MassHealth: The Basics
FACTS AND TRENDS

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MASSACHUSETTS FOUNDATION

MMPI MASSACHUSETTS MEDICAID POLICY INSTITUTE

forHealth CONSULTING at UMass Chan Medical School

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GLOSSARY OF ABBREVIATIONS

ACA	Affordable Care Act
ACO	Accountable Care Organization
ACS	American Community Survey
ARPA	American Rescue Plan Act
BH	Behavioral Health
CBHC	Community Behavioral Health Center
CHIP	Children's Health Insurance Program
CMR	Code of Massachusetts Regulations
CMS	Centers for Medicare and Medicaid Services
CP	Community Partner
CSP	Community Support Program
FFS	Fee-For-Service
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level (in 2024, 100% FPL for an individual was $15,060 annually)
FSP	Flexible Services Program
HCBS	Home- and Community-Based Services
HRSN	Health-Related Social Needs
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MSP	Medicare Savings Program
PACE	Program of All-Inclusive Care for the Elderly
PCC	Primary Care Clinician
PMPM	Per Member Per Month
SCO	Senior Care Options
SFY	State Fiscal Year (July 1–June 30; for example, SFY24 runs from July 1, 2023–June 30, 2024)
SUD	Substance Use Disorder

INTRODUCTION

INTRODUCTION: THE IMPORTANCE OF MASSHEALTH

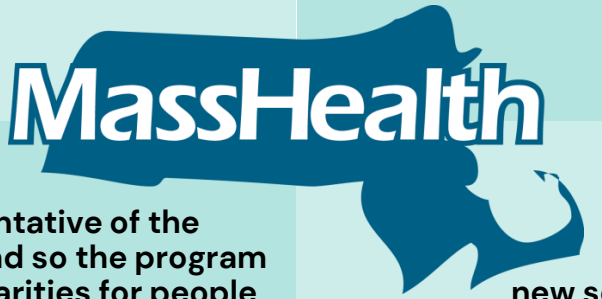
MassHealth is Massachusetts' name for its Medicaid program and Children's Health Insurance Program (CHIP). MassHealth is a cornerstone of the health insurance landscape in Massachusetts and critical to the state's high rates of coverage and ongoing efforts to improve health equity. The program is jointly funded and administered by state and federal governments.

COVERAGE

Nearly one in three Massachusetts residents is covered by MassHealth – over 2 million people – including low-income children, seniors, and people with disabilities.

SAFETY NET

Enrollment typically grows during recessions when people are losing jobs. MassHealth helps keep Massachusetts' coverage rates high through crises such as the COVID-19 pandemic.



EQUITY

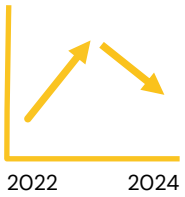
MassHealth members are representative of the diversity of the Commonwealth and so the program is positioned to help address disparities for people across disability status, racial and ethnic identities, sexual orientation, and gender identities.

INNOVATION

MassHealth has implemented health policy reforms including new service models that address social determinants of health and payment models that reward performance over volume.

MASSHEALTH: THE BASICS
KEY FINDINGS

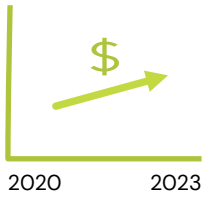
ENROLLMENT



Enrollment shrank 16% from April 2023 to May 2024 as COVID-19 pandemic related enrollment protections ended, but enrollment is still higher than pre-pandemic levels.

Children, seniors, and people with disabilities make up 55% of MassHealth members.

SPENDING



Per member costs remained steady and total MassHealth spending increased as enrollment increased from SFY 2021 to SFY 2023.[1]

BENEFITS AND DELIVERY SYSTEMS

More than two-thirds of MassHealth members are enrolled in managed care, with **over half of members enrolled in Accountable Care Organizations (ACO).**

For some members, ACOs offer **nutrition and housing supports** through the Flexible Services Program and **care coordination** though Community Partners.

Massachusetts has been a national leader in shifting more long-term services and supports (LTSS) to community-based care, **helping MassHealth members remain in their homes.**

REFORMS

MassHealth is pursuing new approaches for improving **health equity,** including holding hospitals financially accountable for measuring and reducing **disparities.**

MassHealth continues to **focus on coverage continuity**, recently implementing continuous eligibility for certain members (so coverage remains in place for at least a year, even if members' circumstances change), and covering services for incarcerated individuals in **pre-release periods.**

MassHealth has **expanded its range of behavioral health services**, including access to urgent behavioral health care and supportive services provided by people with lived experience.

[1] Spending data for MassHealth's recent period of enrollment decline (April 2023-May 2024) is not yet available.

ELIGIBILITY AND ENROLLMENT

MASSHEALTH IMPROVES ACCESS TO COVERAGE AND HEALTH OUTCOMES

Massachusetts expanded MassHealth over the course of decades. These expansions have given researchers opportunities to study the effects of MassHealth on access to coverage and care, and health outcomes.

1997

In 1997, Massachusetts expanded MassHealth eligibility to more adults and children.

IMPACTS OF **MASSHEALTH EXPANSION:**

- **A dramatic drop in the uninsured rate**, for both adults and children.
- **The percentage of people entering substance use disorder treatment programs with MassHealth coverage rose 21%.**

2006

In 2006, a comprehensive package of reforms expanded MassHealth eligibility again, made subsidized coverage available through the Health Connector, and implemented insurance mandates.

IMPACTS OF **MASSHEALTH EXPANSION, IN COMBINATION WITH OTHER 2006 REFORMS,** ASSOCIATED WITH:

- **A drop of 50%**, or almost 3 percentage points, **in the uninsured rate for all Massachusetts children.**
- **Massachusetts becoming the state with the highest rate of insurance among all states.**
- **Measurable improvements in physical and mental health for adults and children.**
- **Increased use of preventive care for adults and children** (pap screening, cholesterol testing, colonoscopies, pediatric checkups).
- **Financial protection and increased affordability for health insurance and care.**

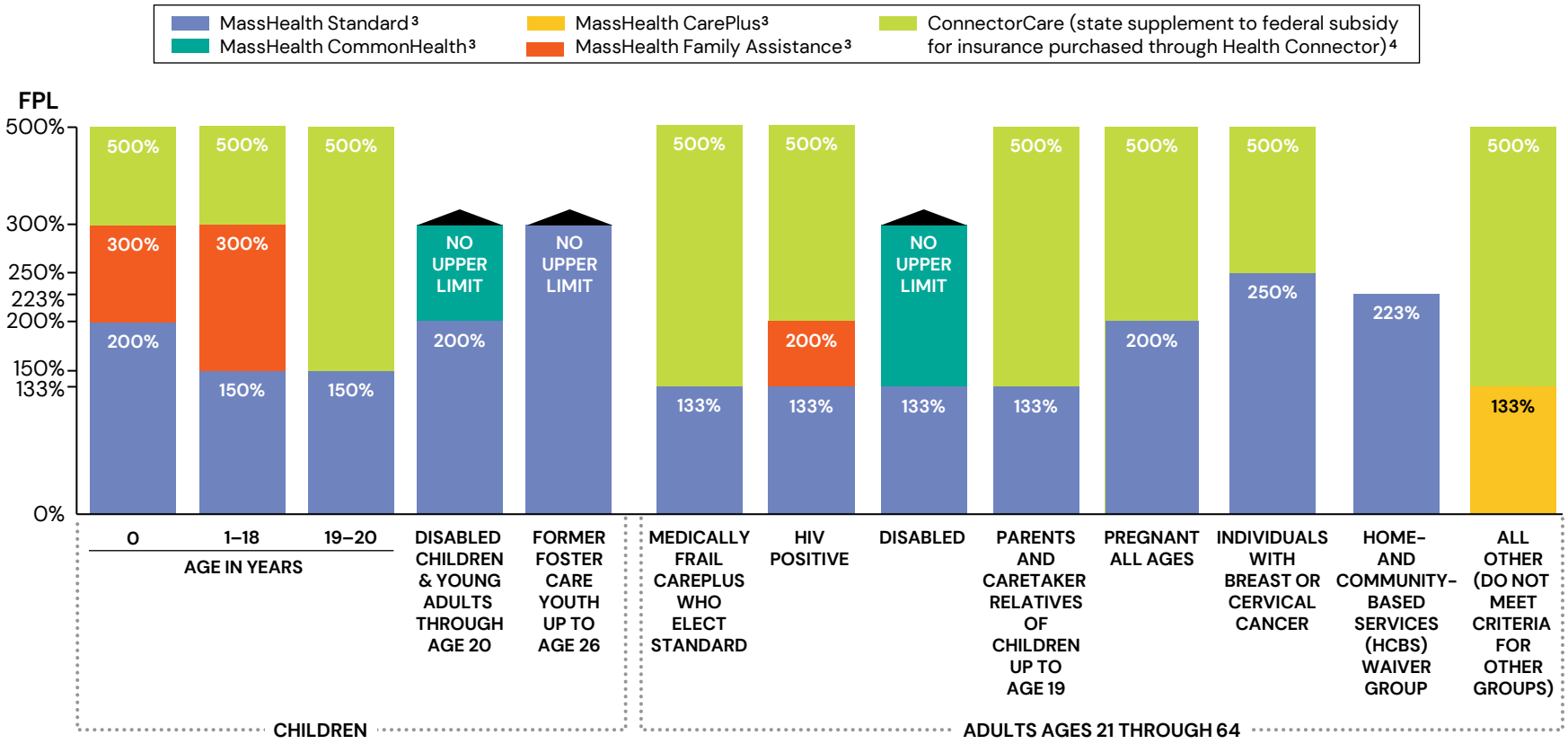
2020

From 2020 to 2023, MassHealth played a key role in maintaining health insurance during the COVID-19 pandemic.

IMPACTS OF **MASSHEALTH DURING THE PANDEMIC**

- **The increase in enrollment in MassHealth during the COVID-19 pandemic offset the loss in employer sponsored insurance coverage caused by pandemic-related job losses, allowing Massachusetts to retain its low uninsurance rate.**

MASSHEALTH INCOME LIMITS VARY FOR DIFFERENT AGES AND ELIGIBILITY GROUPS[1,2]



[1] MassHealth eligibility includes nuances not included in this chart; MassHealth staff can help determine eligibility. Additional information can be found at https://www.mass.gov/service-details/masshealth-coverage-types-for-individuals-and-families-including-people-with.

[2] MassHealth Limited, not shown in this chart, provides emergency health services to people who, under federal law, have an immigration status that keeps them from receiving coverage financed with federal funding. Income eligibility for this population is similar to MassHealth Standard: 200% FPL for pregnant women and children up to age 1; 150% FPL for children ages 1–20 years; 133% FPL for adults ages 21–64.

[3] For more information on these coverage types, see slide 19.

[4] ConnectorCare eligibility was extended to people earning between 300% and 500% FPL as a two-year pilot, effective January 1, 2024.

ELIGIBILITY FOR SENIORS AGED 65 AND OLDER GENERALLY INCLUDES AN ASSET TEST AND LOWER INCOME THRESHOLDS; MOST SENIORS ALSO HAVE MEDICARE[1]

POPULATION	INCOME/ASSETS[2]	COVERAGE[4]
Living in community, with or without Medicare eligibility, citizen or lawfully present immigrant	≤100% Federal Poverty Level (FPL) ≤$2,000 Assets (for an individual)	Comprehensive coverage through MassHealth Standard or Family Assistance (based on immigration status). For those with MassHealth Standard, MassHealth also pays their Medicare cost-sharing and premiums.
Living in community, certain noncitizens	≤100% FPL ≤$2,000 Assets (for an individual)	MassHealth Limited — Emergency services only.
Living in community, eligible for Medicare, citizen or lawfully present immigrant	≤190% FPL[3]	Medicare Savings Program— Covers Medicare Part A and B premiums, co-pays, coinsurance, and deductibles. Members also receive Medicare Part D Extra Help.[5]
Living in community, eligible for Medicare, citizen or lawfully present immigrant	>190% and <225% FPL[3,6]	Medicare Savings Program - Covers Medicare Part B premiums. Members also receive Medicare Part D Extra Help.
Living in or waiting for facility-based long-term care, citizen or lawfully present immigrant	No specific income limit ≤$2,000 Assets (for an individual)	MassHealth Standard — Including LTSS. Member must pay income (minus monthly personal need and spousal maintenance allowances) toward nursing facility care.

[1] MassHealth eligibility includes nuances not included in this chart; for example, the higher income thresholds and other eligibility requirements that are part of Frail Elder or HCBS waivers are not described here.

