

# MassHealth Overview

Executive Office of Health & Human Services

January 2024

# 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

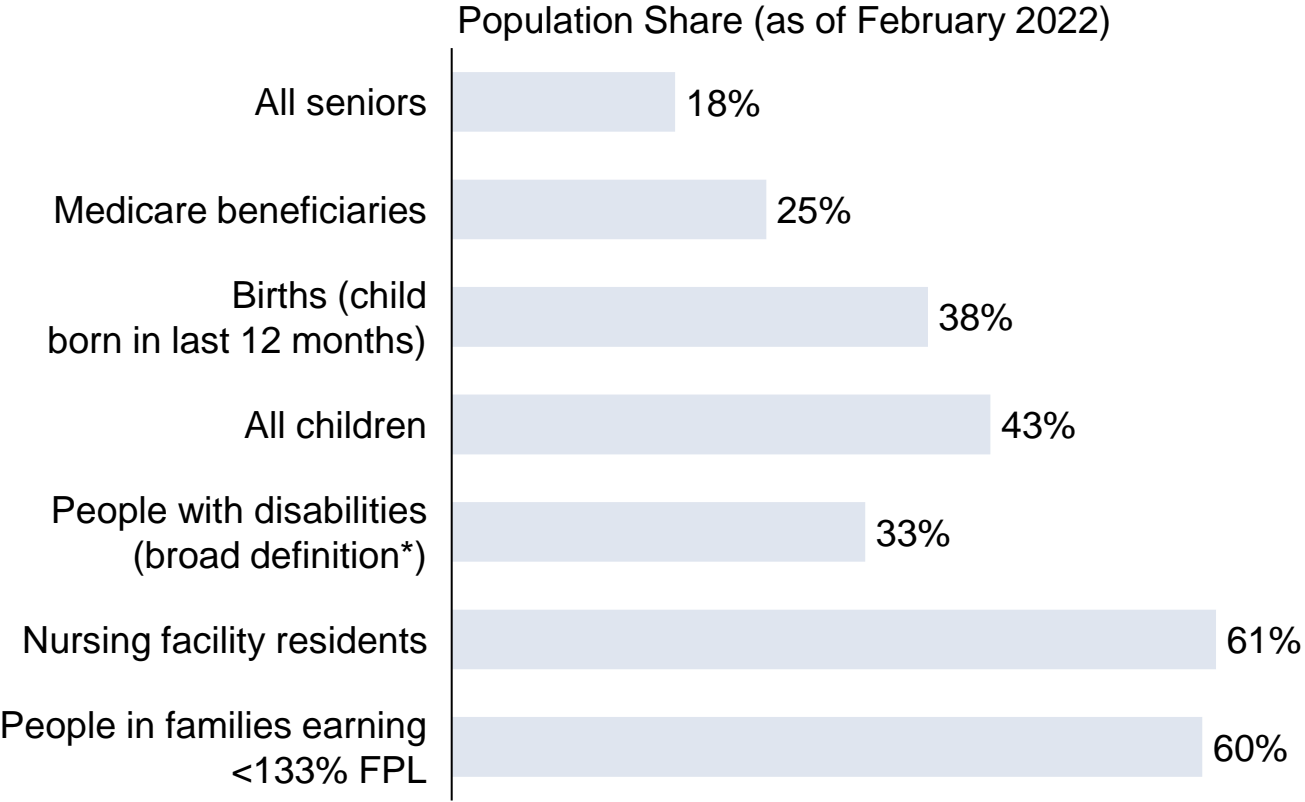
- ~\$9B in Fee for Service (FFS) claims
- ~\$10B in managed care capitations
- ~\$2B in other payments (e.g., supplemental payments, Medicare premiums)

### 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/

# Program Priorities

## Policy priority

## Policy in action (example)



**Health equity**

Build on a first-in-the-nation health equity incentive program, where providers and health plans are accountable to measure and close disparities in quality and outcomes

*Hospitals have real financial incentive to close the gap in severe maternal morbidity between Black and White birthing mothers*



**Member experience**

Improve member experience by making MassHealth easier to access and simpler to navigate

*A family that previously had to complete hours of paperwork for their son automatically has his MassHealth renewed for another year*



**Behavioral health and primary care**

Strengthen outpatient access to (1) primary care, (2) urgent mental health care, focusing on children, (3) addiction support services

