-half (50%) of BH CP members were "engaged" (i.e., had a CP Care Plan completed). For the LTSS CPs, the Participation Form completion rate was 55%, and over one-third (37%) 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.

Throughout Q4, the MassHealth CP Operations Team worked with the Customer Service Center (CSC) to finalize the development of the CP Program Portal ("Portal"). The Portal allows ACOs, MCOs and BH CPs who receive Massachusetts Department of Mental Health (DMH) referrals to submit batch files and single enrollment and disenrollment requests to the MassHealth CSC for processing into MMIS. This tool replaces the spreadsheet and secure file transfer protocol-based enrollment and disenrollment process that had been in place since the CP Program's inception in July 2018. The CP Operations Team, with support from CSC and Deloitte, released a CP Program Portal Guidance document and held an introductory training for all ACO/MCOs and BH CP submitters to the Portal in May 2020. More training and updated guidance will be provided to portal submitters in upcoming quarters.

After several months of Trading Partner Testing with CPs and ACO/MCOs, the CP Daily 834 Transaction ("834 transaction") rolled out in March 2020. 834 transaction is an automated, daily enrollment file in Health Insurance Portability and Accountability Act standard transaction format that is sent to ACOs, MCOs, and CPs. This transaction file may be used to track CP enrollment, disenrollment, and member changes (e.g., address) on a daily basis and provides the data that can be fed directly into enrollment systems. Since the daily enrollment functionality release in March 2020, it became increasingly important to CPs and ACO/MCOs to track changes on a daily basis. In addition, the 834 transition will be used to confirm enrollments/disenrollments made in the new Portal.

In May 2020, the MassHealth CP Program Team hosted a virtual statewide meeting for ACO/MCOs and CPs to summarize Q3 2020 and early Q4 2020 activities and provide numerous cross-entity programmatic updates: Guidance Related to COVID-2019. In March 2020, MassHealth issued preliminary guidance to further enhance CP efforts to support members while helping to keep staff and members safe. MassHealth approved several flexibilities to face-to-face

requirements during the COVID-10 state of emergency such as reciprocated text messaging for several Qualifying Activities (QA) related to contacting, engaging, and supporting enrollees and Emergency Department (ED) and inpatient visit post-discharge follow up. In addition, MassHealth began to allow BH CPs to complete the Comprehensive Assessment using telehealth, including video conferencing and telephonically, in addition to face-to-face as required under contract.

Preferred Provider Relationships.
Beginning in 2020, CPs, ACOs and MCOs could request on an annual basis to end CP-ACO/MCO Agreements for reasons other than termination for cause, with approval from MassHealth. Out of 277 ACO/MCO-CP Agreements, there were 11 proposals to end ACO/MCO-CP Agreements. After one request for resubmission, all 11 proposals were granted preliminary approval in June 2020.

Service Area Modifications. This year, for the first time, CPs could propose to add new service areas or to remove current service areas with approval from MassHealth through an annual process. There were 19 Service Area change requests in total; 6 CPs requested to add a Service Area (3 BH CPs, 3 LTSS CPs) and 2 CPs requested to drop a Service Area (1 BH CP, 1 LTSS CP).

Assignment/Enrollment Monitoring.
Beginning in 2020, ACO/MCOs were given the flexibility to assign members to CPs based on the MassHealth identified members list, referrals, or the ACO/MCO-developed identification algorithm. Given the added flexibility for ACOs and MCOs related to assigning members to CPs, MassHealth began to closely monitor changes in enrollment (i.e., new assignments and disenrollments) both by ACO/MCO and by CP, as well as program-wide. MassHealth compared 2019 and 2020 CP program enrollment data and determined that the roll-out of the new identification and assignment policy was successful overall. MassHealth continues to monitor enrollment, assignment, and engagement, and will work with ACO, MCO and CP performance outliers.

Performance Management Strategy.
The MassHealth CP Account Management, CP Reporting, Data Strategy, and Analytics Teams developed business requirements, and selected and finalized a vendor contract with Mathematica Policy Research Inc. ("Mathematica") in April 2020. Mathematica began a phased approach of building metrics for external facing dashboards. The domains for metric development include: (1) Engagement; (2) Quality; (3) ACO/MCO Relationship/Integration; (4) Utilization/Spend; (5) Care Coordination; and (6) Financial Sustainability.

CP Quality Measure Audit Process.
The quality audit focuses on one measure, Annual Treatment Plan Completion (i.e., the

percentage of enrollees 18 to 64 years of age with documentation of a completed Treatment Plan during the measurement year, January 2019 – June 2019). The CP Audit Response Period was June 12-June 26, 2020 with a sample size of 30-60 members.

In June, the CP Policy and CP-ACO Integration Teams fielded a voluntary, web-based survey to ascertain CPs' current and emerging administrative needs under the COVID-19 state of emergency with respect to (1) identification of at-risk members; (2) outreach and engagement; and (3) care management/coordination. Most CPs reported active identification of enrollees with an elevated risk for contracting COVID-19 or having exacerbated health-related social needs (e.g., food assistance, supportive housing). CPs reported, on average, at least "moderate" active engagement and outreach to engage higher-risk populations and ensure access to usual care via telehealth or other sanctioned modalities. Outreach and engagement approaches employed by CPs include extended telephonic visits, phone-based screening tools, and data-sharing across partners/networks. On average, BH CPs and LTSS CPs reported a moderate level of modifications to existing or newly developed home and community-based service delivery strategies to support comprehensive assessment and ongoing person-centered treatment planning, transition supports, health and wellness coaching, and connection to social services and community resources.

The CP Team was immersed in ongoing policy development to align with MassHealth's broader ACO/MCO/CP care coordination strategy across the LTSS, BH and health-related social needs (HRSN) sub-workgroups. Discussion topics included the key questions and hypotheses, policy and program levers, and opportunities to streamline administrative functions across MassHealth and the Commonwealth to reduce unmet need across diverse member populations.

Annual Summary

Q1:

- 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.
- MassHealth developed an updated Care Plan policy to ensure that CPs and ACOs/MCOs are aligned on care plan implementation with the goal to help PCPs, ACOs/MCOs, and CPs align on standardization of care plan domains and care plan update requirements.
- MassHealth launched a series of stakeholder engagement meetings. One such meeting, which included CPs, ACOs, MCOs, trade organizations, and other relevant stakeholders, focused on factors contributing to financial stress.
- MassHealth conducted budget and cost analyses for each CP and the CP Program as a whole, and various financial models were evaluated. This process resulted in a moderate increase to the per member per month (PMPM) payment rate for CP care coordination supports.

- MassHealth continued to evaluate CP and ACO/MCO performance on key program initiatives via an internal data dashboard and qualitative approaches such as regular contract monitoring calls, in-person site visits, and member record reviews.
- Informed by a day-long stakeholder workshop, MassHealth created an operational improvements plan to support the long-term sustainability of the CP Program.