[2] Certain assets are excluded from the asset test; see 130 CMR 520.007 – 520.008 for details. Asset limits are listed for individuals; the amounts for couples are higher.

[3] MassHealth eliminated an asset test that had previously applied to both Medicare Savings Programs, effective March 1, 2024.

[4] For more information on these coverage types (i.e. MassHealth Standard and Family Assistance), see slide 19.

[5] Part D Extra Help is a Medicare program which helps pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs.

[6] For seniors with income above 210% of FPL, support from the Medicare Savings Program is capped by an annual federal allocation to states.

THERE ARE MANY DOORS INTO MASSHEALTH

Individuals apply directly, by phone, on paper form, in person with assistance at a MassHealth Enrollment Center or Health Connector walk-in center, or through the online application, an integrated eligibility system that allows users to shop and apply for MassHealth and other health insurance programs.

Health care providers assist patients with applications.

- Hospitals
- Community health centers
- Nursing facilities
- Other providers

State agencies facilitate applications.

- Department of Developmental Services
- Department of Mental Health
- MassAbility (formerly the Massachusetts Rehabilitation Commission)
- Department of Transitional Assistance
- Department of Children and Families
- Other agencies

Community organizations and advocacy groups provide health care referrals and access to MassHealth.

- My Ombudsman. This nonprofit organization answers questions, provides information, and works with health plans and MassHealth to ensure members can access their benefits.
- Community action programs
- Community development corporations
- Aging Services Access Points
- Health Care For All
- Other community organizations designated as Enrollment Assisters

Appeals and Grievances

Typically, if an applicant disagrees with MassHealth's denial of coverage, the applicant can appeal the decision within 60 days using the Fair Hearing Request Form. Applicants and members can also file grievances at any point for any type of problem, including issues with the quality of care, wait times, or customer service.

MASSHEALTH ENROLLMENT SHARPLY INCREASED FROM SFY 2020–2023 AND HAS FALLEN 16% DURING POST-PANDEMIC REDETERMINATIONS

TRENDS IN MASSHEALTH ENROLLMENT, STATE FISCAL YEARS (SFY) 2014–2023

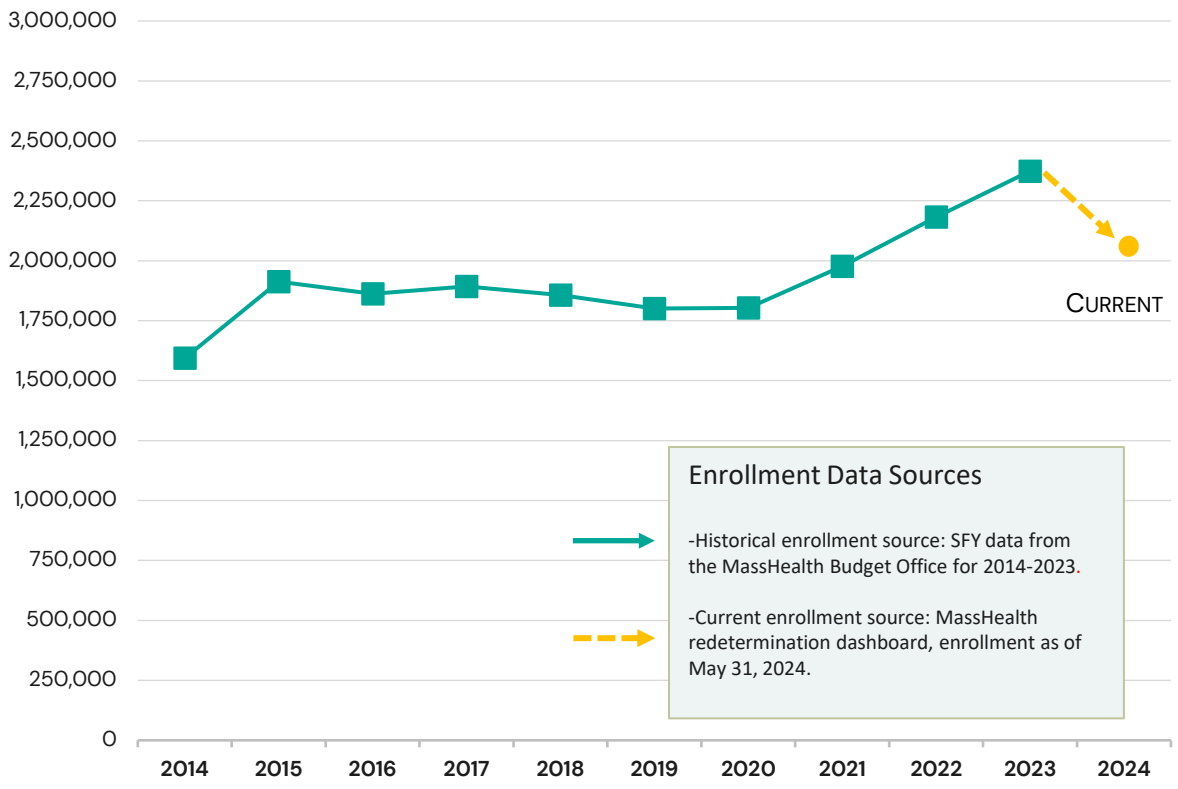


Chart Data: MassHealth Budget Office Data Request, March 2024, and MassHealth redetermination dashboard, May 2024.

From SFY 2020 to SFY 2023, average enrollment grew by over 30%, increasing to 2.4 million members in SFY 2023.

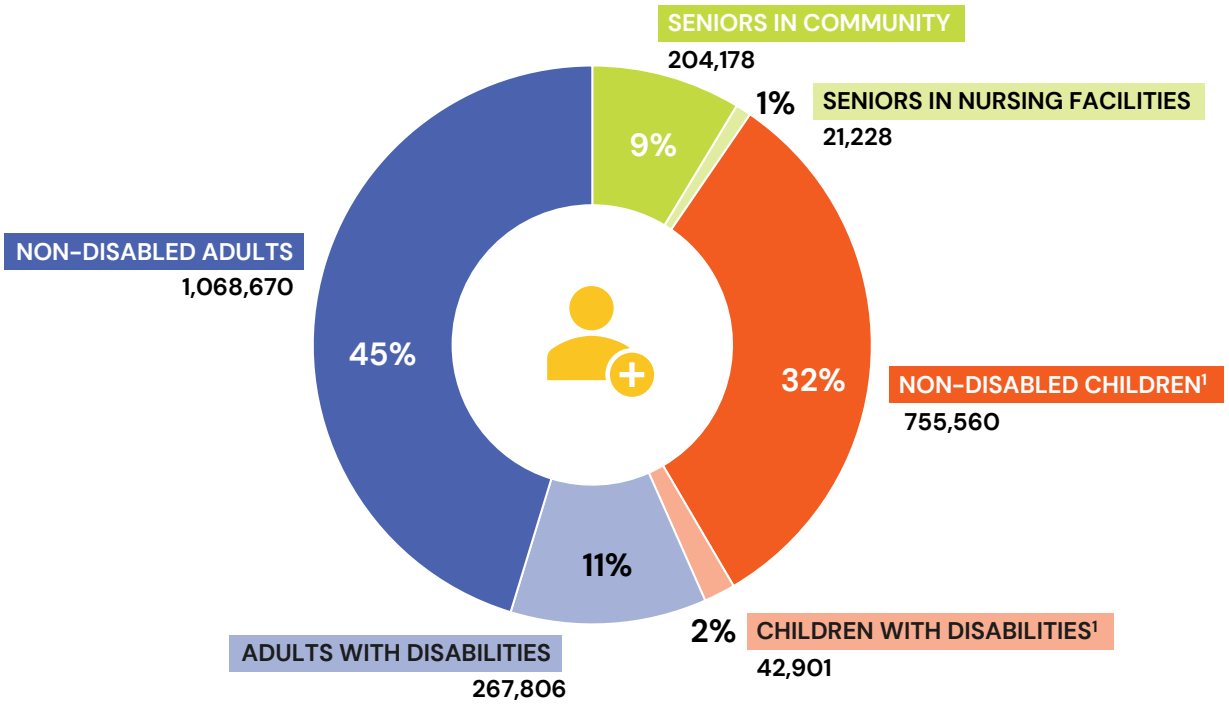
The increase was largely driven by a federal continuous coverage ("Maintenance of Effort") requirement in place during most of the federal COVID-19 Public Health Emergency. The Maintenance of Effort requirement protected most Medicaid members from losing their coverage, even if they no longer qualified. This protection expired April 1, 2023.

From April 2023 to May 2024, MassHealth completed eligibility redeterminations for all its members. In this period, MassHealth membership shrank by 16%, to just over 2 million. While a substantial reduction, MassHealth membership is still higher than pre-pandemic levels.

Now that the redetermination process has returned to its typical schedule, MassHealth membership may remain relatively stable.

CHILDREN, SENIORS, AND PEOPLE WITH DISABILITIES MAKE UP 55% OF MASSHEALTH MEMBERS

PERCENT OF TOTAL MASSHEALTH ENROLLMENT (2.36 MILLION)[3], SFY 2023



[1] Children defined as under age 21.

[2] When members have primary insurance that does not provide coverage for all MassHealth-covered benefits, MassHealth provides these members with access to the added MassHealth benefits.

[3] Excludes 13,000 members in a temporary eligibility category, which does not distinguish by age or disability.

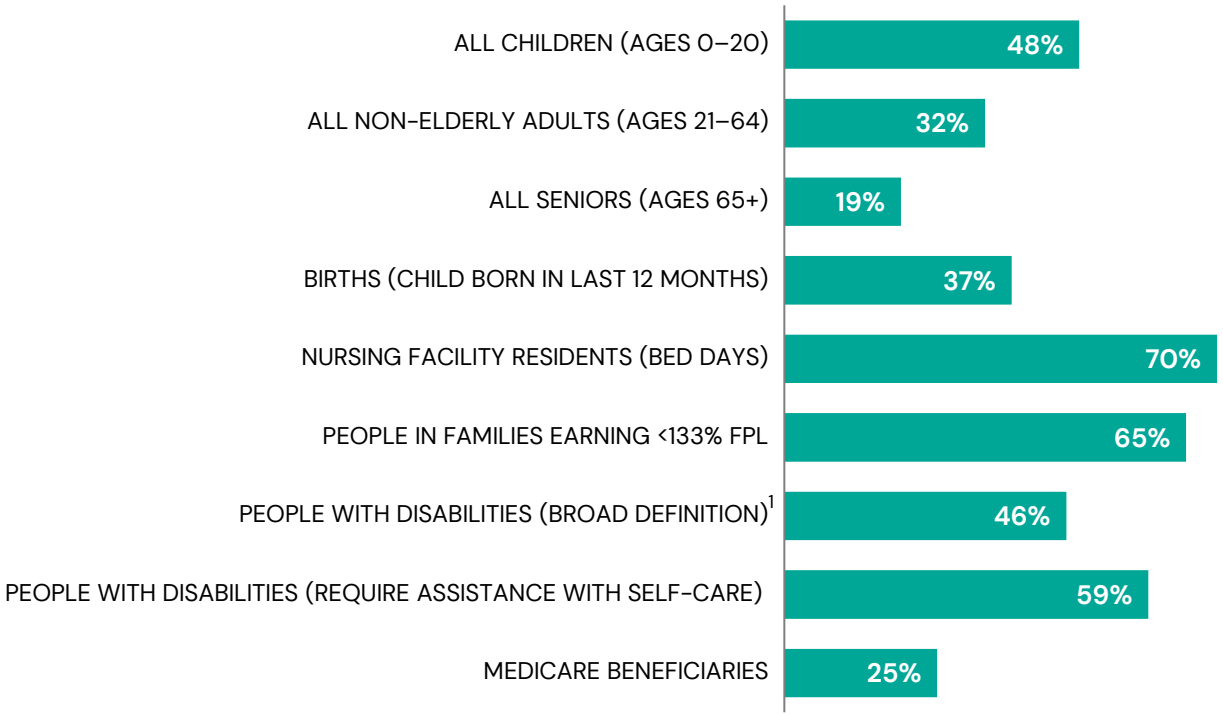
Chart Data: MassHealth Budget Office Data Request, March 2024.

MassHealth members range from the very young to the very old. Children comprise 34% of MassHealth members. Adults with disabilities (under age 65) and children with disabilities represent 13% of membership. One out of 10 MassHealth members is age 65 or over. Most of these seniors also have Medicare coverage, and most live in their communities (not in nursing facilities).

