

# MassHealth Overview

Executive Office of Health & Human Services

January 2023

# MassHealth: Key Statistics

## MassHealth is the Commonwealth's combined Medicaid program and Children's Health Insurance Program (CHIP)

### Covers 2.3M people, more than 30% of all Massachusetts residents

- ~1.5M have MassHealth-primary coverage
- ~500K have MassHealth-secondary coverage
- ~300K have limited coverage / Health Safety Net wrap, typically due to immigration status
- Enrollment up ~550K over February 2020 due to federal continuous coverage requirement; projected to fall back to ~2M by spring 2024

### \$21B gross / \$7.6B net estimated spend in FY23

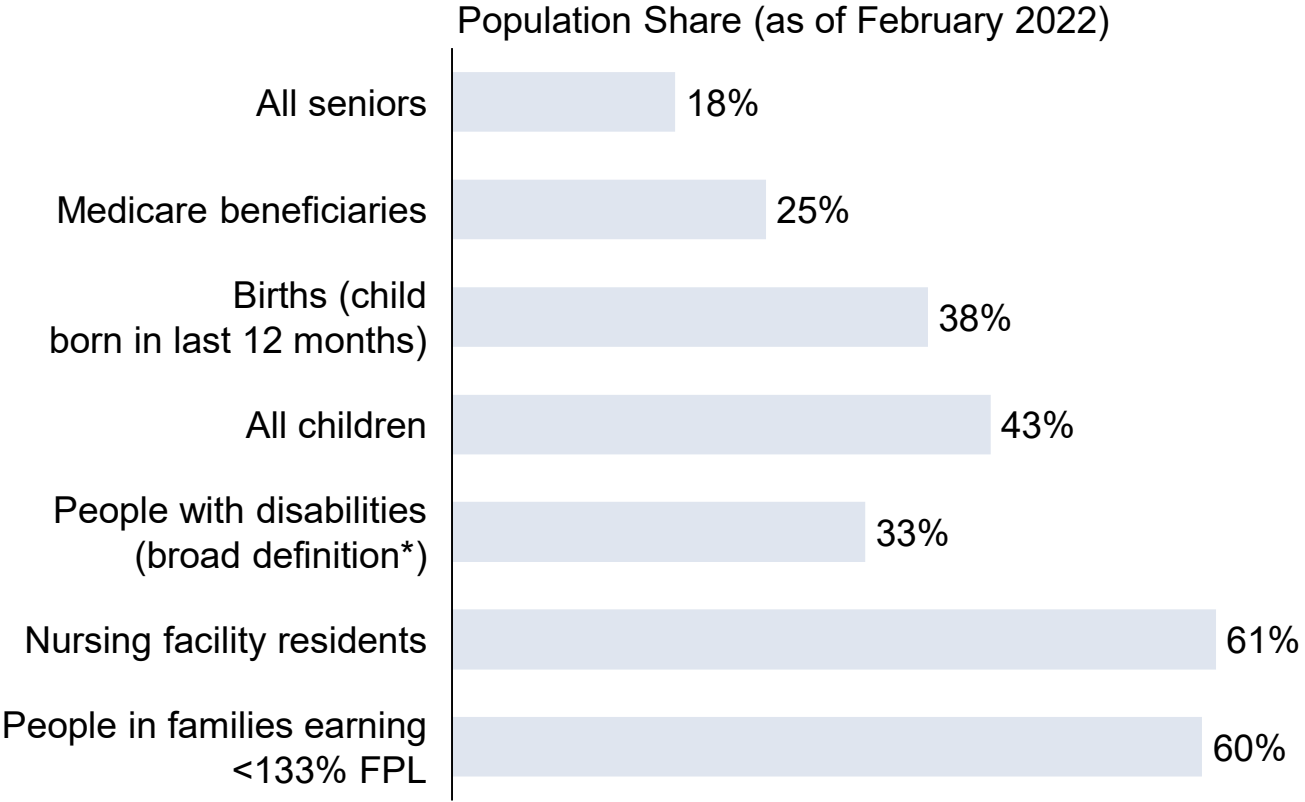
- ~\$9B in Fee for Service (FFS) claims
- ~\$10B in managed care capitations
- ~\$2B in other payments (e.g., supplemental payments, Medicare premiums)

### Managed care

- Over 80% of MassHealth-primary members <65 ("managed care eligible") will be enrolled in Accountable Care Organizations (ACOs) as of 4/1/23
- ~30% of Medicare-Medicaid members ("dually eligible") enrolled in Integrated Care plans

# MassHealth is important to many population groups, covering 43% of all children in Massachusetts and 60% of individuals with low income