Q2:

- In the middle of the quarter, approximately 31,500 members were enrolled in the BH CP Program and approximately 9,000 members were enrolled in the LTSS CP Program.
- MassHealth released guidance to describe contract changes anticipated through an upcoming contract amendment (effective January 1, 2020) and required ACOs, MCOs, and CPs to submit implementation plans for review and approval.
- MassHealth released a training on best practices for writing a Care Plan and new care plan minimum requirements for ACOs, MCOs, and CPs; as of December 2019, 1,228 individuals had completed the training.
- MassHealth issued guidance on the forthcoming Preferred Relationships and Assignment policy changes which aimed to reduce the administrative complexity of the many-to-many ACO/MCO-CP relationships.
- MassHealth sent to CPs the First Amended and Restated Behavioral Health and LTSS Community Partners Contracts to be executed in January 2020. Amendments addressed the following: (1) person-centeredness requirements for care plans and comprehensive assessments; (2) minimum elements for the care plans; (3) timing and monitoring; and (4) approval, distribution, and enrollee changes to the health plans and CPs; (5) Qualifying Activities Manual; (6) CP requirements for Flexible Services; (7) timeline extensions approved by CMS.

Q3:

- MassHealth implemented a new assignment policy, requiring ACO/MCOs to identify and assign members to the CP program on a monthly basis through the monthly enrollment-disenrollment file process. MassHealth expects ACOs and MCOs to continue to work towards maintaining slot capacity enrollment volume through making CP assignments and working with CPs to disenroll members as appropriate.
- As a result of frequent engagement with stakeholders and financial data analyses, there was an increase in PMPM (per-member-per-month) reimbursement rate.
- MassHealth approved preliminarily multiple flexibilities for CP Qualifying Activities based on the COVID-19 state of emergency to allow for broader use of technology (e.g., reciprocated text messaging for several QAs related to contacting, engaging, and supporting enrollees) to reduce the need for in-person contact.

- MassHealth CP Operations Team implemented a new enrollment functionality to accommodate member enrollment and disenrollment on any day of the month, as opposed to the previous restriction that required member enrollment to begin on the first of the month and end on the last day of the month. This new functionality will improve CPs' ability to confirm member enrollment information and anticipate accurate payment.
- MassHealth CP Account Management Team developed a performance management strategy that incorporates a long-term, systematic approach to: (1) identify trends and best practices; (2) improve program performance to drive member-focused, high-quality, and cost-efficient service delivery statewide. The domains for metric development include: (1) Engagement; (2) Quality; (3) ACO/MCO Relationship/Integration; (4) Utilization/Spend; (5) Care Coordination; and (6) Financial Sustainability
- MassHealth is in the process of developing an internal CP dashboard and contracted with an external vendor to produce external, CP-facing data reports.

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 Community Service Agencies (CSAs) succeed in MassHealth payment reform.

During Q4, MassHealth renewed the contract with managing vendor, Commonwealth Corporation, to continue their work on investment programs targeting training for community health workers (CHWs), peer specialists, and the frontline healthcare workforce for another year. MassHealth released (via the Massachusetts League of Community Health Centers) the application for the third round of Family Nurse Practitioner (FNP) Residency Training Grants in May 2020. MassHealth also released (via Abt Associates) an RFP to procure additional TA Vendors for the DSRIP SWI TA Program for ACOs and CPs. Holyoke Community College (HCC) and the Center for Health Impact (CHI), which were funded (via Commonwealth Corporation) to provide CHW core competency training, each hosted training cohorts in virtual format. A Statewide Investment Pop Up event (similar to a mini-conference) initially planned in collaboration with nonprofit Health Care for All (via Abt Associates) for spring 2020 was postponed due to the pandemic. The Pop Up, which focuses on medical-oral health integration, was rescheduled for September 2020 in virtual format.

Annual Summary

Q1:

- Released a competitive procurement via the Massachusetts League of Community Health Centers for the second round of Family Medicine and Family Nurse Practitioner

Residency Training Programs.

- Hosted (via Abt Associates) 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 focused on various aspects of member engagement.

Q2:

- Hosted the first cohort of trainees in the CHW Supervisor Training Program (via the Center for Health Impact and Commonwealth Corporation), a program that was designed by Center for Health Impact with funding from DSRIP Statewide Investments (SWI). At least two more DSRIP-supported training cohorts will follow.
- Hosted (via Abt Associates) the second event in the SWI Pop Up series, focused on creating systems of care that recognize and respond to MassHealth member priorities and circumstances.
- Announced (via the Massachusetts League of Community Health Centers) student loan repayment awards to 81 providers in community health centers and community-based BH provider organizations and special project awards to 20 such health centers and BH provider organizations.

Q3:

- Renewed the contracts with managing vendor, Abt Associates, to continue their work on the TA Program for another year, and with managing vendor, Massachusetts League of Community Health Centers (MassLeague), to continue their work on the community-based workforce development grant programs and the CHC Readiness Program for another year.
- Renewed contracts (via Commonwealth Corporation) with CHW core competency training providers to provide training for another 200 CHWs in calendar year 2020. (These training providers were selected in 2019 via a competitive application process).
- TCHI, which was awarded a grant in 2019 to develop a CHW Supervisor training curriculum and deliver it to three cohorts in various regions of the state, launched the second and third training cohorts in Worcester and Fall River, respectively, in January 2020.
- Released applications (via the MassLeague) for the third rounds of student loan repayment awards and primary care/behavioral health special projects awards in February 2020.
- Announced (via the MassLeague) the FNP Residency Training Grant awards to four community health centers in March 2020; these grants enabled these community health centers to provide one-year FNP residency training opportunities for a total of eight new

FNPs in 2020.

Carry-Forward

MassHealth is carrying forward $110.8M of its DY3 Expenditure Authority (25.02%) into DY4. As noted in the DSRIP Protocol (Section 4.7), the State may carry forward the DY3 funding for the Flexible Services and the following Statewide Investments: APM Preparation Fund, the Enhanced Diversionary Behavioral Health Activities Program, the technical assistance program, workforce development grant program, and the Improved Accessibility for Members with Disabilities or for Whom English is Not a Primary Language into the following DSRIP Year without counting against the carryforward 15% benchmark described in STC 60(d)(ii). With that exclusion, the carry forward percentage is reduced from 25.02% to 14.99% of DY3 Expenditure Authority.

	$Ms (Shared with CMS in DY3 Annual Report)						% Carry Forward
	DY1	DY2	DY3	DY4	DY5	Total	
Protocol	$367.0M	$404.9M	$442.9M	$347.3M	$237.9M	$1,800.0M	
BP3 carry forward*			-$110.8M	$110.8M		$0.0M	**25.02%**
Flexible Services and SWI DY3 Exceptions to 15%			-$66.4M				**14.99%**
New total EA	**$367.0M**	**$404.9M**	**$332.1M**	**$458.1M**	**$237.9M**	**$1,800.0M**	

*does not include Flexible Services and SWI Exceptions

Note: Assumes 100% of at-risk funds are paid out

Updates to Statewide Investments Expenditure Authority Allocation (Exhibit 15, DSRIP Protocol)

On August 6, 2020, the State received the approval of an updated version of Exhibit 15 that included funding shifts between Statewide Investments initiatives and anticipated Carryforward amounts based on the best estimates at that time. After reviewing the final expenditures for DY3, the State submits the adjustments detailed below.