This chart includes MassHealth members (of all ages) who also have coverage through Medicare, an employer-sponsored plan, or student health insurance. In those cases, MassHealth acts as secondary coverage.[2] In some circumstances, MassHealth also pays members' premiums and cost sharing for their employer-sponsored insurance or Medicare coverage.

MASSHEALTH IS IMPORTANT TO MANY POPULATION GROUPS

PERCENT OF SELECT MASSACHUSETTS POPULATIONS COVERED BY MASSHEALTH



[1] Deaf or serious difficulty hearing; blind or serious difficulty seeing; cognitive, ambulatory, self-care, or independent living difficulty.

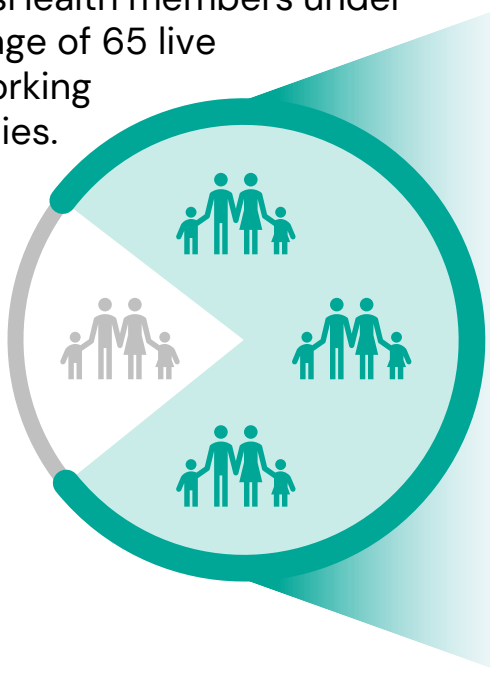
Chart Data: Authors' calculations using the 2018-2022 American Community Survey (ACS) 5-Year Estimates, CHIA 2020 Nursing Facility Cost Reports, and MassHealth Budget Office Data Request, March 2024.

Almost half of children in Massachusetts and almost one-third of adults under age 65 are MassHealth members. MassHealth is an especially important source of coverage for people with low incomes and people with disabilities. Almost four in ten births are covered by MassHealth.

Two-thirds of people with incomes below 133% of the federal poverty level (about $20,030 annually for a one-person household in 2024) and almost six in ten residents with disabilities who need assistance with self-care (dressing, bathing, or getting around inside the home) receive coverage from MassHealth. Seven out of 10 nursing facility residents are MassHealth members.

MASSHEALTH PLAYS A KEY ROLE IN SUPPORTING THE LOW-INCOME WORKFORCE

Over **three quarters** of MassHealth members under the age of 65 live in working families.



MassHealth provides health insurance coverage to low-income workers across a **wide range of industries**:

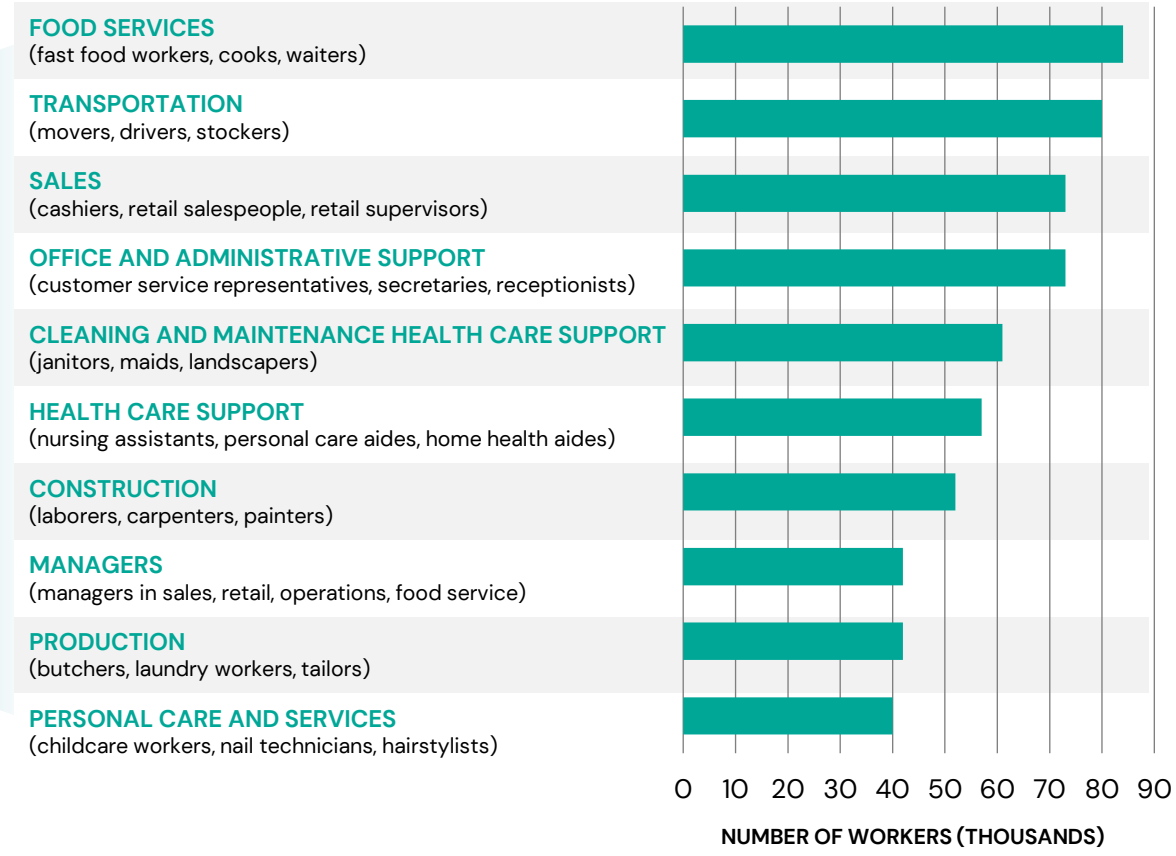


Chart Data: Authors' calculations using the American Community Survey (ACS) 2022 1-Year Public Use Microdata Samples.

BENEFITS AND DELIVERY SYSTEMS

MASSHEALTH PROVIDES COVERAGE SIMILAR TO COMMERCIAL INSURANCE, PLUS SOME ADDITIONAL BENEFITS[1]

TYPICAL COMMERCIAL INSURANCE COVERAGE

- Hospital services
- Physician services
- Well-child visits
- Ancillary services (lab tests, radiology, etc.)
- Prescription drugs
- Mental health/substance use disorder treatment
- Vision, hearing, medical equipment

+

ADDITIONAL BENEFITS

- Long-term services and supports (community- and facility-based)[2]
- Expanded mental health/substance use disorder treatment
- Dental services
- Transportation to medical appointments[2]
- Doula services

= MassHealth

[1] While most MassHealth members receive all the services described on this slide, some members may receive more limited benefit packages. See slide 19 for more information.
[2] LTSS and transportation to medical appointments are available to most but not all MassHealth members.

MASSHEALTH HAS LONG INCLUDED ENHANCED SERVICE BENEFITS, AND HAS RECENTLY ADDED DOULA SERVICES TO ITS BENEFIT PACKAGE

The Commonwealth has often been on the forefront of expanding services and benefits included within the Medicaid program. Some of these benefits have been part of MassHealth services for many years, while others (such as Doula benefits) have recently been added. These services are available for most, but not all, MassHealth members (see slide 19 for more information). Details on each of the enhanced benefits are available in the chart below.

LONG-TERM SERVICES AND SUPPORTS	▪ Long-term services and supports (LTSS) includes both community- and facility-based care. This is explored in more detail on slide 18.
EXPANDED MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT	MassHealth's enhanced mental health and substance use disorder services include: ▪ Home- and community-based behavioral health services (referred to as diversionary services) designed as an alternative that diverts people experiencing serious behavioral health issues from inpatient hospital care; includes intensive outpatient programs and short-term residential treatment for substance use. ▪ MassHealth offers an array of enhanced home- and community-based behavioral health for children with serious emotional disturbance, including intensive care coordination, family support and training provided by family partners who have experience as caregivers of children with mental health needs, in-home therapy services, in-home behavioral services, therapeutic mentoring, and mobile crisis intervention services.
DENTAL SERVICES	▪ MassHealth covers comprehensive dental care, including dental checkups, preventive services, cleanings, fluoride treatments, and dental sealants, as well as pain relief, treatment of infections, fillings, crowns, and root canal treatment.
TRANSPORTATION TO MEDICAL APPOINTMENTS	▪ MassHealth covers transportation services to help members get to and from non-emergency medical appointments. Transportation is a critical benefit for MassHealth enrollees, especially those with disabilities, allowing people access to necessary medical care.
DOULA SERVICES	▪ Doula services are non-medical emotional, informational, and physical supports provided to individuals during pregnancy, birth, and post-partum. Doula services improve perinatal and birth outcomes and were added to the MassHealth benefit in part to reduce disparities for low-income families and families of color.

MASSHEALTH PROVIDES LONG-TERM SERVICES AND SUPPORTS (LTSS) THAT KEEP PEOPLE IN THEIR HOMES

WHAT IS LTSS AND WHO USES IT	Seniors and people with disabilities of all ages can access LTSS. LTSS includes both facility-based services, such as nursing facilities, and home- and community-based services (HCBS) such as personal care and in-home supports designed to help people remain in their homes and communities. Given the complex needs of this population, MassHealth spends more to serve members who need LTSS, on average, than any other group. This is especially true for those who receive facility-based care.
BENEFITS OF REMAINING IN THE COMMUNITY	Most seniors and people with disabilities greatly prefer remaining in their homes, with support, to institutional long-term care. They are less at risk of infectious disease and are able to maintain independence and stay more connected with friends and family. In addition, with the high cost of nursing care, it is cost effective to provide the services people need to remain in their homes.
WHAT ARE HOME- AND COMMUNITY-BASED LTSS	MassHealth HCBS is provided through several avenues. Community-based services available to all MassHealth members with disabilities who meet medical necessity criteria include personal care attendants (professionals who assist with performing day-to-day activities) and adult day health (services like supervision, recreation, social activities, meals, and varying levels of medical services provided at a day health facility). Massachusetts also provides services through 10 *Home- and Community-based Services waivers* for specific populations. Examples of HCBS waiver services include residential services, in-home supports such as personal care and home delivered meals, day and employment services, assistive technology and specialized medical equipment, and home and vehicle modifications.
INVESTMENT IN COMMUNITY-BASED LTSS	Massachusetts has one of the highest levels of HCBS use among states, as a proportion of its total Medicaid LTSS spending. In 1980, nearly all of Massachusetts' LTSS spending was for facility-based care. By 2010, about 50% of the spending was for community-based care and in 2020, 72% of the LTSS spending was for community-based care.

For further information on LTSS, please refer to "Long-Term Services & Supports (LTSS) in Massachusetts A Primer on LTSS Coverage, Access and Affordability." Available at https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2024-04/LTSS_Access-Affordability_Apr2024_FINAL_0.pdf.

MASSHEALTH COVERAGE TYPES

While most MassHealth members receive all the services described on slides 16, 17, and 18, some members may receive more limited benefit packages. MassHealth has five different coverage types, described below, which vary in their benefit packages. Members are placed in a coverage type depending on their income, citizenship or immigration status, age, and special circumstances. For more information on eligibility for these coverage types, see slide 8.

COVERAGE TYPE	WHAT TO KNOW
Standard	Standard is the most comprehensive benefit, inclusive of all benefits listed on slide 16. Most children, adults, and seniors with and without disabilities with MassHealth (more than half of all members) qualify for this coverage type.
CommonHealth	CommonHealth has similar benefits to Standard, but is designed for children and adults with disabilities who earn too much to qualify for Standard. CommonHealth members typically pay a premium. About 2% of MassHealth members are in CommonHealth.
CarePlus	CarePlus is for childless adults who do not qualify for other benefit types. Its benefits are similar to Standard, but it does not cover LTSS. About 16% of members are in CarePlus.
Family Assistance	Family Assistance offers benefits similar to Standard, but it does not cover LTSS or non-emergency medical transportation. This coverage type is for children with higher family incomes than what qualifies for Standard, adults with HIV-AIDS with income above the CarePlus income limit, and certain people who do not qualify for Standard because of their immigration status. About 6% of members are in Family Assistance.
Limited	Limited is for people with an immigration status that does not allow them to quality for a broader benefit package. It covers only emergency health services. About 13% of members are enrolled in Limited.

