

**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**



Section 1115 Monitoring Report Summary Template

This document provides a template for Monitoring Leads to summarize and capture key content of section 1115 Demonstration Monitoring Reports (MRs) submitted by states for approved section 1115 Demonstrations on quarterly and annual basis. For additional guidance please refer to [Section 1115 Monitoring Report Review Guide.pdf](#).

If a Demonstration has many policy areas, please clarify applicability of information (i.e. if information is applicable to the entire Demonstration or only a portion of the Demonstration such as SUD).

If the MR does not include information for some elements below, please note “not included in MR” under the “Summary of Information” column below. Please review whether that particular element was a required MR element in the Demonstration Special Terms and Conditions (STCs) or not and include that information in the summary column.

Monitoring Report Information	Summary of Information (if included in MR)
State and Demonstration Name	<i>Massachusetts - MassHealth</i>
Monitoring Lead reviewing MR	<i>Ambrosia Watts</i>
MR Time Period (please specify quarterly vs. annual report and time period covered by MR)	<i>Annual Report Demonstration Year: 28 (October 1, 2023 – December 31, 2023)</i>
Was MR submitted timely? If not, please note length of delay and reasons for delay (if known)	Yes
Please specify if there are any required elements missing in the MR per STCs	None
Summary of key accomplishments activities during reporting period	<p>I. Enrollment in Premium Assistance (STC 16.5.b.v.)</p> <p>During this reporting quarter, MassHealth provided premium assistance for 12,175 health insurance policies resulting in premium assistance to 23,924 MassHealth eligible members. The value of the third-party payments</p>

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	<p>made by MassHealth during this reporting quarter was \$17,999,956.</p> <p>HRSN Infrastructure: : In DY28 Q2 and Q3, MassHealth determined several HRSN Infrastructure policies in preparation for a procurement to provide infrastructure funding and technical assistance for Social Service Organizations (SSOs) and Specialized Community Support Program Providers (CSPs) through an SSO Integration Fund. This funding will enable SSOs and Specialized CSPs who are not currently managed care providers to prepare to become managed care providers of HRSN services beginning in 2025. In DY28 Q3, MassHealth also prepared a procurement for a managing vendor to support the procurement for SSOs and Specialized CSPs as well as support technical assistance and learning collaboratives for SSOs and Specialized CSPs. In DY28 Q4, MassHealth issued the RFQ to procure the managing vendor, reviewed bids, and conducted contract negotiations with the selected managing vendor bidder.</p> <p>MassHealth also submitted an 1115 amendment on October 16, 2023 in which we requested an additional \$17M in HRSN infrastructure funding to appropriately support SSOs and Specialized CSPs in successful provision of HRSN services.</p>

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	<p><u>Impact of Beneficiaries Outcomes of Care, Quality and cost of care, access to care, results of beneficiary satisfaction surveys (STC. 16.5.b)</u></p> <p>Annually, MassHealth calculates several measures from the CMS Child and Adult Core sets to assess beneficiary outcomes, quality, and experience of care.</p> <p>ACOs: The re-procured ACO program successfully launched in April of 2023. Overall this re-launch created a smooth transition with minimal disruption for members and providers. A continuity of care period ran for the first 90 days of the new contracts. ACOs have been meeting their regular reporting requirements in a timely fashion and MassHealth has not identified any concerning trends. With the beginning of the Public Health Emergency Unwinding in 2023, ACOs continue to partner with MassHealth to assist members in completing renewals and have been innovative and effective in their member outreach.</p> <p>Community Partners: Throughout 2023, almost 80,00 unique members were served by the CP Program. \$4,000,000 of infrastructure was distributed over calendar year 2023 to 8 LTSS CPs providing each LTSS CP with \$500,000. During Q1, MassHealth released guidance about transition of current members from the current CP program to the new CP program launching on 4/1/23 and held several CP leadership meetings to engage stakeholders on this topic. In March, MassHealth released the Community Partners (CP) enrollment, cost, and utilization reports. MassHealth completed the review and approval of the performance remediation plan (PRP) midpoint reports for all 25 CPs participating in the PRP process. CP PRP process combines CY20, CY21, and CY22. Also, during this quarter, participating CPs submitted their PRP final reports, and</p>