The table below contains the Statewide Investments expenditure authority detailed in Exhibit 15 of the DSRIP Protocol (Approved August 6, 2020):

Updated Statewide Investments Expenditure Authority Table (Approved August 6, 2020)

Statewide Investments	DY1	DY2	DY3	DY4	DY5	Total
SWI #1: Student Loan Repayment Program	$3.89 M	$5.48 M	$3.20 M	$3.50 M	$2.30 M	$18.37 M
SWI #2: Primary Care Integration Models and Retention	$1.71 M	$1.95 M	$1.45 M	$1.20 M	$1.00 M	$7.31 M
SWI #3: Investment in Primary Care Residency Training	$0.15 M	$1.06 M	$2.65 M	$2.10 M	$2.40 M	$8.36 M
SWI #4: Workforce Development Grant Program	$1.70 M	$2.92 M	$0.79 M	$4.11 M	$2.40 M	$11.92 M
SWI #5: Technical Assistance for ACOs and CPs	$10.32 M	$10.57 M	$5.60 M	$11.30 M	$6.20 M	$43.99 M
SWI #6: Alternative Payment Methodology Preparation Funds	$2.20 M	-	-	$8.50 M	$1.20 M	$11.90 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	$1.30 M	-	-	$1.85 M	-	$3.15 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	$0.28 M	$2.41 M	$0.50 M	$4.70 M	$2.00 M	$9.89 M
Total	$21.55 M	$24.39 M	$14.19 M	$37.26 M	$17.40 M	$114.80 M

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

- Per Section 4.6 of the DSRIP Protocol, the State may shift funding among the eight Statewide Investments initiatives within a DSRIP year without obtaining CMS approval if the shifted amount is less than $1M or less than 15% of the original funding amount for the investment contributing the shifted amount, whichever is higher.
    - As part of this update, the State shifted amounts that were less than $1M from SWI #3 ($0.28M) to SWI #5, as detailed in the table below:

Shifting Expenditure Authority Within DY3

Statewide Investments	DY3 Exp Auth (Step 1)	Shifted Exp Auth Within DY3	Updated DY3 Exp Auth (Step 2)	% Shift	Notes
SWI #1: Student Loan Repayment Program	$3.20 M	-	$3.20 M	0%	
SWI #2: Primary Care Integration Models and Retention	$1.45 M	-	$1.45 M	0%	
SWI #3: Investment in Primary Care Residency Training	$2.65 M	-$0.28 M	$2.37 M	-11%	Shifted exp auth <$1M
SWI #4: Workforce Development Grant Program	$0.79 M	-	$0.79 M	0%	
SWI #5: Technical Assistance for ACOs and CPs	$5.60 M	$0.28 M	$5.88 M	5%	Shifted exp auth <$1M
SWI #6: Alternative Payment Methodology Preparation Funds	-	-	-	0%	
SWI #7: Enhanced Diversionary Behavioral Health Activities	-	-	-	0%	
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	$0.50 M	-	$0.50 M	0%	
Total	$14.19 M		$14.19 M		

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

- Per Section 4.7 of the DSRIP Protocol, the State may carry forward the DY3 funding for the following Statewide Investments: APM Preparation Fund, the Enhanced Diversionary Behavioral Health Activities Program, the technical assistance program, workforce development grant program, and the Improved Accessibility for Members with Disabilities or for Whom English is Not a Primary Language into the following DSRIP Year without counting against the State's carryforward 15% benchmark.
    - The State is carrying forward $0.14M of the DY3 expenditure authority for these programs, as detailed in the table below. The carry forward amount is included in the $110.8M of DY3 carryforward expenditure authority that the State is reporting in a later section of this annual report.

Carrying Forward Expenditure Authority from DY3 to DY4

Statewide Investments	Updated DY3 Exp Auth	Final DY3 Exp Auth	DY4 Exp Auth in Protocol	DY3 Carry Forward	Updated DY4 Exp Auth
SWI #1: Student Loan Repayment Program	$3.20 M	$3.20 M	$3.50 M	-	$3.50 M
SWI #2: Primary Care Integration Models and Retention	$1.45 M	$1.45 M	$1.20 M	-	$1.20 M
SWI #3: Investment in Primary Care Residency Training	$2.37 M	$2.37 M	$2.10 M	-	$2.10 M
SWI #4: Workforce Development Grant Program	$0.79 M	$0.78 M	$4.11 M	$0.01 M	$4.12 M
SWI #5: Technical Assistance for ACOs and CPs	$5.88 M	$5.88 M	$11.30 M	-	$11.30 M
SWI #6: Alternative Payment Methodology Preparation Funds	-	-	$8.50 M	-	$8.50 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	-	-	$1.85 M	-	$1.85 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	$0.50 M	$0.37 M	$4.70 M	$0.13 M	$4.83 M
Total	$14.19 M	$14.05 M	$37.26 M	$0.14 M	$37.41 M

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

- See the table below for the most updated view of the State's Statewide Investments expenditure authority allocation.

Updated Statewide Investments Expenditure Authority Table

Statewide Investments	DY1	DY2	DY3	DY4	DY5	Total
SWI #1: Student Loan Repayment Program	$3.89 M	$5.48 M	$3.20 M	$3.50 M	$2.30 M	$18.37 M
SWI #2: Primary Care Integration Models and Retention	$1.71 M	$1.95 M	$1.45 M	$1.20 M	$1.00 M	$7.31 M
SWI #3: Investment in Primary Care Residency Training	$0.15 M	$1.06 M	$2.37 M	$2.10 M	$2.40 M	$8.07 M
SWI #4: Workforce Development Grant Program	$1.70 M	$2.92 M	$0.78 M	$4.12 M	$2.40 M	$11.92 M
SWI #5: Technical Assistance for ACOs and CPs	$10.32 M	$10.57 M	$5.88 M	$11.30 M	$6.20 M	$44.28 M
SWI #6: Alternative Payment Methodology Preparation Funds	$2.20 M	-	-	$8.50 M	$1.20 M	$11.90 M
SWI #7: Enhanced Diversionary Behavioral Health Activities	$1.30 M	-	-	$1.85 M	-	$3.15 M
SWI #8: Improved Accessibility for Members with Disabilities or for Whom English Is Not a Primary Language	$0.28 M	$2.41 M	$0.37 M	$4.83 M	$2.00 M	$9.89 M
Total	$21.55 M	$24.39 M	$14.05 M	$37.41 M	$17.40 M	$114.80 M

*Displayed numbers are rounded; therefore, totals and updated expenditure authority numbers may not add up exactly

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 Q4, ACOs, CPs, and CSAs submitted their PY2/BP2 Annual Progress Reports. MassHealth and the IA approved or requested revisions to all PY2/BP2 Annual Reports and approved all PY3/BP3 Budget, Budget Narrative, and Full Participation plan revisions (requested in Q3). MassHealth disbursed the Q1 and Q2 ACO Start Up and Ongoing and the first BP2 Infrastructure and Capacity Building payments to ACOs, CPs, and CSAs. The IA continued to work on the Midpoint Assessment. For additional details, please see the evaluation section of this report.