*A college student with severe mental illness is no longer stuck in the emergency room waiting 4 days for a bed; she can be stabilized in the community*



**Member independence**

Divert and discharge members with disabilities from nursing facilities

*An older adult with disabilities can move home after a brief hospitalization by having a wheelchair ramp installed in her home and receiving meal prep*



## More detail: Health equity

### Problem

- **Health disparities by race and ethnicity** are well documented; MassHealth members are disproportionately impacted
- These are particularly pronounced in **highly vulnerable populations**, such as:
  - Black birthing people are 2.5x more likely to experience severe maternal morbidity
  - Justice-involved individuals are at 120x higher risk of opioid-related death following return to the community
  - Black and Latinx individuals are 3-4x times more likely to experience homelessness

### Examples of solutions

- **Pay for equity**: launched a first-in-the nation health equity incentive program that will pay hospitals and health plans to close gaps in outcomes by race / ethnicity. Maternal health disparities are a central focus (launched 2023)
- **Support the recently incarcerated**: we will seek to cover services for those in jails and prisons 90 days before their release date. This maintains continuity through transition back to the community, by providing medications before and upon release (target launch 2025)
- **Address housing as a crucial component of health & wellbeing**: we will seek to pay for 6-months of housing (“respite”) after hospitalization



## More detail: Member experience

### Problem

- Enrolling in – and staying on – MassHealth is **complicated and confusing**
- As a result, our ‘churn rate’ is too high – **1 in 3 members who lost MassHealth in 2018 came back within 3 months**
  - This was the second highest rate in the nation and roughly double the national average

### Examples of solutions

- **Keep all kids covered for at least 12 months at a time**: don’t require family members to complete new paperwork for at least a year (federal requirement, effective January 2024)
- **Shorten forms**: we cut down senior renewal form from ~40 pages to ~8 (April 2023)
- **Address language barriers**: translated member notices into top five non-English languages (112K sent out since October 2023)
- **Text and email members directly**: launched April 2023 to support redeterminations



### Problem

- **Adults and kids experiencing mental health crises have limited access**, often ending up in crowded emergency rooms not equipped to provide behavioral healthcare
- **There is a provider shortage**
  - Providers are stretched due to unprecedented demand and lagging workforce
  - Patients wait weeks to see a primary care provider
- The **opioid crisis** is worse than ever, with overdose deaths rates continuing to rise year over year

### Examples of solutions

- **Build crisis care**: stood up 25 Community Behavioral Health Centers with 24/7 mobile crisis services; launched a state-wide crisis phone helpline; expanded behavioral health urgent care (January 2023)
- **Invest in rates**: increased rates in the Children's Behavioral Health Initiative (CBHI) by 30%; invest \$115M in primary care (2023)
- **Modernize CBHI**: embarking on a family and provider-led strategic redesign of CBHI to ensure the program can serve kids in need
- **Support workforce**: award \$141M in student loan repayment awards to ~3,000 primary care and behavioral health practitioners (2023)
- **Invest in Substance Use Disorder care**: invest \$70M in opioid treatment programs (OTPs) and \$30M in SUD diversionary care annually (2023)



### Problem

- Many older adults and people with disabilities **want to remain in their homes and communities**
- However, **many people lack the resources and supports to do so**
- Furthermore, **nursing facilities are in a state of crisis**, facing workforce issues and financial challenges

### Examples of solutions

- **Help people in nursing homes transition home**: launched new programs to support persons who want to leave institutions by providing extensive services, including home modifications, to transition them home (ongoing)
- **Support day programs for adults with disabilities**: invested \$200M to prevent program closures and bolster long-term sustainability of providers (beginning July 2023)
- **Stabilize nursing facilities**: modernize payment approach and increase rates; pay more for high-need special populations (e.g., individuals with substance use disorder) – significant investment effective 10/1/23