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	<p>MassHealth and the Independent Assessor started the review and scoring of the submissions.</p> <p>During Q2, MassHealth continued to engage in DSRIP close-out activities. MassHealth completed the review and scoring of CP Performance Remediation Plans. Also, during this quarter, MassHealth collected ACOs and CPs final deliverables for DSRIP Budget Period 5 (1/1/2022-3/31/2023), including budgets, budget narratives, and annual progress reports.</p> <p>CPs, ACOs, and MCOs built on early successes in implementing CP operational and payment requirements during the Q2 reporting period and all CPs were successfully paid, on time, by their ACO/MCO partners. Significant operational challenges were identified and addressed with two ACOs including poor roster management due to errors in roster reconciliation practices and lack of provision of required payment reporting to CPs. Another operational challenge was identified with one CP due to improper roster reconciliation and was addressed on an individual basis with that CP.</p> <p>During Q3, MassHealth received and conducted review of all LTSS Infrastructure deliverables for Contract Year 1 (CY1, 4/1/23 through 12/31/23). As of September 30, 2023, 27,670 members were enrolled in BH CPs and 10, 258 members were enrolled in LTSS CPs. The CP Continuity of care period ended on June 30, 2023 and CPs and ACOs/MCOs focused on rightsizing enrollment and roster management to adjust to new programmatic enrollment requirements.</p> <p>During Q4, CPs, ACOs, and MCOs continued to build on early successes in implementing CP operational and payment requirements and all CPs continued to be successfully paid, on time, by their ACO/MCO partners. All ACOs and MCOs successfully submitted monthly reporting on CP payments to the MassHealth Data Warehouse. Significant operational</p>

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	<p>challenges were identified and addressed with a few ACOs and CPs including suboptimal roster management due to errors in roster reconciliation practices and are currently being addressed on an individual basis with those CPs. As of December 31, 2023, 23,639 members were enrolled in BH CPs and 9,221 members were enrolled in LTSS CPs.</p> <p><u>Flexible Services Program</u></p> <p>Annual Report: During DY28 Q3, ACOs had all successfully transitioned from DSRIP Flexible Services into the new contract year and began to provide services to members. In July, MassHealth reviewed ACOs PY5 Flexible Services Annual Progress Reports and provided feedback to ACOs. By the end of August, all PY5 Annual Progress Reports were approved.</p> <p><u>Health Related Social Needs Updates</u></p> <ul style="list-style-type: none"> • Non-DSRIP Flexible Services Program Updates <ul style="list-style-type: none"> ○ In DY28 Q4, all ACOs continued providing Flexible Services via their new contract totaling 112 approved Flexible Services Programs ○ ACOs submitted their Participation Plans for DY29, which MassHealth reviewed and approved in December 2023. For DY29, ACOs and SSOs will provide Flexible Services via 105 approved programs. The decrease in programs was largely due to one ACO consolidating multiple programs under one hub model.

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	<ul style="list-style-type: none"> ○ In December, ACOs submitted their final Quarterly Tracking Report for the year. ● Specialized CSP <ul style="list-style-type: none"> ○ Specialized CSP services went into effective in DY28 Q2, in April 2023. In the following months, MassHealth provided guidance and support to managed care plans and Specialized CSP providers to implement and operationalize these services.
Enrollment numbers for MR period	1,862,766
Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)	1,764,552
Did enrollment increase or decrease by more than 2%? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.	No .

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<p>For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.</p>	<p>Premium Assistance Disenrollment Rate:</p> <p>During this reporting quarter, MassHealth provided premium assistance for 12,175 health insurance policies. Of these, 1615 policies disenrolled from Premium Assistance during this timeframe for a Premium Assistance disenrollment rate of 13.3%. Please note that losing Premium Assistance does not impact a member’s MassHealth eligibility status. Members disenrolled from Premium Assistance can continue to receive care from within the MassHealth network, assuming they remain eligible for MassHealth. Many of the policies who are disenrolled for failure to provide updated policy information when their plan year ends have their Premium Assistance reinstated once they do provide that information.</p>
<p>Did grievances for MR period increase or decrease by more than 2% from previous MR period? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.</p>	<p><i>Not included in MR.</i></p>
<p>Did appeals for MR period increase or decrease by more than 2% from previous MR period? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.</p>	<p><i>Not included in MR.</i></p>
<p>Did denial of services for MR period increase or decrease by more than 2% from previous MR period? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.</p>	<p><i>Not included in MR.</i></p>