During this quarter, MassHealth's My Ombudsman continued to provide outreach, education, and assistance to members without disruption from the COVID-19 pandemic, facilitated by existing policies regarding remote work and readily available IT support (except that walk-in services were temporarily discontinued).

As a result of the pandemic, My Ombudsman has fully shifted to virtual outreach activities while maintaining relationships with community-based organizations and partners. This quarter, My Ombudsman participated in 13 virtual outreach events, reaching a total of 595 participants in locations all over the state. These activities included presentations, networking events, webinars, and other virtually based work. One of these newer virtual activities included presentations on Deaf/Hard of Hearing culture to three community-based organizations, provided by the program's Deaf and Hard of Hearing Ombudsman staff.

Ombudsman staff have also received routine training on new and updated MassHealth policies related to COVID-19 as needed, while the program director checks in weekly with the MassHealth contract manager to relay information on escalated cases, particularly COVID-related cases and to discuss any questions related to COVID-19 policies. Over this quarter, the top complaint topics for managed care (excluding individuals enrolled in integrated care programs serving dual members) included complaints related to physicians and hospitals, benefits and access (mostly dental care), grievances related to inadequate care coordination, and issues related to DME.

During this quarter, the Member Experience Survey Vendor, Massachusetts Health Quality Partners (MHQP), continued fielding the 2020 MassHealth Primary Care, Behavioral Health, and the Long-Term Services and Supports surveys for adult and child members based on services received in 2019. These activities included sending a final wave of email invitations to members, preparing bi-weekly survey response rate reports to monitor progress, and responding to member email and telephone inquiries about the surveys. Following the close of the fielding period in May, MHQP completed and submitted the final 2020 survey response rate report and the 2020 Technical Report to MassHealth. In May and June, MHQP started worked with the survey sub-vendor and the project statistician to prepare survey datasets and conduct analyses on the survey data.

The Delivery System Reform Implementation Advisory Council (DSRIC) held a meeting in May an provided an overview of MassHealth's response to COVID-19. In June, another meeting was held to provide a review of baseline Quality Performance. MassHealth continued to provide updated key statistics such as ACO and CP member enrollment.

<u>Annual Summary</u>

Q1:

- ACO:
    - All 17 ACOs submitted Semiannual Progress Reports
    - MassHealth began to review the ACO Semiannual Progress Reports
    - MassHealth finalized preparations for the PY3 Budget, Budget Narrative, and Full Participation Plan updates

- CP/CSA:
    - All CPs and CSAs submitted Semiannual Progress Reports (including BP2 Budget revisions)
    - MassHealth began to review the CP and CSA Semiannual Progress Reports
    - MassHealth finalized preparations for the BP3 Budget, Budget Narrative, and Full Participation Plan updates
- The Independent Assessor, Public Consulting Group (PCG):
    - Received all 17 ACO PY2 Semiannual Reports and any accompanying Budget revisions
    - Received all CP and CSA Semiannual progress reports and BP2 budget revisions
    - Continued to work with the Independent Evaluator on the Midpoint Assessment
        - For additional details, please see the evaluation section of this report
- Member Experience Survey Vendor, MHQP:
    - The Member Experience Survey Vendor, MHQP completed analysis of the results of the three 2019 MassHealth Member Experience Surveys (MES) which included Primary Care, Behavioral Health, and Long Term Services and Supports Surveys.
    - MHQP also completed the 2019 Member Experience Survey Analysis Report, which detailed the data analysis, the 2019 Technical Report, which described the survey methodology and survey administration, and the 2019 Recommendations Report, which provided recommendations for the 2020 survey administration.
- Delivery System Reform Implementation Advisory Council (DSRIC):
    - Did not hold meetings during this quarter
- Ombudsman
    - My Ombudsman participated in 31 outreach events, attended by approximately 11,000 participants in locations all over the state.
    - My Ombudsman piloted an "office hours" 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.
    - My Ombudsman presented an overview of ombudsman activity to MassHealth's Disability Advocates stakeholder group. This presentation included an update on overall complaint volume over the past year, including a discussion of the top high-level complaint topics for managed care members (members enrolled in ACOs and MCOs) as compared to members enrolled in integrated care (programs serving dual eligible members, such as One Care, Massachusetts' Financial Alignment Demonstration). My Ombudsman also shared examples of complaints they had handled related to accessibility for individuals with disabilities.

        - The top complaints for managed care members included assistance with appeals and grievances, access to behavioral health services, and general benefits/access complaints.
        - The top complaints for integrated care members included care coordination, access to LTSS, and transportation.

Q2:

- ACO:
    - MassHealth sent Guidance and Templates to ACOs for the PY3 Budget, Budget Narrative, and Full Participation Plan updates
    - All 17 ACO PY2 Semiannual Progress Reports were approved
    - MassHealth disbursed the 3rd Start Up and Ongoing payments to all ACOs
- CP/CSA:
    - MassHealth sent Guidance and Templates to CPs and CSAs for the BP3 Budget, Budget Narrative, and Full Participation Plan updates
    - All CP and CSA PY2 Semiannual Progress Reports were approved
    - MassHealth disbursed the final Infrastructure and Capacity Building payments to all CPs and CSAs
- The Independent Assessor:
    - Reviewed and approved all ACO, CP, and CSA semi-annual progress reports and PY2/BP2 budget revisions
    - Continued to work on the Midpoint Assessment
        - For additional details, please see the evaluation section of this report.
- Member Experience Survey Vendor, :
    - The Member Experience Survey Vendor, MHQP made minor updates to the Year 2 adult and child versions of the Primary Care Survey, the Behavioral Survey, and the LTSS Survey.
    - MHQP also prepared and updated survey invitation letters, reminder letters, survey web pages (for online surveys) and accompanying materials for the three surveys.
    - In addition, MHQP reviewed and processed multiple test survey sample frames prepared by MassHealth in preparation for selecting the 2020 survey sample.
- Ombudsman
    - My Ombudsman participated in 41 outreach events, attended by approximately 1,889 participants in locations all over the state.
    - My Ombudsman produced a VLOG that explains the services offered by My Ombudsman in American Sign Language (ASL) with English captions, in an effort to better serve members of the Deaf and Hard of Hearing (HOH) communities. The VLOG is posted on their website at https://myombudsman.org/.
    - My Ombudsman initiated an electronic newsletter which was met with positive feedback, https://myombudsman.org/newsletter.The top complaint topics for

managed care members (excluding integrated care programs serving dual eligible members) included assistance filing appeals and grievances, claims/payment (billing), and transportation.

