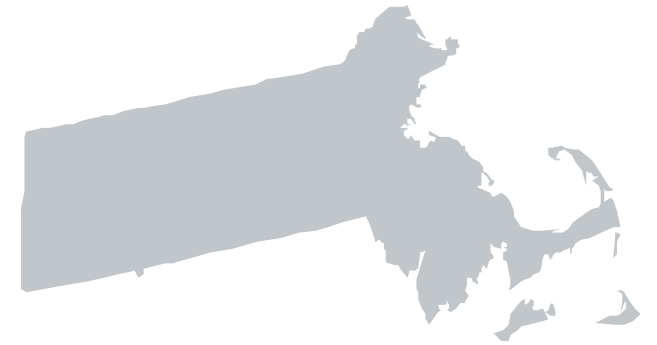




OPEN MINDS

Massachusetts Health & Human Services Market Profile: 2024



Health & Human Services Market Profile Overview

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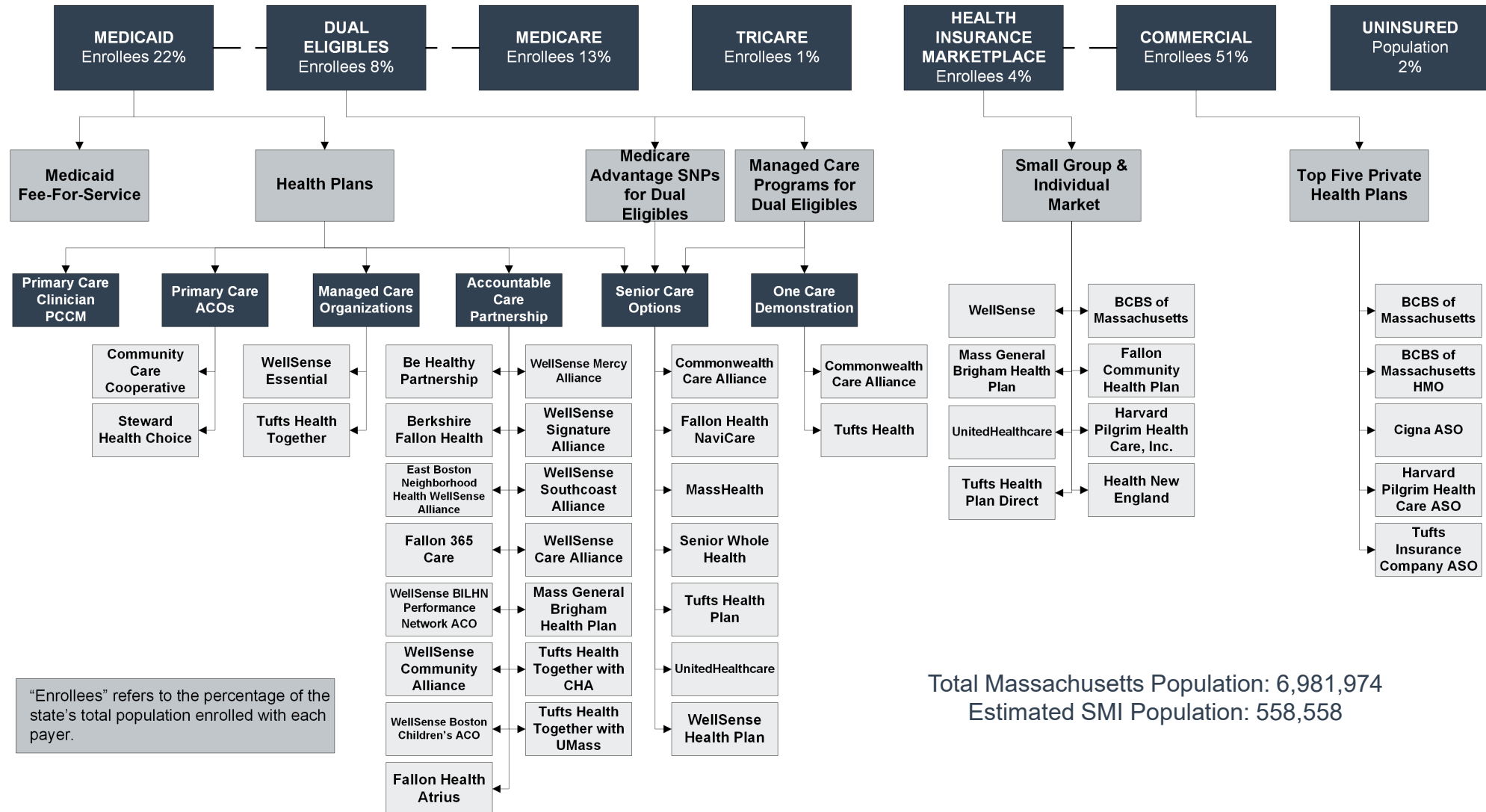
1. Public Behavioral Health System Governance
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A. Executive Summary