MASSHEALTH DELIVERY SYSTEM OVERVIEW

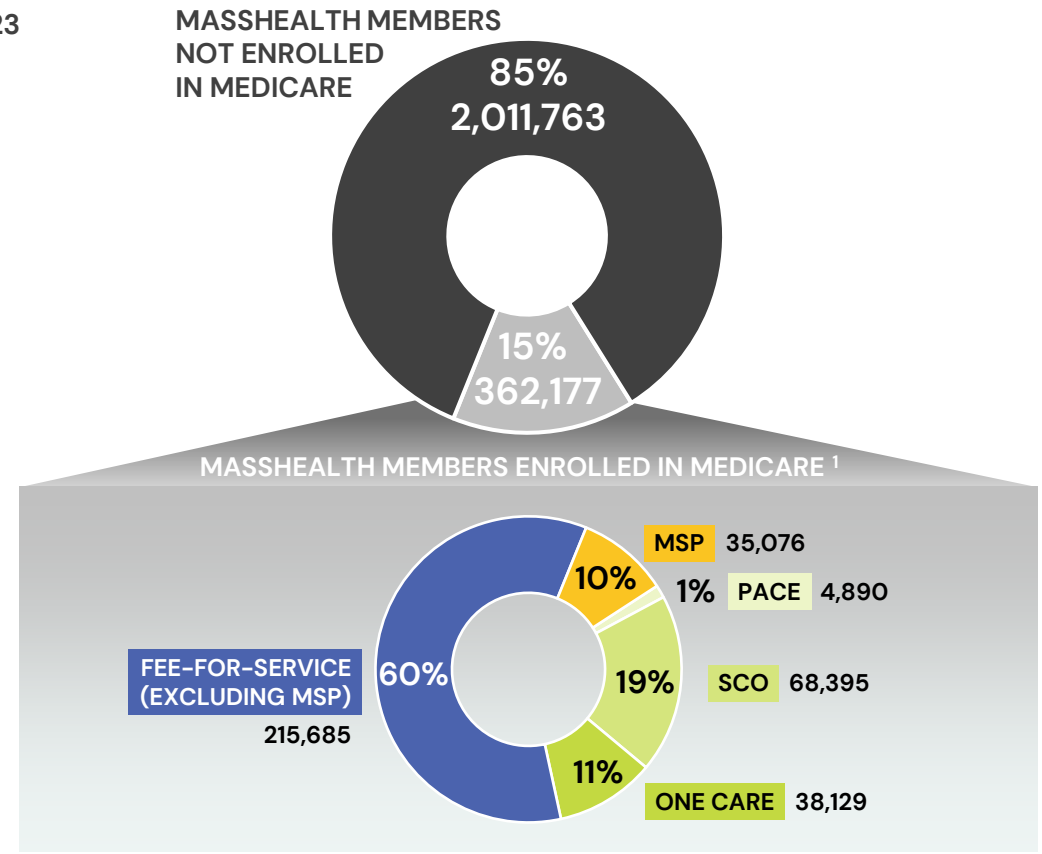
Originally, payment for all Medicaid services was made directly to providers by MassHealth on a fee-for-service (FFS) basis.[1] Over the years, Massachusetts has moved more members to managed care (health care delivery systems organized to manage cost, utilization, and quality) to provide more coordinated and efficient care. Some MassHealth members are required to enroll in a managed care program, some are not eligible for managed care, and others can choose between managed care or the original FFS Medicaid. The chart below provides more details on these different groups and the programs they can choose.

Under age 65, no other insurance, living in community,[2] excluding Limited members	Managed care options	PCC Plan	A primary care clinician coordinates medical care, behavioral health (BH) is provided through a **managed BH plan**. Medical services are paid FFS.[1]
		MCOs	MCOs are paid a capitated[3] rate to provide medical and BH care, through **their provider networks**, and have enhanced care coordination.
		ACOs	ACOs are **based in provider systems** and have enhanced care coordination (see slide 23).
Older adult (ages 65 and over) or Disabled, may have Medicare[6]	Managed care options	PACE	A capitated inclusive plan with many services provided at PACE centers (sites that offer adult day care services, a health clinic, physical and occupational therapy, and common room[s] for social and recreational activities). For **people ages 55+ with clinical need.**
		SCO	Like an MCO, but includes both Medicaid and Medicare services, including LTSS and dental. For **people ages 65+ with MassHealth Standard.**
		One Care	Like a SCO for **people with disabilities ages 21–64**[4] with Medicare and Medicaid (MassHealth Standard or MassHealth CommonHealth).
		Original FFS Medicaid	No entity is charged with coordinating a member's care.[5] Most seniors and other members with Medicare choose to remain in FFS.
Under age 65, with other insurance or in institutions, and those with Limited		Original FFS Medicaid	No entity is charged with coordinating a member's care.[5] This includes people enrolled in MassHealth Limited, people who have employer sponsored insurance to whom MassHealth offers wrap around benefits, and people under the age of 65 who live in a nursing facility or rehabilitation hospital.

[1] Fee-for-service (FFS) payment: A payment made to providers for each service delivered.
[2] There are certain people in this category who may also be able to choose FFS. For example, MassHealth members who are receiving services from the Department of Children and Families, or the Department of Youth Services may enroll in FFS instead of managed care. For a full list of these exceptions, please see 130 CMR 508.001(B).
[3] A capitated rate is a monthly payment per member to cover all services.
[4] If a member enrolled in One Care turns 65 and is still eligible for One Care, they may elect to stay enrolled in One Care.
[5] Some members who are enrolled in original FFS Medicaid receive their behavioral health services through MassHealth's managed behavioral health vendor. For a full list of these populations, please see 130 CMR 508.001(E).
[6] There are certain people in this category who may not be able to enroll in one of the managed care options and may be required to enroll in FFS instead. For example, members 65 and over who are in a rehabilitation hospital or intermediate care facility for individuals with intellectual disabilities (ICF/ID) may not enroll in SCO and therefore must choose FFS. For a full list of these exceptions, please see 130 CMR 508.002.

AMONG MASSHEALTH MEMBERS WHO ARE ALSO ENROLLED IN MEDICARE, FEWER THAN ONE THIRD ARE ENROLLED IN MANAGED CARE PLANS

SFY 2023



[1] The bottom pie chart only shows members who are enrolled in Medicare and MassHealth. The pie chart excludes SCO and PACE enrollees who are not enrolled in both MassHealth and Medicare. The Medicare Savings Program (MSP) covers Medicare premiums, co-pays, and deductibles, but does not cover other MassHealth Standard services.

Chart Data: MassHealth Budget Office Data Request, March 2024.

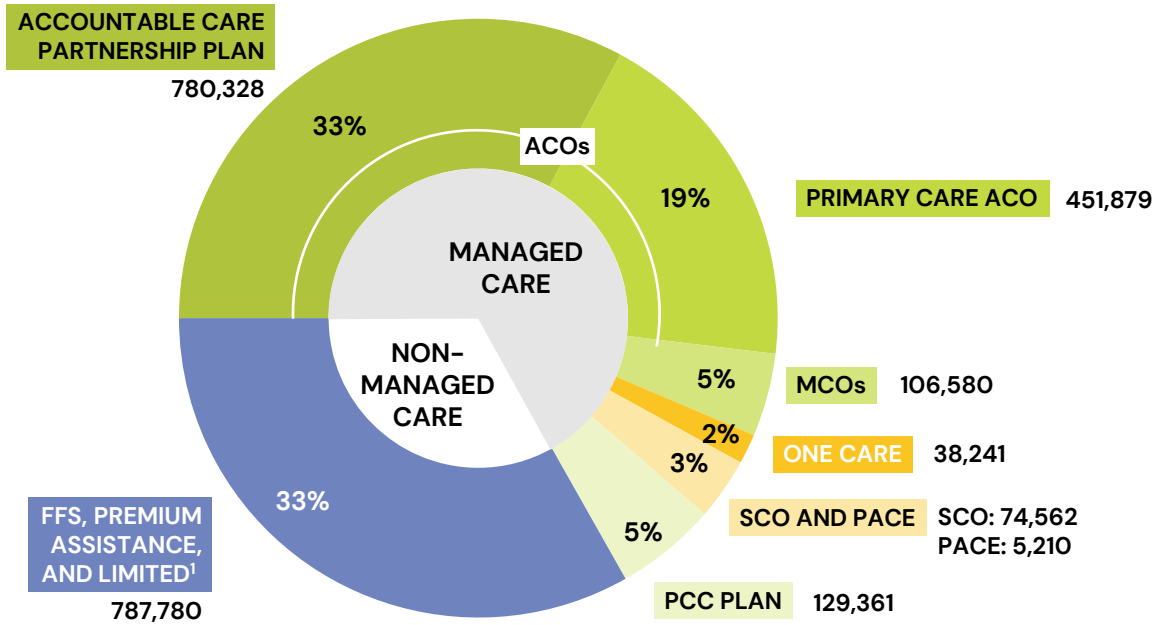
Nearly one in six MassHealth members is also enrolled in Medicare. Most of these members have two insurance cards and must navigate two distinct enrollment processes, provider networks, and sets of covered services. Resulting misalignments can cause confusion, suboptimal care, and poorer health outcomes.

Massachusetts has developed three managed care options — One Care, PACE, and SCO (see slide 20 for more detail on these options) — to align Medicare and Medicaid services through a single program and provide coordinated care. Seventy percent of "dual eligible" people remain outside these plans.

One Care is planning for change. The federal government has updated the rules under which the program operates, effective in 2026. MassHealth issued a request for proposals to procure both One Care and SCO plans and selected six organizations to operate One Care plans and seven organizations to operate SCO plans. These new plans will be in place in January 2026.

AMONG ALL MASSHEALTH MEMBERS, 67% WERE ENROLLED IN MANAGED CARE IN SFY 2023, WITH OVER HALF OF ALL MEMBERS IN ACOs

MASSHEALTH ENROLLMENT BY PLAN TYPE, SFY 2023



[1] Premium assistance includes-premium subsidies from MassHealth for employer-sponsored health insurance. MassHealth Limited provides coverage for emergency medical services for about 298,575 noncitizens (for SFY 2023).

Chart Data: MassHealth Budget Office Data Request, March 2024.

Most MassHealth members are enrolled in some form of managed care, with more than half of members enrolled in an ACO. See slide 20 for program descriptions.

MASSHEALTH ACCOUNTABLE CARE ORGANIZATIONS (ACOs)

Contract between MassHealth and Accountable Care Partnership Plan

- Capitation payment[1]

15 ACOs SELECTED BY THE STATE

~902,000 MEMBERS ENROLLED [2]

Contract between MassHealth and Primary Care ACO

- Shared savings and losses

2 ACOs SELECTED BY THE STATE

~318,000 MEMBERS ENROLLED [2]

Accountable Care Organizations (ACOs) are organized groups of doctors, hospitals, and other health care providers held accountable for their member populations' health and health care costs. There are two types of MassHealth ACOs, with different payment and contracting structures.

For members enrolled in Accountable Care Partnership Plans (which are a partnership between an ACO and an MCO), MassHealth makes capitation payments (a set amount per member per month).[1] Accountable Care Partnership Plans must use these payments to pay for comprehensive health care services, including both physical and behavioral health, for their enrollees.

For Primary Care ACOs, MassHealth pays providers directly for most services. These costs are then compared to a spending target, and the ACO and MassHealth share in any savings or losses.

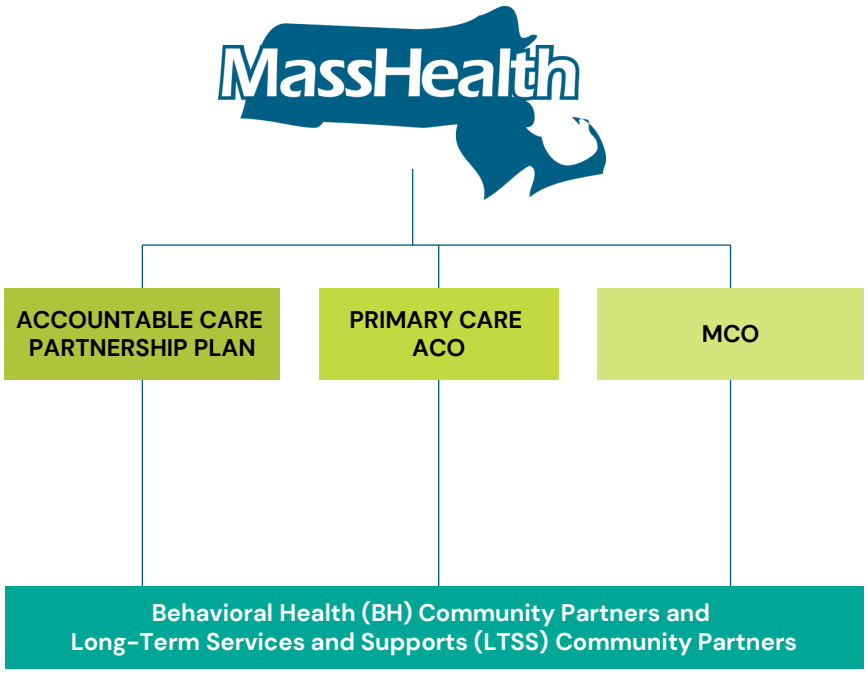
Both types of ACOs also receive administrative funding to cover operations and enhanced care coordination programs.

