

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



**State Demonstrations Group
Summative Evaluation Report Approval Letter**

January 29, 2026

Mike Levine
Medicaid Director
Commonwealth of Massachusetts
Department of Health and Human Services, Office of Medicaid
1 Ashburton Place, 11th Floor Room 1109
Boston, MA 02108

Dear Director Levine:

The Centers for Medicare & Medicaid Services (CMS) completed its review of Massachusetts’s Summative Evaluation Report which is required by the Special Terms and Conditions (STCs), dated August 11, 2022, specifically STC #98(f) “Summative Evaluation Reports” of the Commonwealth’s section 1115(a) demonstration entitled, “MassHealth” (Project No. 11-W-00030/1), effective from July 1, 2017 through September 30, 2022. This report covers the demonstration approval period. In addition, it also covers the full Delivery System Reform Incentive Payment Program (DSRIP) period, which extended through March 31, 2023. CMS determined that the Evaluation Report, submitted on September 30, 2024, and most recently revised on October 2, 2025, is in alignment with the CMS-approved Evaluation Design and the requirements set forth in the STCs, and therefore, approves the Commonwealth’s Summative Evaluation Report.

The Summative Evaluation Report employed a robust mixed-methods design using multiple data sources that demonstrated notable improvements toward the demonstration’s goals, including substantial progress in delivery system reform and integration of care. For example, the DSRIP investments in the ACOs were recouped with an additional 35 percent in returns, resulting in an aggregate savings of \$512 million over the 2018–2022 evaluation period and a projected net savings of \$962 million over a 10-year period (CY2018–CY2028). The ACO program also produced favorable impacts on primary care visits, hospitalizations, and emergency department (ED) boarding. The Flexible Services Program provided nutritional and tenancy preservation supports to over 30,000 ACO members and averted 15,064 inpatient hospitalizations. Incremental cost-effectiveness ratio analysis showed that investing in housing and nutrition for eligible people resulted in one fewer inpatient hospitalization per every \$3,337 spent on housing and \$5,296 spent on nutrition. Among the Behavioral Health Community Partner members, primary care sensitive ED visits, all-cause ED visits, and ED visits for adults with serious mental illness (SMI)/substance use disorder (SUD) diagnoses decreased between 2018 and 2022. The

SUD services expansion showed improved access, with increases in the use of residential rehabilitation services and recovery coaches among members with any SUD or opioid use disorder (OUD) diagnosis 20 quarters after implementation in 2018. Favorable changes were observed in trends of multiple measures relative to the baseline period, including high doses of opioids, overdoses, ED visits, inpatient stays, number of medications for opioid use disorder (MOUD) providers, and readmissions for SUD care. Additionally, Massachusetts maintained near-universal coverage with an uninsurance rate of less than 3% during the baseline and the demonstration period.

The report also showed certain areas with opportunities for improvement. Hospitalizations for ambulatory care sensitive conditions increased in 2020 among ACO enrollees. Some SUD measures showed no change or worsened, including readmissions within 30 and 90 days after inpatient hospitalization for withdrawal management. However, the COVID-19 Public Health Emergency might have confounded some of the results. We look forward to further evidence from the Commonwealth's evaluation efforts during the ongoing demonstration approval period.

In accordance with the STC #101 “Public Access”, the approved Evaluation Report may now be posted to the state’s Medicaid website within 30 days. CMS will also post the Summative Evaluation Report on Medicaid.gov.

We look forward to continuing our partnership on the Commonwealth’s section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Ambrosia Watts, State Monitoring Lead, CMS Medicaid and CHIP Operations Group