A.1. Massachusetts Physical Health Care Coverage by Payer



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

Totals may not equal 100% due to rounding

A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Massachusetts operates both a traditional PCCM and an ACO-based PCCM program.
Accountable Care Organization (ACO) Program	✓	The state launched its statewide ACO managed care program in March 2018.
Affordable Care Act (ACA) Model Health Home		None.
Patient-Centered Medical Home (PCMH)	✓	There are currently eight practices certified in the Health Policy Commission PCMH program.
Dual Eligible Demonstration	✓	The state launched the Senior Care Options dual eligible demonstration in 2004 and the One Care demonstration in 2013.
Managed Long-Term Services and Supports (MLTSS)	✓	Massachusetts currently operates an LTSS program
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates 15 CCBHCs under federal funding.
Other Care Coordination Initiative		None.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Health Safety Net (HSN) office within the Executive Office of Health and Human Services provides funding for acute care hospitals and community health centers for health care services provided to uninsured Massachusetts residents.

Mental Health Services

- The Department of Mental Health (DMH) is responsible for mental health services for the safety-net population. It funds a community-based system through contracted service provider organizations. Mental health services are also funded through the HSN program.

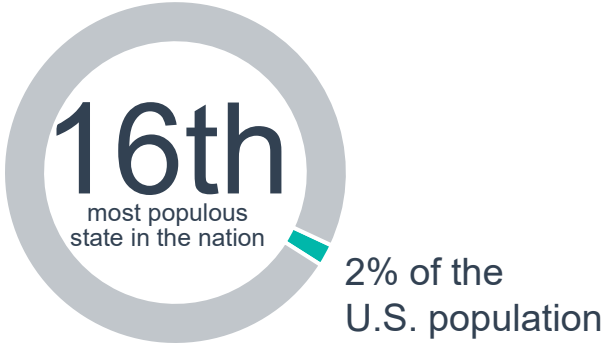
Addiction Treatment Services

- The Bureau of Substance Abuse Services within the Massachusetts Department of Public Health is responsible for addiction treatment services for the safety-net population. Addiction treatment services are also funded through the HSN program.

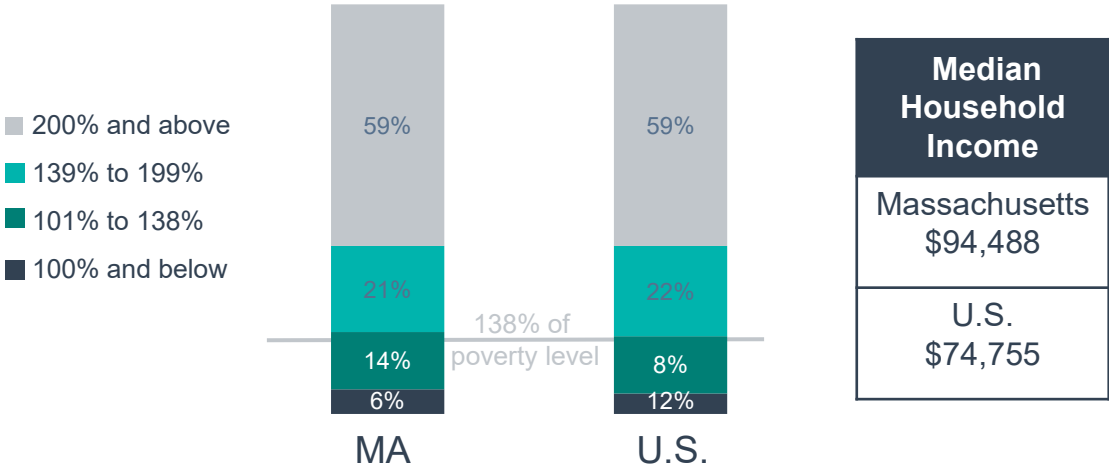
B. Massachusetts Health Financing System Overview