## Redeterminations: We have worked hard at keeping eligible people covered

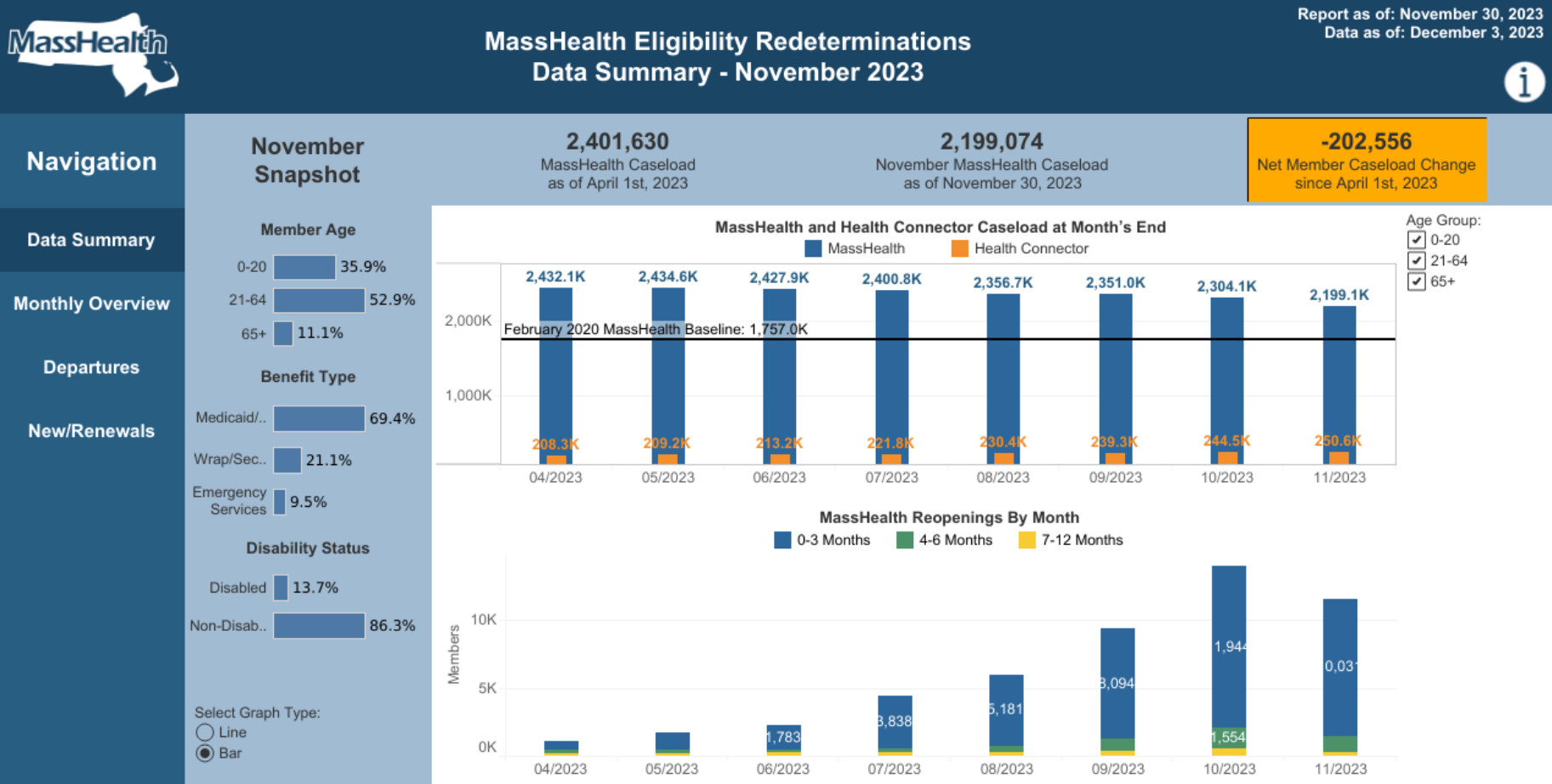
### Context

- MassHealth paused member eligibility redetermination from March 2020 – March 2023 as required by federal law
- MassHealth caseload grew from 1.8 million in 2020 to 2.4 million members by April 2023, as MassHealth “protected” members who were likely no longer eligible (e.g., income increased due to job change)

### Where we are

- MassHealth will redetermine **every member’s eligibility between April of 2023 and April of 2024**
  - Coverage loss is normal and expected, given expiration of COVID “protections”
- As of November, we have **~200K fewer members on MassHealth**
  - Currently the best performing state in the nation at keeping kids covered
  - Maintained low call center hold times
- This is the result of efforts such as:
  - **Outreach:** 428K door knocks and 2800+ events in partnership with community organizations (such as Healthcare For All), especially in vulnerable communities
  - **Operations:** Additional staffing; back-end system improvements; coordination with health plans

# Redeterminations: Results through December



<https://www.mass.gov/info-details/masshealth-redetermination-dashboard>