MassHealth selected a new set of ACOs for a five-year contract beginning April 1, 2023. In the current contracts for both types of ACOs, primary care providers are paid via capitation rather than fee-for-service, to allow for more flexibility and innovation in primary care.

[1] Large overall losses or gains relative to the capitation rate are shared between the Accountable Care Partnership Plan and the state. There are also risk-sharing arrangements for specific high-cost services (such as high-cost drugs).

[2] Accountable Care Partnership Plan ACO enrollment is higher and Primary Care ACO enrollment is lower in this slide compared to the SFY 2023 enrollment number on slide 22, because slide 22 presents average enrollment over the course of fiscal year 2023, while this slide includes a point in time snapshot as of January 2024. The available ACO plans changed in April 2023, and there was a shift in enrollment to Accountable Care Partnership Plans.

MASSHEALTH COMMUNITY PARTNERS (CPs)



Agreements between ACOs/MCOs and Community Partners

- Per Member Per Month payment
- ACOs and MCOs pay CPs directly

12 BH CPs SELECTED BY THE STATE

Collectively BH CPs have 24,597 active members as of May 2024.

8 LTSS CPs SELECTED BY THE STATE

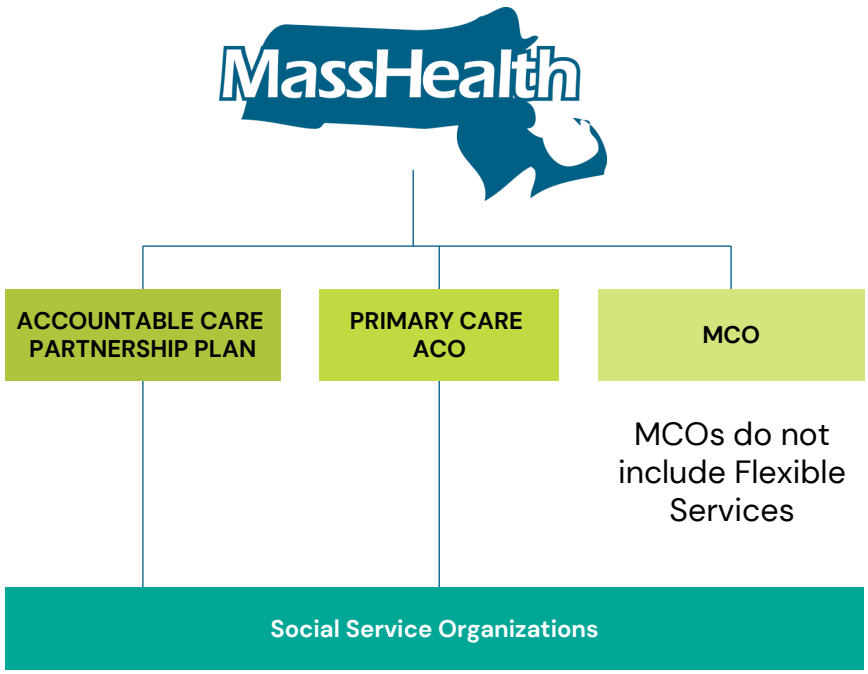
Collectively LTSS CPs have 9,159 active members as of May 2024.

MassHealth's focus on accountable care includes an increased focus on care coordination for its members with the most complex needs. Each ACO and MCO contracts with community organizations to be MassHealth Community Partners (CPs). CPs work with members with serious mental illness and addiction (Behavioral Health CPs), and adults and children with physical and developmental disabilities and brain injuries (Long-Term Services and Supports CPs). CPs promote the integration of care through outreach and engagement, person-centered treatment planning, service coordination, health and wellness coaching, and facilitation of access to social and community-based supports.

For a member involved with multiple health care providers, which members with complex needs frequently are, the CP is the lead care coordinator. A lead care coordinator ensures that all providers' care plans are in alignment.

MassHealth selected a new lineup of CPs for a five-year contract, beginning April 1, 2023. There are now 20 CPs providing services to ACO and MCO members; they have 33,756 enrolled members as of May 2024.

FLEXIBLE SERVICES PROGRAM (FSP)



Contracts between ACOs and Social Service Organizations to provide FSP

111 FSPs APPROVED BY THE STATE (as of May 10, 2024)

- **51 NUTRITION FSPs**
- **54 HOUSING FSPs**
- **6 JOINT NUTRITION/HOUSING FSPs**

ALL ACOs HAVE AT LEAST ONE NUTRITION AND ONE HOUSING FSP

From January 2020 through December 2023, approximately 35,000 ACO members have received approximately $39 million in housing supports and $69 million in nutrition supports.

The Flexible Services Program (FSP), which launched in 2020, provides some ACO members with services not typically covered by MassHealth. FSP addresses members' health-related social needs (HRSN) by providing nutrition and housing supports, aimed to improve members' health and potentially reducing an ACO's total cost of care.

Examples of housing supports include housing application assistance, communication with landlords, and home modifications like air conditioners or grab bars in showers. Examples of nutrition assistance are medically-tailored and home-delivered meals. ACOs can contract with social service organizations to provide these services, or they can provide the services directly to their members.

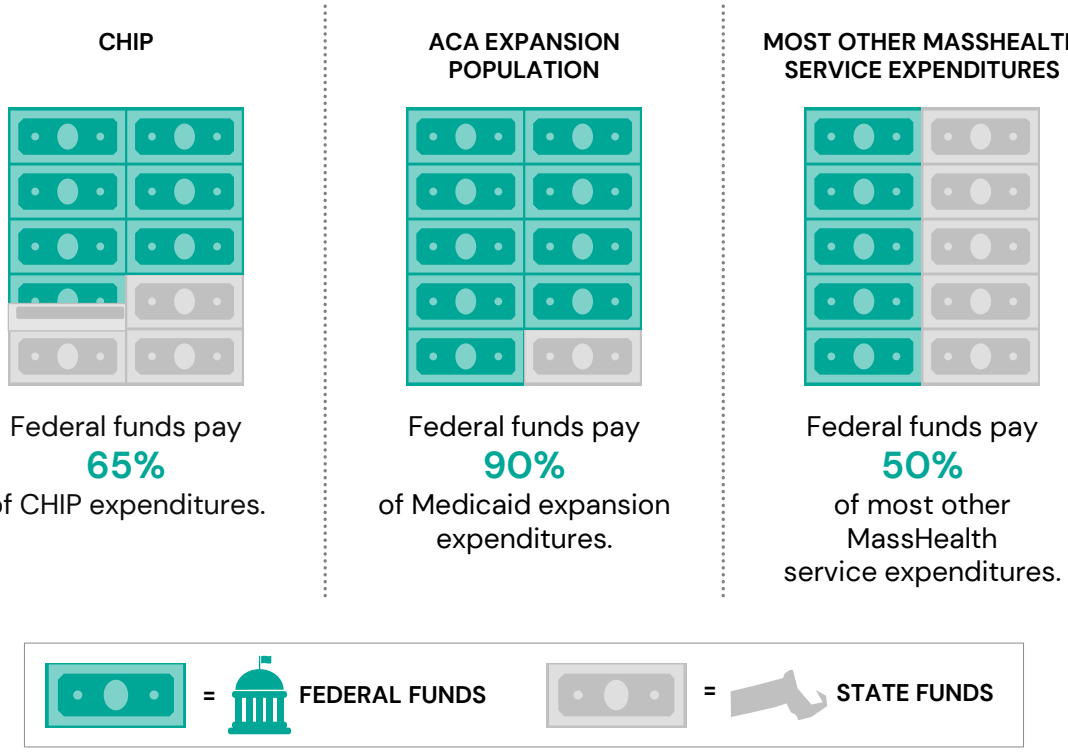
A member may be eligible for FSP if they have: 1) behavioral or complex physical health need(s) and 2) housing- or nutrition-related risk factors. Each ACO further defines the eligibility for their FSP programs.

Effective January 2025, FSP will be more integrated within ACOs' traditional managed care structure under a new HRSN Framework. This is expected to further standardize the program across ACOs. For example, MassHealth anticipates providing ACOs with a standard list of required and supplemental services, and standards for rates, member eligibility, and provider qualifications.

SPENDING AND COST DRIVERS

NEARLY EVERY DOLLAR IN MASSHEALTH SPENDING IS REIMBURSED BY AT LEAST 50 CENTS IN FEDERAL REVENUE TO THE STATE

FEDERAL AND STATE SHARES OF MASSHEALTH EXPENDITURES, TYPICAL LEVELS

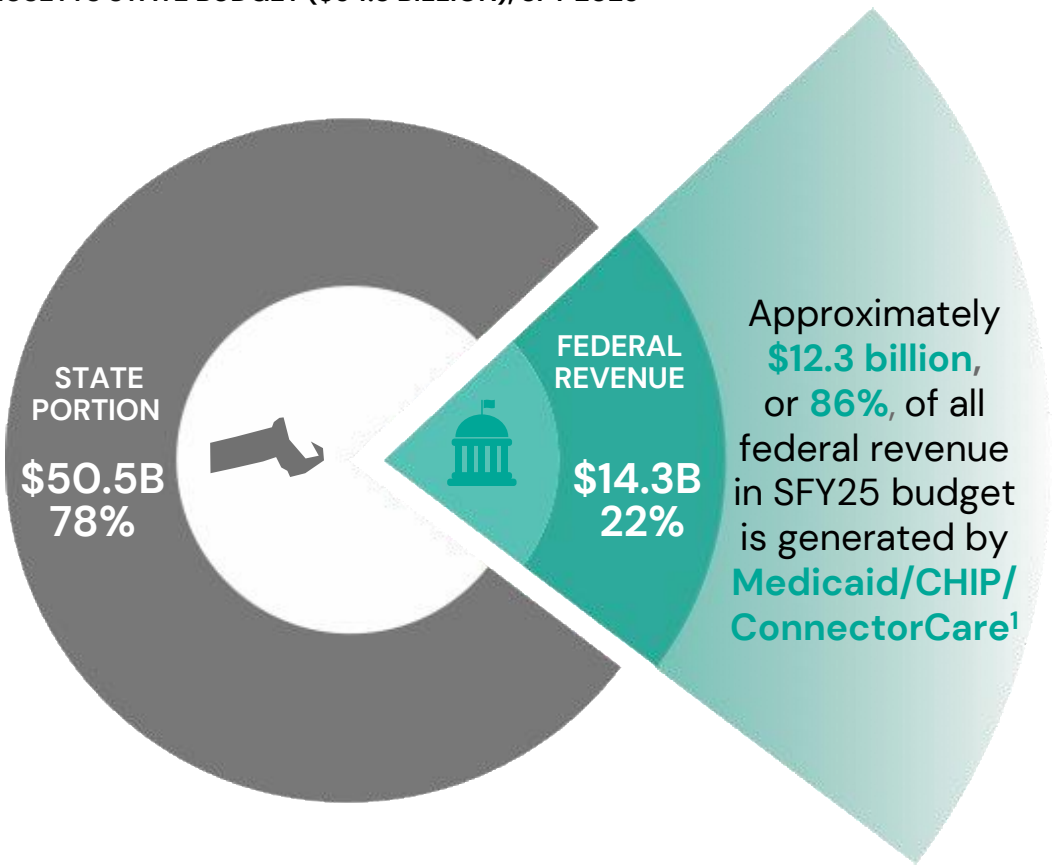


The federal government reimburses Massachusetts for a portion of MassHealth spending. During the COVID-19 pandemic, the federal government increased Medicaid expenditure reimbursements (by 6.2 percentage points for most service expenditures) to help states finance this critical source of coverage through the public health and economic crisis.

With the end of the public health emergency, this enhanced federal reimbursement was phased out between April and December of 2023. By January 1, 2024, the federal reimbursement levels returned to the typical levels shown in the chart.