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Did number of providers for MR period increase or decrease by more than 2% from previous MR period? If yes, please enter reason if identified in report. If not, please review with state in future Monitoring Call.	<i>Not included in MR.</i>
Operational, implementation and beneficiary Issues identified in MR (Note: these should be entered in Monitoring Issue Register)	n/a
Any notable policy, operational and implementation updates or changes included in MR	n/a
Evaluation updates included in MR	<p>Waiver Evaluation Summary (STC 16.5.d) for 2017-2022 and 2022-2027</p> <p><i><u>2017-2022 Waiver Evaluation Activities</u></i></p> <ul style="list-style-type: none"> • DSRIP Goals 1&2 <ul style="list-style-type: none"> ○ Quantitative Activities <ul style="list-style-type: none"> ▪ Continued secondary data acquisition ▪ Continued data preparation and analyses of MassHealth administrative claims and encounter data, hybrid quality measures, member experience surveys, Flexible Services data, MassHealth and other program data, ACO financial reconciliation data, and CP staff and ACO provider surveys ▪ Completed costing analyses for DSRIP ACO investments, DSRIP CP investments, DSRIP SWI, and DSRIP FS investments

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	<ul style="list-style-type: none"> ▪ Began the process of costing the DSRIP State Operations and Implementation Funding ▪ Began preparing content for the Independent Evaluation Summative Report ▪ Continued preparation of manuscripts for submission to peer-reviewed journals ○ Qualitative Activities <ul style="list-style-type: none"> ▪ Continued review of ACO and CP program documents ▪ Continued data analysis including integration and synthesis of data over time and across sites ▪ Developed a writing timeline and established writing teams ▪ Began preparing content for the Independent Evaluation Summative Report <p>Continued preparation of manuscripts for submission to peer-reviewed journals</p> <p><u>2017-2022 Waiver Evaluation Activities - Goals 3, 4, 6, 7</u></p> <ul style="list-style-type: none"> • Goals 3, 4, 6, 7 <ul style="list-style-type: none"> ○ Continued updating descriptive statistics of program data and updating coding for claims data analysis for Goal 3 ○ Continued reviewing and analyzing data for HEDIS-based quality measures and reviewing the results for fee-for-service population analyses for Goal 4 ○ Continued updating analyses for Goal 6

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	<ul style="list-style-type: none"> ○ Continued communicating with data system teams about compiling and transferring MassHealth data to the Independent Evaluator for Goal 7 analyses ○ Continued reviewing and comparing data from two sources (DDE and MMIS) for Goal 7 analyses to validate the accuracy of data and determine the choice of data sources ○ Shared with MassHealth the initial results of analysis comparing two data sources for Goal 7 and discussed preferred source ○ Continued regular monthly meetings with MassHealth to ensure tasks are on track and to discuss issues as they arise. ○ Continued research of policy developments relevant to each goal ○ Continued the preparation of a manuscript for submission to a peer-reviewed journal ● Goal 5 <ul style="list-style-type: none"> ○ Completed CDC WONDER data analysis ○ Began interrupted time series analysis ○ Continued to meet with MassHealth SUD program contacts to ensure the objectives of the evaluation are being met ○ Identified cost data for return on investment (ROI) analysis

Monitoring Report/Issue/Requirement Information	Summary of Information
16.5 - Quarterly and Annual Monitoring Reports.	

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<p>(p33): <i>The State will report to CMS in its quarterly and annual reports the BH CP engagement rates, as data are available</i></p> <p>4.5.4 - LTSS CP Sub-Stream 1: Care Coordination Supports Funding (p34-35): <i>The State will report to CMS in its quarterly and annual reports the LTSS CP engagement rates, as data are available</i></p>	