- Delivery System Reform Implementation Advisory Council:
    - Held a meeting in October to provide a one-year review of the CP program.
    - Another meeting was held in December to provide a performance update on ACO DSRIP investments. MassHealth also discussed establishing of the DSRIC Health Equity Subcommittee. MassHealth reported again on updated vital statistics such as ACO and CP member enrollment.

Q3:

- ACO:
    - MassHealth approved or requested revisions on all ACO PY3 Budgets, Budget Narratives, and Full Participation Plan updates
    - MassHealth sent Guidance and Templates to ACOs for the PY2 Annual Progress Reports which were due in Q4
    - MassHealth disbursed to ACOs the DSRIP At-Risk payments for PY1
- CP:
    - MassHealth approved or requested revisions on all CP and CSA BP3 Budgets, Budget Narratives, and Full Participation Plan updates
    - MassHealth sent Guidance and Templates to CPs and CSAs for the PY2 Annual Progress Reports which were due in Q4
- The Independent Assessor:
    - Reviewed and approved or requested revisions on all ACO, CP, and CSA PY3/BP3 Budgets, Budget Narratives, and Full Participation Plan updates
    - Continued to work on the Midpoint Assessment
        - For additional details, please see the evaluation section of this report
- Ombudsman
    - My Ombudsman participated in 19 outreach events, attended by approximately 1,840 participants in locations all over the state.
    - Successfully transitioned from in-person to remote work while remaining fully operational (except for walk-in services), due to COVID-19.
    - Shifted focus to virtual outreach activities while maintaining relationships with community-based organizations and partners.
    - The top complaint topics for managed care members (excluding integrated care programs serving dual eligible members) included complaints related to physician/hospital, benefits access, claims payments (in part due to follow-up delays based on temporary office closures as a result of COVID-19), and those seeking assistance filing appeals and grievances.
- Member Experience Survey Vendor:

- MHQP updated and finalized the Primary Care, Behavioral Health, and the Long-Term Services and Supports surveys for adult and child member based on services received in 2019.
- From late January through March, MHQP fielded these surveys (available in up to nine languages) by mail and email.
- MHQP also prepared bi-weekly survey response rates during the fielding period and responded to member email and telephone inquiries about the surveys.

- Delivery System Reform Implementation Advisory Council:
  - Held a meeting in February to review the preliminary CY18 DSRIP Performance. Also during this meeting, MassHealth provided an update on the Flexible Services program. An update on the DSRIC Health Equity Subcommittee, which started working and held several meeting during Q3, was also provided during this meeting.

MassHealth ACO/APM Adoption Rate

Overview

- **ACO members[1] as of 6/30/20**: 984,248
- **ACO-eligible members[2] as of 6/30/19**: 1,203,394
- **Percent of ACO-eligible members enrolled in ACOs**: 81.8%

Note that the numerator of the percentage does not currently include MCO enrollees that are covered by APMs that are not ACOs[3]. The State is working to gather this information.

Managed Care Plan	Members	Membership percentage	HCP-LAN Category
Model A	585,582	48.66	Category 4C
Model B	388,697	32.30	Category 3B
Fee For Service (not managed care)	33,863	2.81	Category 1

[1] The numerator (i.e., ACO members) includes all ACO model types (A, B, and C).
[2] The denominator (i.e., ACO-eligible members) includes all ACO enrollees (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. This includes Department of Children and Family (DCF) children and others who are eligible for managed care but either between plans or not subject to mandatory enrollment.
[3] MassHealth MCOs may also have APM contracts with their contracted providers other than the ACOs. These members would not be currently captured in the numerator. MassHealth is working to gather this information from the MCOs.

Traditional MCOs (including 10K Model C members)	103,241	8.58	Traditional MCO: Category 4N[4] (between State and MCO) Model C: Category 3B (between MCO and Model C)
Primary Care Clinician (PCC) Plan	92,007	7.65	Category 1

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 April 2020, MassHealth provided more information to ACOs about programmatic changes made to the FS program in light of COVID-19, including guidance, a standard Full Participation Plan (FPP), and standard Preparation Period materials that the ACOs could leverage in order to quickly develop and submit COVID-19 FS programs for approval. MassHealth worked with ACOs to discuss potential program options given this new guidance. As part of the Social Services Organization (SSO) FS Preparation Fund, the Massachusetts Department of Public Health (DPH) and MassHealth approved five additional SSOs as part of the second round of funding, bringing the number of SSOs participating in the fund to 19 total.

Throughout May, MassHealth continued to review FS programs, working with ACOs to address MassHealth's feedback on their plans and budgets in order to receive approval for program launch. In June, MassHealth provided a policy update related to its FS administrative cost policy, which allowed ACOs to fund FS administrative expenses incurred by the ACO, as allowed in the Flexible Services Protocol. as part of the SSO FS Preparation Fund, MassHealth worked with the Massachusetts DPH to host a learning collaborative between ACOs and SSOs on June 23rd. This session was the first of a series of technical assistance and capacity building sessions to enhance learning and skills development, as well as strengthen networks, so that organizations can more effectively carry out the goals of the overall DSRIP Initiative. In addition, ACOs submitted FPPs and budgets to MassHealth as part of Cycle 3 of the FS program on June 26th. On June 30th, ACOs submitted their first Quarterly Tracking Report (QTR) to MassHealth to report on the members receiving FS for all launched programs in Q1.

Annual Summary

Q1:

[4] 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.

- Held a Social Services Integration Work Group (SSIWG meeting in July to provide members with an update on Flexible Services policy decisions, provide a preview of criteria to be an SSO, and gather feedback from SSIWG members on these topics.
- 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.
- 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.
- Submitted a request to modify the FS Protocol to CMS, which was approved by CMS in July.
- 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.
    - Held two informational stakeholder meetings to explain the document and answer questions in August. ACOs then submitted their Full Participation Plans 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.
- Partnered with the Massachusetts Department of Public Health 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

Q2:

- In October 2019, 15 SSOs submitted proposals to receive funding under the DPH SSO FS Preparation Fund. The first round of SSO FS Preparation Fund recipients were determined in December.
- Continued to review FPP and BBN submissions by ACOs in September 2019 throughout the end of the year.
    - Additionally, ACOs submitted the screening tools that they will use to screen eligible members for their programs, which were reviewed and approved by MassHealth.
- Completed FPP and BBN reviews and on December 20, 2019, issued approval for 37 FS programs to launch in early January 2020.