THE MAIN SOURCE OF FEDERAL REVENUES TO MASSACHUSETTS IS MASSHEALTH

MASSACHUSETTS STATE BUDGET ($64.8 BILLION), SFY 2025



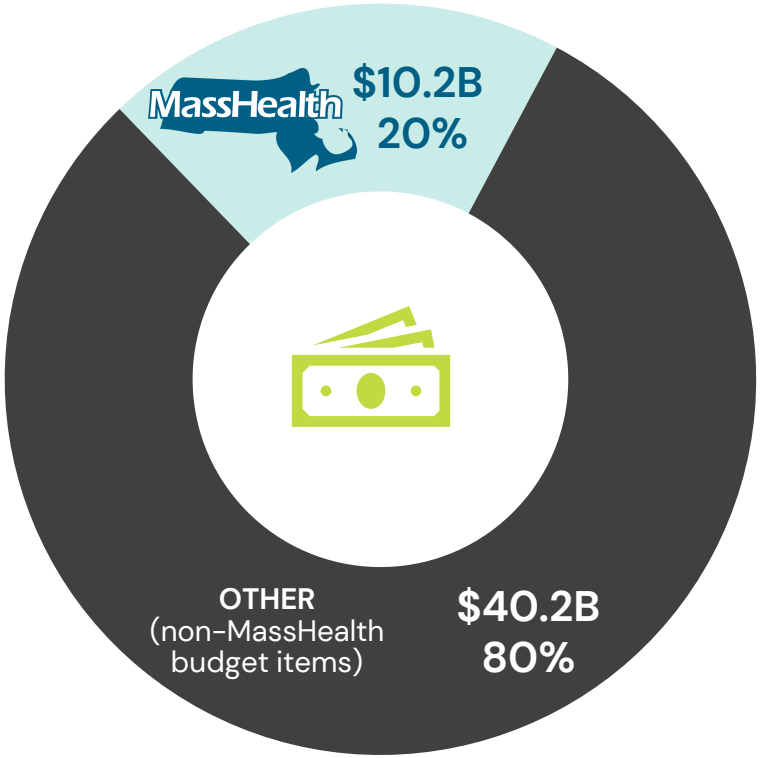
[1] Medicaid in this context includes MassHealth, and ConnectorCare premium and cost sharing subsidies; additional MassHealth 1115 waiver spending; and spending on some programs and facilities that serve people eligible for MassHealth and are administered by the Departments of Developmental Services, Mental Health, and Public Health, and MassAbility (formerly the Massachusetts Rehabilitation Commission).

Chart Data: N. Wagman. "What is the Actual Cost of MassHealth in State Fiscal Year 2025?" BCBSMA Foundation. May 2024.

Federal revenues supply a little under one-quarter (22%) of the funding for the state budget, and about 86% of that revenue is generated by Medicaid, CHIP, and ConnectorCare expenditures.

MASSHEALTH ACCOUNTS FOR APPROXIMATELY 20% OF THE STATE BUDGET, NET OF FEDERAL REVENUES

MASSACHUSETTS TOTAL STATE SPENDING NET OF FEDERAL REVENUES ($50.5 BILLION[1]), SFY 2025



Massachusetts' SFY 2025 budget is approximately $64.8 billion, and MassHealth accounts for 31% of that spending. About one-quarter (22%) of the state budget was supplied by federal revenues. Medicaid/CHIP/ConnectorCare spending generated the vast majority (86%) of those federal revenues (see slide 28).

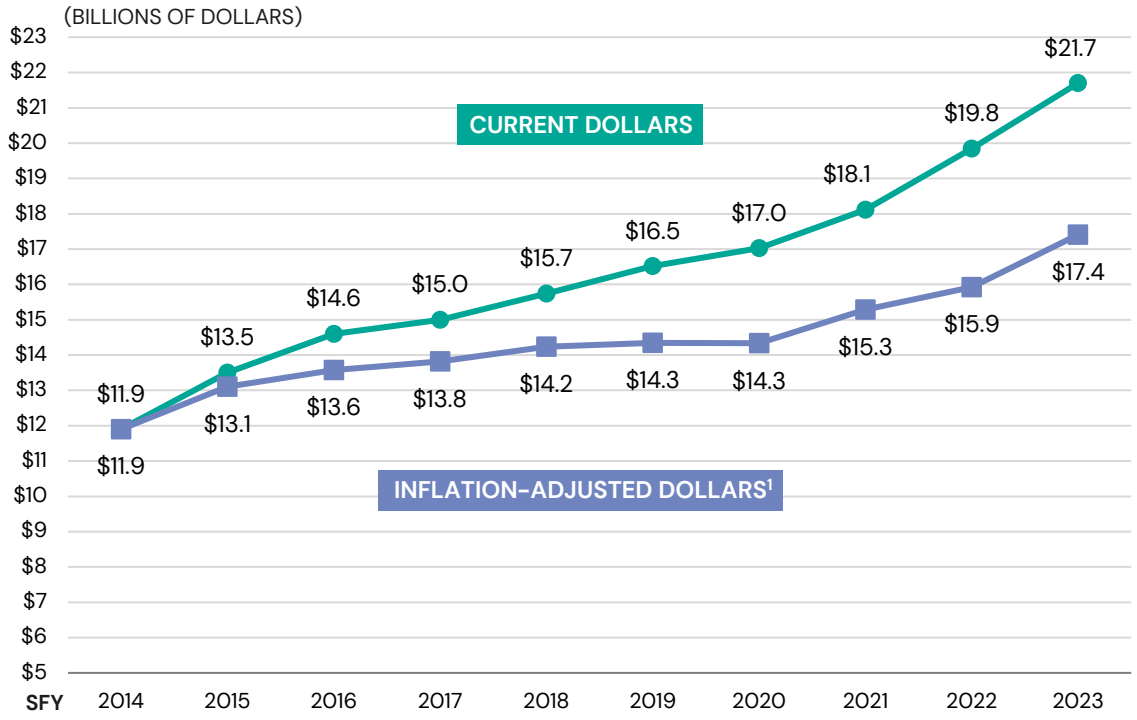
To understand the true cost of MassHealth to the state, it is instructive to look at the expected state spending net of those federal revenues; this net state budget will total $50.5 billion in SFY 2025. The state's share of MassHealth costs is approximately 20% ($10.2 billion) of the state budget net of federal revenues.

[1] The amounts in the chart are rounded, so they may not appear to add exactly to the totals shown.

Chart Data: N. Wagman. "What is the Actual Cost of MassHealth in State Fiscal Year 2025?" BCBSMA Foundation. May 2024.

TOTAL MASSHEALTH SPENDING ROSE THROUGH THE PANDEMIC, DRIVEN LARGELY BY ENROLLMENT, AND IS STARTING TO LEVEL OFF

MASSHEALTH TOTAL PROGRAMMATIC SPENDING, SFY 2014–2023



[1] Medical cost inflation is based on the consumer price index specifically for medical care. The inflation adjustment uses the Medical Consumer Price Index for all urban consumers in the Boston area, from the Economic Research Division of the Federal Reserve Bank.

Chart Data: MassHealth Budget Office Data Request, March 2024.

Total MassHealth program spending has risen 82.4% in 10 years, from $11.9 billion in SFY 2014 to $21.7 billion in SFY 2023. When adjusted for medical cost inflation,[1] the average annual increase from SFY 2014 to SFY 2023 was 4.4%. The average inflation-adjusted increase was particularly low in the years from SFY 2017 up to SFY 2020, with growth averaging 1.4%.

The trend of inflation-adjusted spending increased since the start of the COVID-19 pandemic in SFY 2021. Inflation-adjusted spending averaged 6.7% increases between SFYs 2021 and 2023.

This growth was largely driven by increases in enrollment related to the COVID-19 Public Health Emergency. With the decline in enrollment that MassHealth has experienced since the resumption of eligibility redeterminations in April 2023, it is expected that spending growth will slow in SFY 2024.

The increased spending in SFY 2021 through SFY 2023 was offset by the enhanced federal match during the pandemic, reducing the impact on the state budget.

WHILE ENROLLMENT AND OVERALL PROGRAM SPENDING INCREASED FROM SFY 2020-2023, SPENDING PER MEMBER REMAINED STEADY

GROWTH IN MASSHEALTH TOTAL SPENDING, ENROLLMENT, AND PER MEMBER PER MONTH (PMPM) COSTS AS COMPARED TO SFY 2014 (SFY 2014 = 100%)

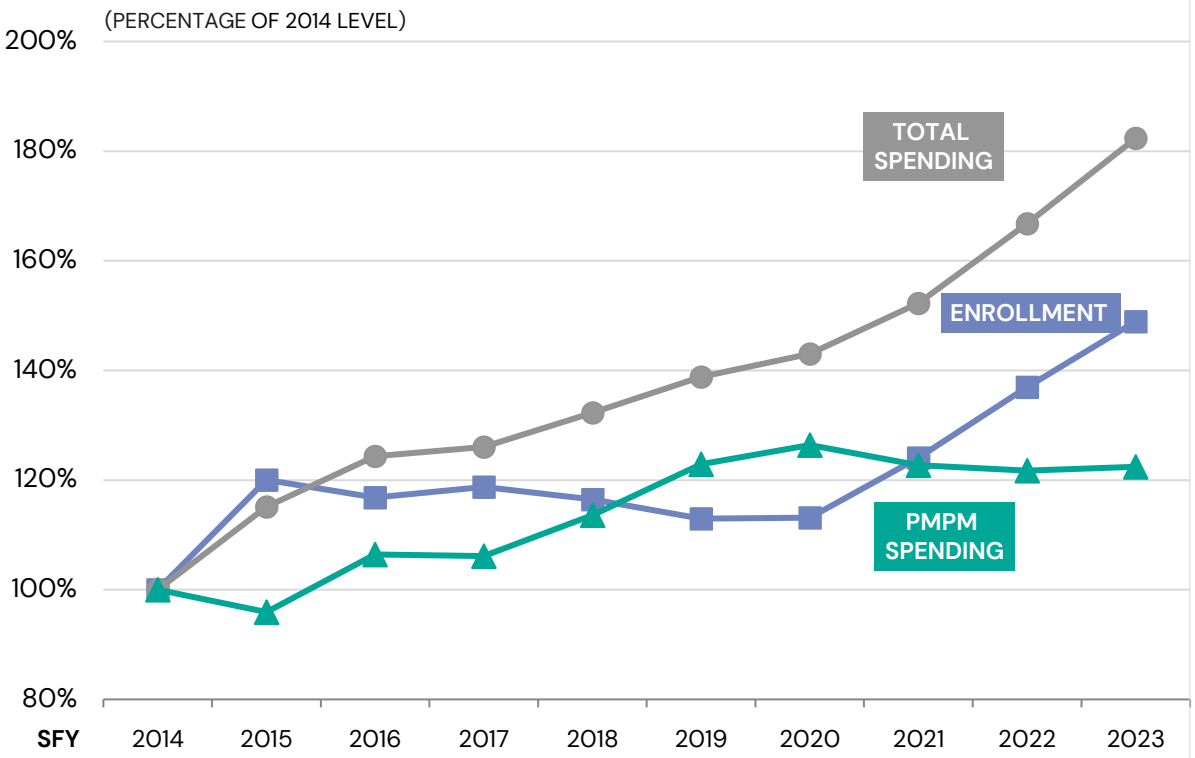


Chart Data: MassHealth Budget Office Data Request, March 2024.

Total MassHealth spending is a combination of enrollment and spending per member (PMPM). When enrollment increases (such as during the COVID-19 pandemic or when the ACA expanded eligibility for the program), spending typically increases at a faster than average rate. From SFY 2022 to SFY 2023, member enrollment increased by 8.7% and the overall spending increased by 9.3%, nearly mirroring growth in enrollment.