B.1. Population Demographics

Total Massachusetts Population- 6,981,974
 Estimated SMI Population- 558,558



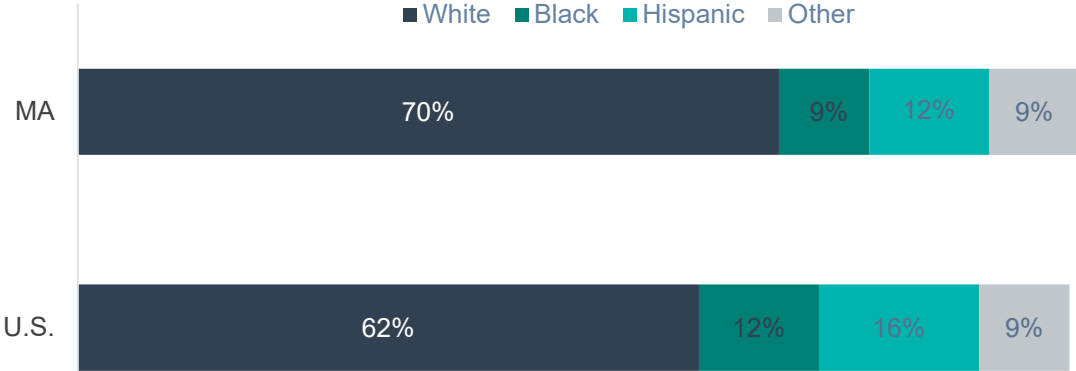
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