Q3:

- Launched the first set of FS programs on January 31st and continued to review the FPPs/BBNs of submitted programs and worked with ACOs to issue feedback on submissions in preparation for approval.
    - In March, ACOs submitted FPPs and BBNs for Cycle 2 of review and approval, with the intention of having these programs launch by June 30, 2020.
- Participated in a public presentation given as part of the Massachusetts Training Forum (MTF) on January 28th to provide overview of the FS Program to staff of health care organizations and community agencies that serve MassHealth members, the uninsured, and underinsured.
- Participated in presentations to the DSRIC on February 7th and the SSIWG on February 14th.
- Participated in several presentations with various stakeholder groups to give updates on the FS program, including the MA Health Care Training Forum , Assisters, Medicaid Advocates, and Blue Cross Blue Shield Association.
- Organized a public meeting on March 5th where a detailed status update was shared on the program and engaged ACOs and SSO partners in a joint kickoff meeting on March 24th to set expectations for contract management engagement with ACOs and outline upcoming programmatic deadlines.
- With the onset of the COVID-19 state of emergency, MassHealth made several programmatic and policy changes for FS:
    - Allowed ACOs to submit plans on an ongoing basis throughout the state of emergency to serve members impacted by COVID-19 using FS funds, and committed to an expedited, 3-4 week review and approval period for COVID-19 FS plans.
    - Relaxed the in-person screening and planning requirement through the remainder of 2020 to give members increased flexibility and safety with being screened virtually and over the phone for FS during the state of emergency. CMS approved this flexibility in a modification to the Flexible Services Protocol.

Infrastructure and Capacity Building

During Q4, MassHealth continued to connect with awardees to collect final reports for Infrastructure and Capacity Building (ICB) Round 2 Installment 2 and continued the review of the submitted reports.

<u>Annual Summary</u>

Q1:

- Continued to connect with awardees to collect final reports for ICB Round 2 Installment 1.
- Received 36 final reports for ICB Round 2, Installment 2

Q2 & Q3:

- Continued to connect with awardees to collect final reports for ICB Round 2 Installment 2
- Continued the review of the submitted reports.

Operational/Issues

During this quarter, Maximus (MassHealth's Member and Non-LTSS Provider Customer Service Center) answered 474,280 calls (an average of 7,528 per day) and maintained an average abandonment rate of 5.02%. In addition to this, Maximus:

- transitioned all their staff to work from home amid the COVID-19 pandemic
- worked with EOHHS on a new, fillable W-9 form (updated in March 2020) however, due to COVID-19, the previous version is still being accepted
- began planning for a phased approach for implementation of cost sharing requirements
- shared a draft with approaches for implementing new provider Electronic Data Interchange (EDI) testing
- continued working to split the HIX reinstatement file based on the referral reason. The result will be two files, one for cases to be redetermined and the other for cases to not be redetermined.

In addition to the above, changes are underway to MMIS which will impact the EDI file transactions that providers use for submitting claims and receiving payment. The changes will be implemented on January 1, 2021, but delays may impact this.

Finally, a Domestic Violence Escalation Process has been developed to allow for MassHealth applicants/members that are experiencing domestic violence, or have identified themselves as a victim, to receive special assistance.

Annual Summary

MassHealth continued throughout the year to make 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 transitioning all employees to work from home beginning in March and April of 2020,

amid the COVID-19 pandemic. Throughout this transition, the customer service center was able to maintain service levels. Staff were also educated on eligibility flexibilities that MassHealth put in place during the pandemic, as well as flexibilities surrounding verbal attestations, CAC involvement, premium billing, Requests for Information (RFIs) and automatic renewals. Additionally, the customer service center established a Homeless Hotel line to be able to assist the homeless population and their need for medical care resulting from COVID-19.

Policy Developments/Issues

Annual Summary

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

In response to the COVID-19 pandemic, Governor Baker declared a State of Emergency on March 10, 2020. Starting with the end of the 3rd quarter through the end of the 4th quarter, MassHealth has made a number of policy changes in response to COVID-19, including expanding eligibility for hospital presumptive eligibility, expanding services available under telehealth, and allowing 90 day supplies of medications. Provider Bulletins describing these and other changes are posted on a COVID-19 dedicated page on the MassHealth website https://www.mass.gov/coronavirus-disease-covid-19-and-masshealth. MassHealth also updated its processes to not terminate members who were enrolled on or after March 18, 2020, unless they meet certain exceptions.

On March 20, EOHHS submitted a request for a variety of flexibilities under 1135 waiver authority and CMS approved a number of the items on March 26, including flexibilities related to prior authorization, member appeals and provider screening. At the end of the 3rd quarter

EOHHS also submitted an Appendix K request to grant the Commonwealth certain flexibilities for the operation of Home and Community Based Services (HCBS) waivers. This Appendix K was approved in the 4th quarter.

During the 4th quarter EOHHS submitted two additional 1135 waiver requests and CMS approved additional items from the third 1135 request including waivers allowing Massachusetts to provide Home and Community-Based Services in alternative settings and to modify the deadline for conducting annual Targeted Case Management monitoring visit and follow-up. CMS also pointed EOHHS to a number of blanket waivers available for certain of the 1135 requests and the remaining items are currently pending.

Also, during the 4th quarter, EOHHS submitted an Emergency COVID-19 1115 Demonstration request related to cost sharing waivers, reporting modifications and extensions, retroactive eligibility and various expenditure authorizations, among other items. This request is currently pending. EOHHS also submitted and received approval from CMS for a second Appendix K waiver.

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) 2020 as reported through the quarter ending June 30, 2020 (QE 06/30/20). SFY 2020 expenditures and member months are from SFY 2020 Quarters 1-4 actual data.

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

Safety Net Care Pool (SNCP)

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

Budget neutrality - summary

In sum, the total projected budget neutrality cushion is $4 billion for the period SFY 2018 through SFY 2022 and $20.5 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

Expenditure and Eligibility Group (EG) Reporting	April 2020	May 2020	June 2020	Total for Quarter Ending 06/20	Total for SFY 2019	Total for SFY 2020
Base Families	707,921	719,596	731,191	2,158,708	8,573,083	8,500,769
Base Disabled	227,161	227,425	227,298	681,884	2,797,363	2,726,610
1902(r)(2) Children	12,588	13,852	15,213	41,653	186,958	147,307
1902(r)(2) Disabled	17,762	17,677	17,643	53,082	212,770	212,991
New Adult Group	329,512	337,877	343,882	1,011,271	3,816,455	3,871,581
BCCDP	1,110	1,111	1,120	3,341	13,667	13,368
CommonHealth	32,503	32,502	32,549	97,554	364,205	386,605
TANF/EAEDC*	76,758	75,411	71,383	223,552	767,738	863,292

*TANF/EAEDC is a subcategory of Base Families

- **For Informational Purposes Only**

Expenditure and Eligibility Group (EG) Reporting	April 2020	May 2020	June 2020	Total for Quarter Ending 06/20
e-HIV/FA	720	724	723	2,167
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 complaints and MassHealth flexibilities for members in response to COVID-19.

Quality Assurance/Monitoring Activity

Managed Care Quality Activities

Managed Care Program (under 65, non-disabled)

The MassHealth Managed Care (MCO) Program continued to engage in quality-related activities focused primarily on quality measurement and improvement. During Quarter 1, the MassHealth Quality Office (MQO) initiated its review of managed care performance on the 2019 HEDIS measure slate and compared individual MCO and overall MassHealth performance to regional and national benchmarks. MassHealth uses the MCO-submitted data to calculate MassHealth weighted means and other descriptive statistics. Additionally, in Q1 MCOs submitted their year-end report completing baseline year project activities and closing out CY19 project year.