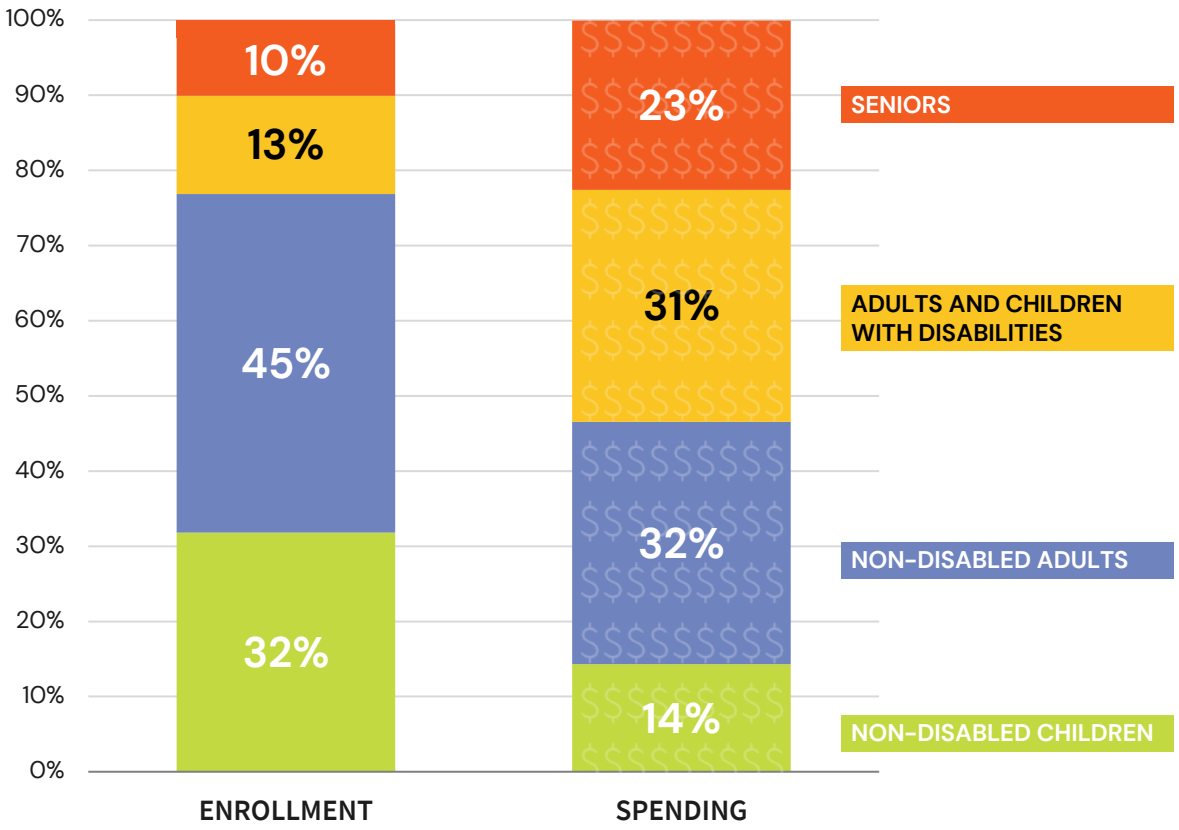
PMPM spending has declined 3.1% since SFY 2020, indicating that overall spending growth since the pandemic has been driven primarily by enrollment growth. During the same period, enrollment increased 31.6% and total spending 27.5%.

PMPM declined during the pandemic because 88.5% of the enrollment growth from SFY 2020-2023 occurred among non-disabled children and adults, whose relatively low service utilization has kept the overall per member spending trend below the rate of inflation.

Since SFY 2014, PMPM spending has increased a total of 22.4%, while enrollment grew 48.9% and total spending grew 82.4%, indicating that enrollment is the primary driver of MassHealth spending increases overall.

MOST MASSHEALTH DOLLARS ARE SPENT ON SERVICES FOR A MINORITY OF MEMBERS

DISTRIBUTION OF MASSHEALTH ENROLLMENT AND SPENDING BY VARIOUS POPULATIONS, SFY 2023



MassHealth spending is not spread evenly across the various categories of members. More than half (54%) of spending in SFY 2023 was for services to people with disabilities and seniors. These groups make up less than a quarter (23%) of the MassHealth membership.

This analysis (and slides 33 and 34) use data that includes gross spending amounts, which includes both state and federal shares. This includes claim and capitation payments for medical benefits provided by MassHealth, and do not include the cost of Medicare or commercial premiums, administrative spending, supplemental provider payments or Medicaid-reimbursable services from other state agencies. Note that this slide excludes some costs that are included in the overall cost trends on slides 30 and 31.

Chart Data: MassHealth Budget Office Data Request, March 2024.

TRENDS IN MASSHEALTH SPENDING PER MEMBER VARIED ACROSS SUB-GROUPS IN RECENT YEARS

MASSHEALTH PAYMENTS PER MEMBER PER YEAR, SFY 2021-2023

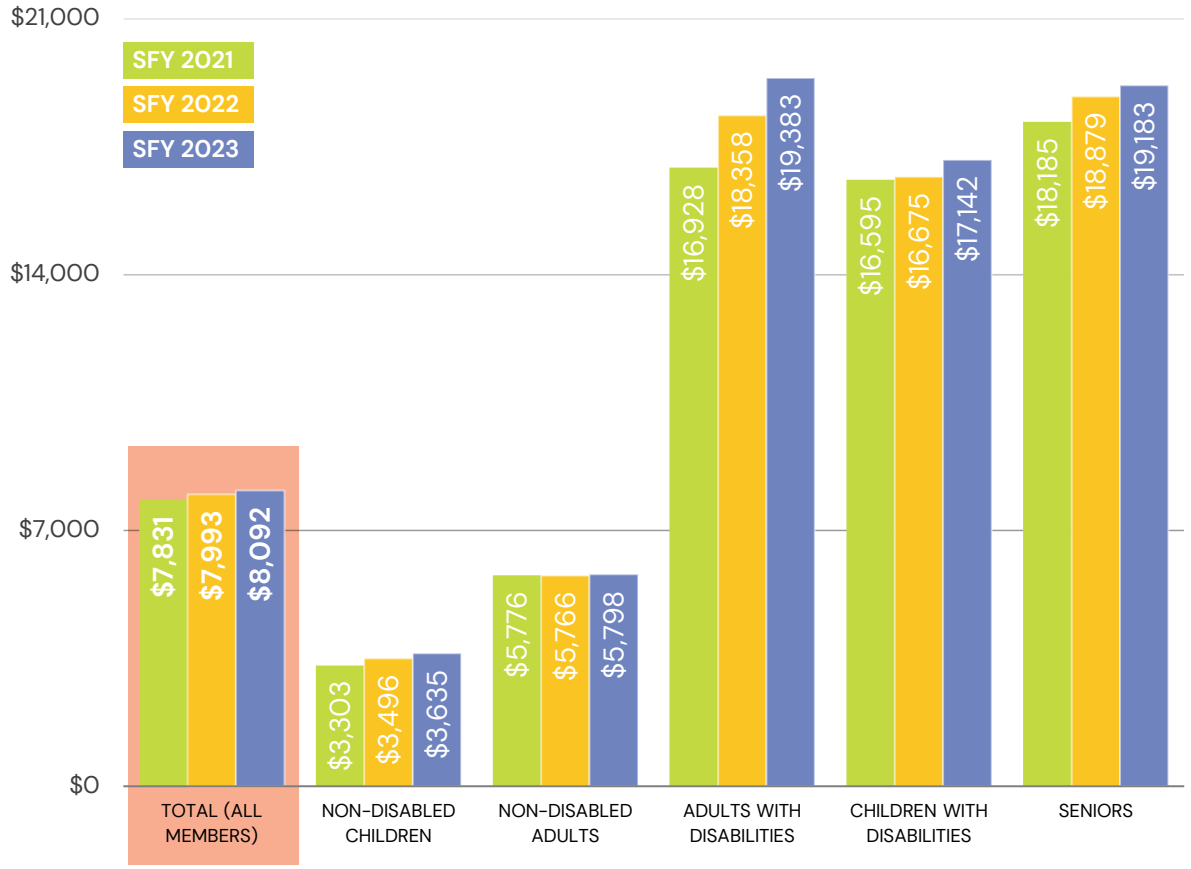


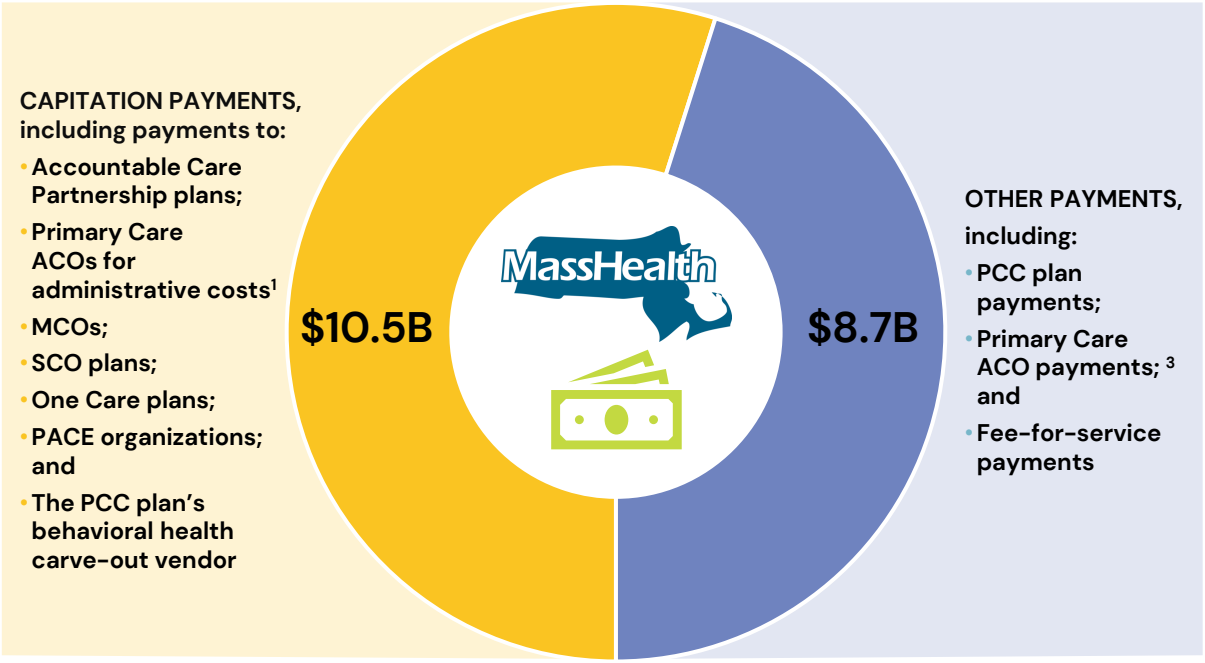
Chart Data: MassHealth Budget Office Data Request, March 2024.

Over a three-year period from SFY 2021 to SFY 2023 per member spending, unadjusted for inflation, remained relatively flat for the MassHealth population as a whole. Per member spending over this period, however, increased substantially for adults with disabilities (14.5%), with a smaller increase among seniors (5.5%).

These increases can be explained by several factors: 1) increases in payment rates for services utilized by people with disabilities and seniors, such as personal care attendant wage increases; and 2) rebounding utilization in SFY 2022, following a drop during the early phase of the COVID-19 pandemic.

OVER HALF OF MASSHEALTH SPENDING IN SFY 2023 WAS ON CAPITATION PAYMENTS

TOTAL MASSHEALTH SPENDING ON SERVICES = $19.21 BILLION, SFY 2023



[1] Primary Care ACO administrative payments are made on a per enrollee, per month basis. Primary Care ACOs are primarily paid on a shared savings/shared loss model that is not considered to be a capitated payment.

[2] This total does not include administrative spending, spending on commercial or Medicare premiums, or supplemental payments to hospitals, accounting for the difference in total MassHealth spending compared to slide 30. This total also does not include Medicaid-reimbursable services from other state agencies.

[3] In April 2023, MassHealth began paying for Primary Care ACO enrollees' primary care using a capitation model. The payments for primary care made after that date are included in the capitation payments category.