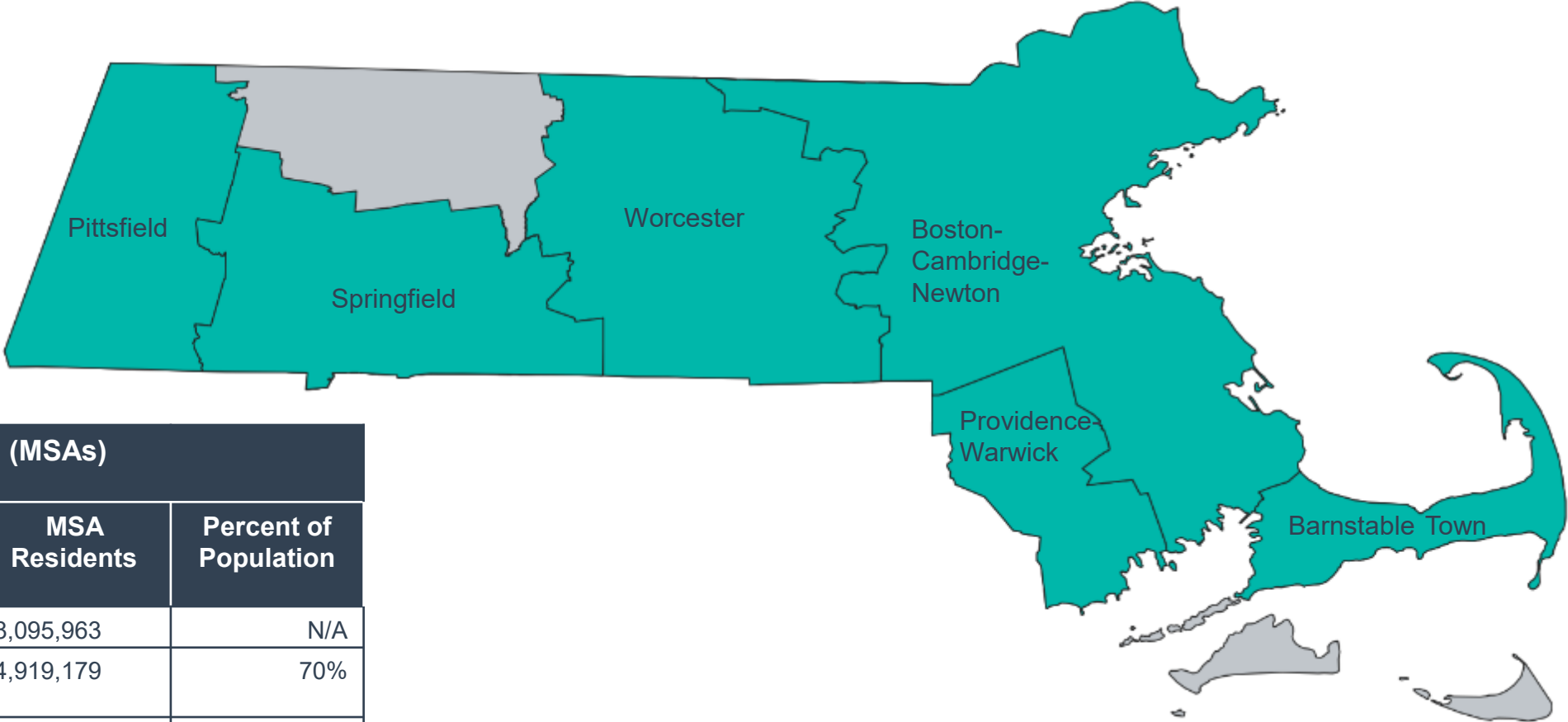


Massachusetts & U.S. Racial Composition



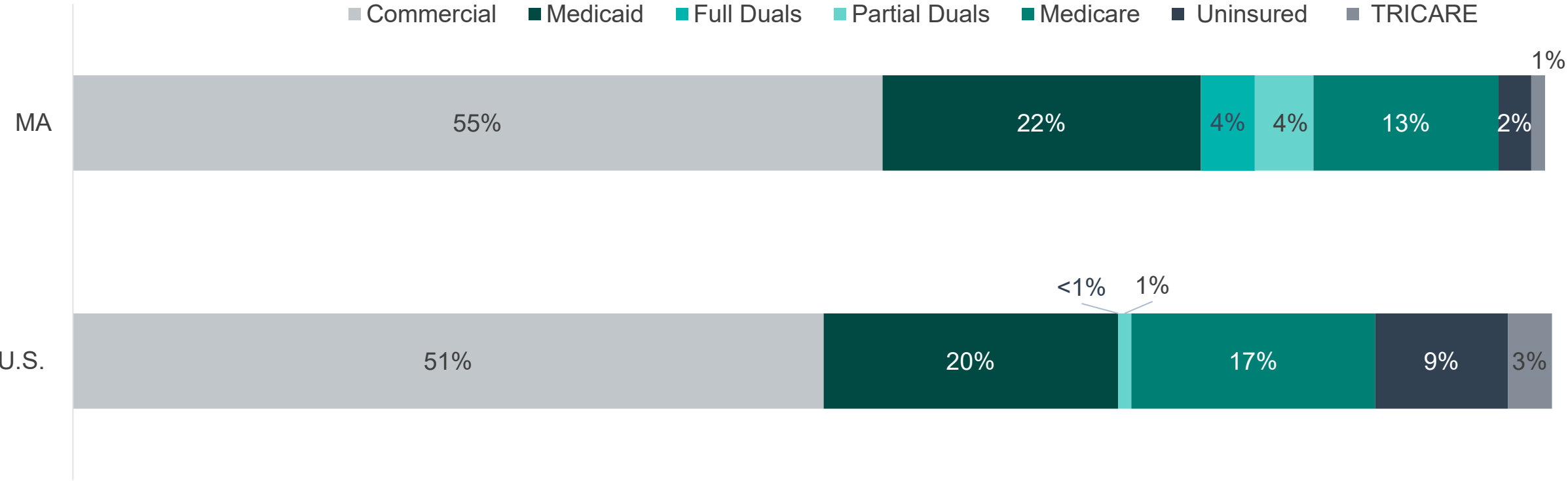
Totals may not equal 100% due to rounding.