## Share of Select MA Populations Covered by MassHealth



- Over 1 in 4 Massachusetts residents are enrolled in Medicaid – higher than the national average\*\*
- Six out of 10 nursing home residents are MassHealth members
- MassHealth is an especially important source of coverage for people with low income (below 133% FPL) and for people with disabilities

Note: \*Deaf or serious difficulty hearing; blind or serious difficulty seeing; cognitive, ambulatory, self care or independent living difficulty  
 SOURCES: Births data pulled from “Massachusetts births 2019” DPH report from February 2022. Nursing facility data from February 2022 Monthly Budget Dashboard and Minimum Data Set Frequency Report (2022 Q1). Data for “all children,” “all non-elderly adults,” and “all seniors” calculated from 2020 ACS population data and MassHealth Snapshot report, enrollment for May 2022. \*\*Calculations based on Medicaid enrollment data from the Centers for Medicare and Medicaid Services, “Medicaid & CHIP: March 2022; Pop. estimates from 2020 ACS; Member data pulled from February 2022 MassHealth caseload snapshot and enrollment summary and internal department reports/

## 1115 Waiver Extension 2022 – 2027

- CMS approved a five-year, \$67 billion 1115 waiver extension on September 28<sup>th</sup>, effective October 1, 2022, through December 31, 2027
  
- Extension provides authorities for critical Commonwealth initiatives, including:
  - Authority for **first-in-the-nation health equity incentive program**, holding ACOs and hospitals accountable for closing health disparities, and **health related social needs** framework authorizing expanded Community Support Programs (e.g., for members experiencing homelessness) and Flexible Services
  - Authority for **primary care sub-capitation** within ACO program with tiered levels of investment and expectation (e.g., for behavioral health integration)
  - Expansion and extension of **behavioral health services** supporting implementation of the *Roadmap for Behavioral Health Reform*
  - Increased **safety net provider funding**, as part of financing package that generates \$600M+ annual net benefit for hospitals
  - **Expanded eligibility** for disabled individuals, justice-involved, and homeless

# Behavioral Health Roadmap aims to expand access to mental health and addiction treatment and implement critical health system reforms

## Key components include:

- **A Behavioral Health (BH) Help Line**, available 24/7 to all residents of the Commonwealth, to provide live support, clinical assessment, and connection to the right mental health and addiction treatment
- **Readily available outpatient evaluation and treatment**
  - Stood up 25 new Community Behavioral Health Centers (“one-stop shops”) for outpatient behavioral health care and crisis services
  - Same-day evaluation and referral to treatment, evening/weekend hours, timely follow-up appointments, and evidence-based treatment in person and via telehealth
  - Increased availability of mental health and addiction services available through primary care, supported by new reimbursement incentives, including MassHealth rate increases
- **Better, convenient community-based alternatives to the emergency department** for urgent and crisis intervention services
  - Urgent care for behavioral health at CBHCs and other community provider locations
  - A stronger system of 24/7 community-based mobile crisis intervention, provided by CBHCs
  - Expansion of Program for Assertive Community Treatment (PACT) programs to provide community-based treatment for individuals who require specialized treatment
- **A focus on advancing health equity by meeting the diverse cultural and linguistic needs** of individuals and families in all communities throughout the Commonwealth
- **Additional funding to address longstanding BH challenges** exacerbated by the pandemic

# Starting April 1<sup>st</sup>, MassHealth will redetermine the eligibility of all 2.3M members in accordance with federal requirements.

MassHealth must initiate renewals for all ~2.3M members within a year of the MoE end. Many members may have moved or are not accustomed to completing annual renewals since the start of the COVID public health emergency in March 2020, making effective outreach critical.

**MassHealth is taking a multi-pronged approach to preparing for redeterminations and is committed to minimizing gaps in coverage and supporting members as they maintain or transition to the appropriate coverage.** Key initiatives include:

- Hiring **additional staff and vendors** to support contact center, applications processing, and appeals
- Encouraging use of **self-service tools** (HIX self-service portal, contact center self-service, etc.)
- Raising **reasonable compatibility threshold** to support automated renewals
- Designing short **SACA-2 renewal form**, enabling easier renewal process for most non-MAGI members
- Standing-up **text and email channels** to communicate with members
- Improving **member contact information accuracy** in alignment with CMS best practices
- Executing **direct-to-member campaigns** with text, email, calls, and mailings
- Entering a **joint outreach contract with Health Care for All** that includes on-the-ground outreach, grants to community groups, and targeted media buys
- Coordinating closely with **advocates, providers/ health plans, and community groups** to identify and implement strategies to support members and disseminate key messages