In Q2, the MCO program calculated the results of several measures in the Adult and Child Core Sets. Rates were completed in mid-December and sent to MassHealth executive leadership for review prior to reporting in the MACPro system. All results were reported and certified prior to the January deadline. Additionally in Quarters 2 and 3, MassHealth analysts continued to analyze the 2019 HEDIS (measurement period – CY18) data that was submitted in SFY19 Q4, calculating several data points that will support public performance reporting on the MassHealth website.

In addition to assessing performance on quality measures, the MCOs continued work on the contractually required quality improvement projects initiated last year. CY20 represents the second year and the only re-measurement period of the 2-year Quality Improvement Goals cycle for the MCO program. In Q3, MCOs submitted their first CY20 quality improvement project deliverable, a mid-year progress report. In this report, MCOs highlight any modifications to their quality improvement projects based on the initial findings from year 1 as well as describe their implementation plan for the upcoming year.

In Quarter 4 MCEs completed their HEDIS 2020 data collection and submitted their results to National Committee of Quality Assurance (NCQA) via the Interactive Data Submission System (IDSS) as well as the MassHealth Quality Office (MQO). Given record collection issues associated with COVID 19, NCQA permitted Managed Care entities to submit HEDIS 2019 hybrid rates, which all our managed care entities elected to do. MassHealth is awaiting the release of national benchmark data early next year. Once received, the MQO will begin comparing plan HEDIS data to these national benchmarks. During Q4 MCOs continued Year 2 implementation of their quality improvement projects, incorporating any recommendations made by MassHealth and its External Quality Review Vendor during the planning phase. In September 2020, MCOs will submit their year-end reports for analysis and review as well as begin preparation for selecting new topics for the next QIP cycle.

External Quality Review (EQR) Activities

During Q1, the External Quality Review Organization (EQRO) began completing reviews of

Performance Improvement Project (PIP) materials submitted in Q1 by all MassHealth Managed Care Plans including MCOs, Accountable Care Partnership Plan ACOs, Senior Care Organizations, One Care Plans, and the Massachusetts Behavioral Health Partnership. Each plan submitted a CY 2019 year-end report for each project, one focused on a behavioral health topic and the other on a priority condition identified by the plan. The EQRO held teleconferences with each plan to ask questions and discuss feedback on the projects during Q1 and Q2, with final scores being reviewed by MassHealth and shared with plans in November during Q2. 2019 Performance Measure Validation (PMV) activities for MBHP, MCOs, SCOs, and One Care plans concluded in November; final scoring work sheets were shared with plans in December.

The majority of EQR work in Q3 focused on the drafting and finalization of the EQR technical report. In March, managed care plans submitted a midyear report that details Quality Improvement Plan (QIP) modifications based on the initial findings from year one as well as describe their implementation plan for the upcoming year. Feedback on these reports was provided to plans in early Q4.

During Quarter 4, EQR activities focused primarily on compliance audit activities for SCO, One Care, and MBHP plans as well as performance measure validation preparation. In June, the EQRO sent RFIs to the several of our managed care plans (SCO, One Care and MBHP) for both compliance and PMV activities. Additionally, the PCC Plan, which participates voluntarily, also received an RFI for PMV activities only. Plans are asked to provide requested documentation within 6 weeks for review by the EQRO in Q1 and Q2 of FY21. The MassHealth MCO plans received RFIs in September and ACO plans will receive RFIs in October with PMV documentation review being completed in Q2 of FY21. MCOs and ACOs will participate in compliance audit activities later in CY20.

MassHealth Quality Committee

The MassHealth Internal Quality Committee (IQC) serves as an internal collaborative forum with the goal of developing recommendations on quality topics and issues that will support program managers and leadership across MassHealth in driving quality strategy and programming, quality measurement and alignment and improvement and evaluation activities. In Q1, the group finalized its calendar for the fall. The committee reviewed its membership and onboarded new members from additional programs across the organization. .

In Q2, the Committee focused on understanding the developments and current landscape of behavioral health quality measures related to opioid use and substance use disorders. The group identified appropriate measures to calculate, analyze and monitor across the MassHealth population.

In Q3, the Committee commenced the quarter with quality program updates as part of the annual

cycle to revisit and discuss program quality measures and quality improvement initiatives to identify and promote continued alignment across programs. The Committee started discussions around demographic, Race/Ethnicity/Language (REL) and Social Determinants of Health (SDOH) data within quality measure data. In Q3 and Q4, the committee focused on priorities that emerged given the COVID-19 pandemic, including assessment of the impact of data collection, reporting and accountability for various programs, and federal considerations and flexibilities. The group also started planning its process for annual public reporting and every three year Quality Strategy review and update.

MassHealth ACO/CP Quality Strategy

In Quarter 1, MassHealth held a formal, in person meeting with Community Partners regarding a large set of clinical quality requirements spanning both the LTSS CP and BH CP Program. Benchmarking information as well as Pay for Performance timing were also reviewed.

In Quarter 2, MassHealth released a formal end of year DSRIP report, inclusive of ACO level quality results for CY2018 with plans to present these results to several key stakeholder groups. Furthermore, MassHealth engaged the DSRIP Quality Subcommittee in proposing performance benchmarks for remaining CP clinical measures entering into pay-for-performance status beginning CY2020.

In Quarter 3, MassHealth engaged numerous stakeholders (i.e., CMS, NCQA, ACOs, DSRIP Quality Subcommittee, other State Medicaid agencies) in a discovery phase assessment of anticipated COVID-19 impacts to quality measurement. Results of these discussions were drafted into a series of recommendations of DSRIP quality program modifications and submitted to CMS in July 2020.

In quarter 4, MassHealth prepared an intake process of supplemental data intended to support ACOs in the clinical data collection process for CY2019 data. Finally, MassHealth commenced the first formal audit of CP quality data intended to support Pay-for-Reporting calculations for CY2019. This year of ACO Quality represents a productive, yet very challenging period. MassHealth was fortunate to collaborate with NCQA, CMS, and other State Medicaid agencies on best practices for accommodating the impact of COVID-19 within a quality measurement environment.

CMS Grant Activities –Contraceptive Use Grant

The Contraceptive Use Grant formally concluded in the end of Q1 and MassHealth completed grant closeout activities in Q2. MassHealth disseminated the contraceptive data reports to the 14 community health centers identified in previous quarters, e.g. Title X providers not already receiving additional support from the Massachusetts Department of Public Health. In

December, MassHealth submitted the final financial report to CMS as well as reported on both contraceptive measures as part of the Adult Core Set reporting for 2019. MassHealth will continue work with stakeholders to evaluate contraceptive data and intends to continue to report on contraceptive usage as part of CMS Core Set reporting.

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 this quarter included completion of Member Experience Key Informant Interviews (KII), beginning the process for the MassHealth leadership staff KIIs, ACO and CP provider survey data collection, and synthesizing data and analyses for integration into the interim report.