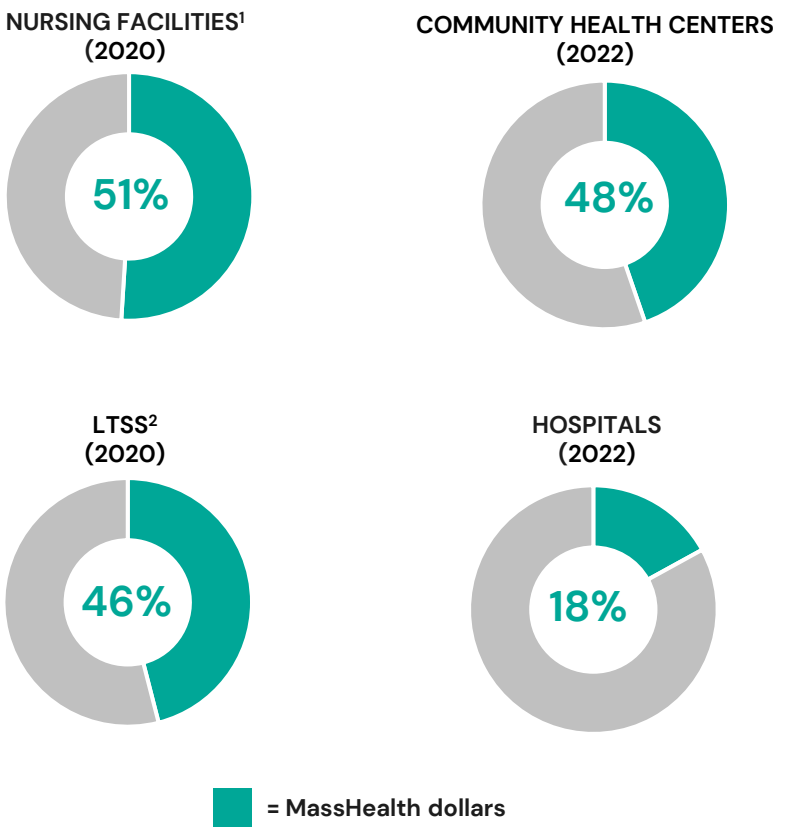
Chart Data: MassHealth Budget Office Data Request, March 2024.

MassHealth spent $19.2 billion[2] on services for its members in SFY 2023. Over half of that spending ($10.5 billion) was capitation payments to ACOs, MCOs, the PCC plan's behavioral health carve-out vendor, SCO plans, One Care plans, and PACE providers. With the focus on accountable, integrated, and coordinated care, an increasing portion of MassHealth enrollees are members of an ACO and other types of managed care. In SFY 2023, approximately 67% of MassHealth members were enrolled in one of these managed care arrangements.

For members enrolled in ACOs and MCOs, some services are paid for under fee-for-service arrangements, including the majority of LTSS provided to managed care members. As a result, 43% percent of all MassHealth fee-for-service payments went to Community and Institutional LTSS (data not shown in chart).

MASSHEALTH SPENDING IS IMPORTANT TO MANY TYPES OF PROVIDERS

MASSHEALTH REVENUE AS A PERCENTAGE OF PROVIDERS' TOTAL PATIENT REVENUES



[1] Medicaid revenue includes the following: Medicaid fee-for-service revenue, Medicaid Managed Care revenue, patient paid amount, Medicaid PACE and SCO revenue, and out-of-state Medicaid revenue.
[2] Includes spending for freestanding home health agencies primarily engaged in providing skilled nursing services in the home and other home-based supports.
Chart Data: See Sources, slide 46.

MassHealth represents a significant portion of health care providers' revenues. This is especially the case for nursing facilities, community LTSS providers, and community health centers, which each on average receive more than 45% percent of their total patient revenues from MassHealth.

REFORMS

MASSACHUSETTS ADMINISTERS MOST OF MASSHEALTH THROUGH WAIVERS

WHAT IS A STATE PLAN?	Medicaid state plans reflect an agreement between a state and the federal government regarding how the state Medicaid program will operate. Amendments to Medicaid state plans are frequent and may be for large or small changes in the program or its administration.
WHAT IS A WAIVER?	States may request approval from the federal government to waive certain parts of federal Medicaid law to test program innovations or gain more flexibility than state plans allow in how they deliver and pay for Medicaid services. An important condition of 1115 demonstration waivers is that they be "budget neutral," meaning the federal government will contribute no more to a waiver program than it would to a Medicaid program operating under standard rules.
MASSHEALTH'S 1115 DEMONSTRATION WAIVER	MassHealth operates under the authority of an 1115 demonstration waiver for almost all members. The waiver took effect in 1997 and has evolved through seven extensions to expand coverage, support the safety net, and provide incentives for delivery system innovations. In the 2017–2022 extension, MassHealth introduced Accountable Care Organizations (ACOs) and new models for addressing member needs using Community Partners and flexible services. The latest extension, approved in September 2022 and effective through December 31, 2027, builds on past demonstrations and adds a sharper focus on health equity (see slide 38 for more information).
HOME- AND COMMUNITY-BASED SERVICES WAIVERS	MassHealth has other waivers to permit the state to provide LTSS in a home or community setting to members whose disabilities qualify them for an institutional level of care. See slide 18 for more details.

LATEST EXTENSION OF MASSHEALTH'S 1115 DEMONSTRATION WAIVER ADVANCES REFORMS, FOCUSES ON HEALTH EQUITY

On September 28, 2022, CMS approved Massachusetts' request for a five-year extension of its MassHealth Section 1115 Demonstration waiver. This new waiver is in effect from October 1, 2022 through December 31, 2027, and includes features that:

IMPROVE DELIVERY SYSTEM REFORMS	▪ Continue and build on the ACO, Community Partners (CP), and Flexible Services (FSP) programs. ▪ Enhance care coordination and support members' health-related social needs (HRSN).
UPDATE ELIGIBILITY POLICIES	▪ Extend CommonHealth eligibility (for people with disabilities) to maintain coverage for older adults and people with unsteady or less than full-time employment. ▪ Make coverage retroactive to three months prior to application for pregnant people and children ▪ Guarantee continuous coverage for people experiencing homelessness (for 24 months) and for people transitioning from incarceration back to the community (12 months).
ADVANCE HEALTH EQUITY	▪ Address HRSN for people experiencing homelessness, transitioning from incarceration to the community, or at risk of eviction because of a disability caused by substance use disorder or mental illness. ▪ Expand FSP to include household-level nutrition supports if qualifying member is a child or pregnant person. ▪ Introduce payment incentives for hospitals to collect social risk factor data, implement interventions that improve quality and reduce inequities, and improve workforce capacity and collaborations to reduce inequities.
INVEST IN PRIMARY CARE AND BEHAVIORAL HEALTH	▪ Implement a value-based capitation payment for ACO-affiliated primary care practices, to provide practices with flexibility and promote care coordination and integration of behavioral health care. ▪ Make workforce investments, including loan repayment programs for primary care and behavioral health providers and a family nurse practitioner residency program in community health centers.
CONTINUE TO SUPPORT SAFETY NET CARE HOSPITALS	▪ Continue the Safety Net Care Pool, a key source of funding for hospitals and other facilities that treat populations with limited access to care.

MASSHEALTH IS EXPANDING COVERAGE AND SERVICES TO CERTAIN GROUPS

On April 19, 2024, MassHealth received approval of amendments to the 1115 waiver intended to advance health equity by expanding coverage and further addressing members' health-related social needs. The amendments include:

MASSHEALTH SERVICES FOR PEOPLE WHO ARE INCARCERATED	▪ Federal law prohibits states from using federal Medicaid dollars to cover people in jails or prisons or who reside in public institutions. To address health inequities experienced by justice-involved populations, MassHealth has received approval to cover certain MassHealth services for 90 days before release for all Medicaid-eligible people in county jails, state prisons, or in the care and custody of the Department of Youth Services.
COVERAGE CONTINUITY FOR ADDITIONAL MASSHEALTH MEMBERS	▪ The waiver amendment grants 12-months continuous eligibility for all adults on MassHealth. This means an adult (age 21+, including seniors) who establishes eligibility for MassHealth will remain eligible for 12 months, regardless of changes in circumstances. Children already receive 12-months continuous eligibility. ▪ MassHealth members under age 65 experiencing homelessness receive 24-months of continuous eligibility; the waiver amendment extends this to people aged 65 and over experiencing homelessness, effective July 1, 2025.
COVERAGE THAT EXTENDS BACKWARDS IN TIME, PRIOR TO APPLICATION DATE	▪ Federal law requires states to extend most Medicaid coverage backwards in time, to three months prior to the application date. For many years MassHealth had a waiver to limit this retroactive eligibility to ten days. ▪ In the 2022 waiver renewal, Massachusetts restored retroactive eligibility for pregnant people and children. This newest approved waiver amendment restores 3-month retroactivity for all other MassHealth members, effective July 1, 2025.
EXPANSION OF ELIGIBILITY FOR SUBSIDIZED COVERAGE	▪ MassHealth will temporarily expand eligibility for ConnectorCare subsidies to individuals with income up to 500 percent FPL ($75,300 for an individual in 2024). This is a two-year pilot that expires December 31, 2025. ▪ Eligibility for the two levels of the Medicare Savings Program have been increased to 190 percent FPL (from 133 percent) and 225 percent FPL (from 165 percent). The asset test has been eliminated, effective March 1, 2024, as passed by the state legislature and approved in the 2022-2027 waiver extension.
HEALTH-RELATED HOUSING SUPPORTS	Recognizing the importance of stable housing to health, MassHealth will cover: ▪ Up to six months of rent or temporary housing for pregnant people and families with children who are experiencing homelessness and meet certain clinical criteria. ▪ Up to six months of short-term post-hospitalization housing for certain MassHealth members who are transitioning out of institutions and meet certain risk-based and clinical criteria. ▪ Cover up to two days of pre-procedure housing and board for Medicaid-eligible individuals who are experiencing homelessness and are scheduled for a colonoscopy.

MASSHEALTH HAS ENHANCED ITS BEHAVIORAL HEALTH BENEFITS

As the Commonwealth institutes broad reforms to the behavioral health system through the "Roadmap for Behavioral Health Reform," MassHealth plays a central role. MassHealth's coverage of new services and providers are important components of the state's overall efforts to improve access to timely behavioral health care.

COMMUNITY BEHAVIORAL HEALTH CENTERS (CBHC)	▪ CBHCs are a new type of provider, with integrated mental health and substance use care. CBHCs must provide same day care for crisis services, urgent care within 48 hours, and ongoing, clinical care. ▪ They provide crisis services to children and adults, either onsite or through Mobile Crisis Intervention in the community. These services are designed to reduce the reliance on emergency departments for behavioral health crises. ▪ MassHealth reimburses CBHCs using bundled service payments, and more robust payments support for previously non-reimbursable services such as care coordination.
EXPANDED PROVIDER TYPES IN FFS SYSTEM	▪ Massachusetts updated provider regulations to add coverage for Licensed Independent Social Workers in the FFS system, previously only covered in managed care. ▪ MassHealth expanded its scope of service regulations for psychologists to include psychotherapy. ▪ MassHealth added Community Support Programs (CSP)[1] services to the FFS system, as well as Certified Peer Specialists, Recovery Coaches, and Recovery Support Navigators.[2]
BEHAVIORAL HEALTH URGENT CARE	▪ MassHealth offers higher rates of payment to mental health centers that can provide access to urgent behavioral health care on the same or next day, to incentivize them to build this capacity into their clinics.
EXPANDED ARRAY OF SUBSTANCE USE DISORDER SERVICES	▪ MassHealth now covers a broader range of residential and outpatient services for substance use disorder (SUD) and covers all services in both managed care and FFS system.
MASSHEALTH ROLE IN BROADER REFORMS	▪ MassHealth's creation of the CBHCs has provided the infrastructure in which to offer behavioral health crisis services, urgent care and the expanded array of SUD services. CBHCs are required to provide crisis services to any Massachusetts resident in crisis. ▪ The MassHealth 1115 demonstration waiver includes loan forgiveness programs for behavioral health clinicians, an important element of efforts to expand the behavioral health workforce.

[1] CSP provides an array of services that can help a member live in the community, such as service planning and coordination, assisting with obtaining benefits, or helping members with their activities of daily living.

[2] Certified Peer Specialists are people with lived experience of a mental health disorder trained to mentor a member experiencing a mental health disorder. Recovery Coaches are people with lived experience of substance use disorders and recovery trained to help peers explore recovery. Recovery Support Navigators are paraprofessionals, who provide care coordination, case management, and motivational support.

CONCLUSION

LOOKING TO THE FUTURE OF MASSHEALTH

COVERAGE

MassHealth has wrapped up eligibility redeterminations after federal COVID-19 pandemic-related enrollment protections ended, with enrollment shrinking from its pandemic era peak. MassHealth continues to focus on improving coverage continuity in the most recent waiver amendments.

SAFETY NET

MassHealth continues to be a cornerstone of a system that provides near-universal coverage, and it provides support to hospitals that care for a disproportionate share of MassHealth members and patients without insurance.

EQUITY

MassHealth is making several policy changes to improve health equity, including adding doula services as a covered benefit, creating financial incentives for hospitals to measure and reduce health inequities, and broadening its focus on housing and other health-related social needs.

INNOVATION

MassHealth is implementing reforms that invest in primary care and behavioral health and that stabilize eligibility for members for whom access to care is crucial and often interrupted.

SOURCES

SOURCES

Slide 7:

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