During quarter 4, UMMS finalized member outreach and conducted 30 KIIs with MassHealth members. The evaluation team also began finalizing criteria to determine which sites to use for the case studies, informed by document review of ACO and CP submissions, as well as the results of the KIIs performed and analyzed to date. The team also finalized interview guides for the MassHealth leadership staff KIIs.

In Q3, survey administration was initiated for the wave-one practice sites and collection of provider contact information for 16 wave-two ACOs was initiated. UMMS also completed cognitive testing of the CP staff survey and began collecting CP staff contact information. Some of this work continued into Q4 due to COVID-19 delays.

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

COVID-19 continues to impact evaluation activities, most notably delaying data collection efforts. To avoid placing additional demands on providers and staff, UMMS temporarily suspended survey related activities at the end of March due to the COVID-19 pandemic's acute demands on the healthcare system, but restarted efforts again during quarter four.

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. Synthesis of initial data for interim report
b. Relaunched the provider survey

B. Evaluation components involving primary data collection:

Activities Completed in Quarter 4

- Completion of 30 Member Experience KIIs
- Completion of MassHealth leadership staff KII guides and scheduling.
- Finalization of criteria for ACO site selection for case studies
- Relaunched ACO Provider Survey

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

Activities Completed in Quarter 4

- 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 2015-2018
- Revised the ACO provider and CP survey instruments to add questions that seek to improve understanding of changes to the healthcare system related to the pandemic
- Implemented the ACO provider survey and CP staff survey, including collection of contact information for providers and staff from ACOs, CPs, and practice sites, and administration of Wave 1 of the survey

II. 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

Activities Completed in Quarter 4

- Continued search and review of literature related to these goals
- Developed summaries of relevant literature for each goal
- Continued research of policy developments relevant to each goal
- Initiated development of timeline and workplan for interim report planning
- Continued work on data compilation, analysis and displays of data for the Massachusetts uninsurance rate and other population-based measures related to Massachusetts' uninsurance

- Presented preliminary summary results of uninsurance rate findings to date to MassHealth
- Continued conducting Massachusetts Medicaid churning analysis
- Continued analyses of uninsurance rate for each comparison state
- Continued work on data compilation, analysis and displays of data for uncompensated care cost measures
- Continued review of cost reports related to safety net hospitals
- Continued coordinating with DSRIP quantitative evaluation team on quality measures
- Continued communicating with data system teams about transferring MH data to UMMS for analyses
- Continued regular monthly meetings with MassHealth

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

Activities Completed in Quarter 4

- Obtained CDC WONDER data; continuing with analyses to examine opioid overdoses in Massachusetts relative to comparison group states
- Currently in the of process of obtaining the Public Health Dataset (current iteration of the former Chapter 55 data set) for analysis.
- Continued the process of obtaining data from Massachusetts Vital Statistics
- Continued coding claims-based measures using MassHealth data
- Continued monthly meetings with MassHealth program contacts

Annual Summary

During Quarter 1:

- Conducted reviews of goal-specific literature
- Conducted analyses of ACO and CP key informant interview data
- Formed a stakeholder workgroup of MassHealth members and their advocates to inform the member experience interview process
- Developed drafts of the ACO provider and CP staff survey instruments
- Executed a new data use agreement with MassHealth
- Continued the process of obtaining Massachusetts Vital Statistics data and Massachusetts Public Health data set for Goal 5 analyses
- Refined detailed analysis plans as needed, guided by the evaluation design document

During Quarter 2:

- Produced draft reports of initial findings from the ACO and CP key informant interview data

- Held Stakeholder Workgroup meetings, which informed draft documents including member experience interview guides, fact sheet, and outreach plan
- Cognitively tested and revised the ACO provider and CP staff survey instruments
- Coordinated with MassHealth to facilitate transfer of additional administrative data needed for the evaluation
- Began performing data quality checks and preparing analytic data sets for recently transferred MassHealth administrative data
- Continued the process of obtaining Massachusetts Vital Statistics data and Massachusetts Public Health data set for Goal 5 analyses
- Conducted analyses using American Community Survey and other non-administrative data sources
- Refined detailed analysis plans as needed, guided by the evaluation design document

<u>During Quarter 3:</u>

- Revised member experience interview documents including interview guides, fact sheet, and outreach plan.
- Outreached to stakeholders to request nominations for member experience interviews, and began screening nominated members for eligibility
- Engaged with MassHealth ACOs to collect provider contact information to support administration of the ACO provider survey
- Coded and analyzed measures relying on MassHealth administrative claims and encounter data
- Conducted analyses using American Community Survey and other non-administrative data sources
- Coordinated with MassHealth and other organizations to facilitate transfer of data needed for the evaluation (e.g., obtained data set from CDC for Goal 5 analyses)
- Refined detailed analysis plans as needed, guided by the evaluation design document

Independent Assessor (Public Consulting Group (PCG))

In this quarter the IA coded the qualitative data from PY2 Annual Progress Reports and completed the over-arching qualitative analysis of the ACO and CP data sets. The IA also completed the analysis of the ACO Practice Site Administrator Survey results at the individual ACO level and the ACO cohort level. The IA completed first drafts of individual Midpoint Assessment Reports for all 27 CPs and all 17 ACOs which were submitted to MassHealth for review in waves over the course of the quarter. The IA also completed the first draft of the Statewide Midpoint Assessment Report, including the Statewide Investments chapter, in June.

Ongoing work this quarter included editing of the report templates to meet accessibility guidelines for web-based content and responding to MassHealth comments and questions about the reports under their review.

Articles and Reports

As reported in Q3 report, DSRIP was highlighted during the following professional meetings:

Upcoming Oral Presentation at Professional Meetings

1- Kachoria, K. (presenting author), and Nicholson, J. Improving Care Coordination between Accountable Care Organizations and Community Partners: Early Findings from the Massachusetts Delivery System Reform Program. AcademyHealth. Research and Relevance in State Health Policy Virtual SUPLN Adjunct Meeting. (Virtual due to COVID-19). June 24, 2020.
2- Kerrissey, M (presenting author). Frontline Practices' Experience with Medicaid ACO Implementation: Early Evidence from Massachusetts. Research and Relevance in State Health Policy Virtual SUPLN Adjunct Meeting. (Virtual due to COVID-19). June 24, 2020.

Upcoming Poster Session at Professional Meetings

3- Kachoria, K., Leary, A., Miller, F., Sefton, L., Nicholson, J., and Himmelstein, J. Improving Care Coordination between Accountable Care Organizations and Community Partners: Early Findings from the Massachusetts Delivery System Reform Program. AcademyHealth. Annual Research Meeting. July 28-August 6. Poster number 956. (Virtual due to COVID-19). Available at: https://academyhealth.confex.com/academyhealth/2020arm/meetingapp.cgi/Paper/38150

Enclosures/Attachments

In addition to this narrative report, we are submitting:

- Budget Neutrality Workbook

State Contact(s)

Kaela Konefal
Federal Authority Policy Analyst
Executive Office of Health and Human Services
One Ashburton Place, 11th floor
Boston, MA 02108
Kaela.Konefal@mass.gov

Date Submitted to CMS

September 30, 2020