B.2. Population Centers

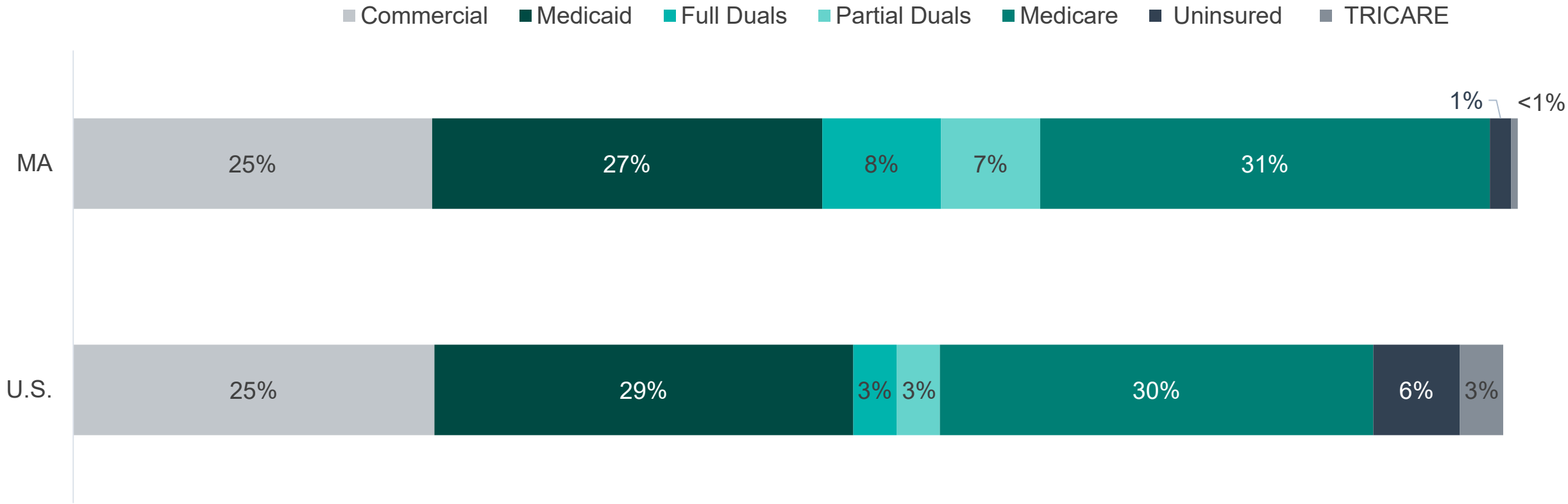


Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent of Population
Total MSA Population	8,095,963	N/A
Boston-Cambridge-Newton, MA-NH	4,919,179	70%
Providence-Warwick, RI-MA	1,677,803	24%
Worcester, MA-CT	980,137	14%
Springfield, MA	460,291	7%
Barnstable Town, MA	231,735	3%
Pittsfield, MA	126,818	2%

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.4. Largest Massachusetts Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield of Massachusetts	Commercial Administrative Services Organization (ASO)	2,334,907
Medicaid fee-for-service (FFS)	Medicaid	1,108,323
Medicare FFS	Medicare	913,217
Blue Cross Blue Shield of Massachusetts HMO Blue	Commercial	644,574
Harvard Pilgrim Health Care	Commercial	377,425
Harvard Pilgrim Health Care ASO	Commercial ASO	371,404
Harvard Pilgrim Health Care Insurance Company	Commercial	361,145
Tufts Insurance Company ASO	Commercial ASO	360,336
Tufts Health Together	Medicaid managed care	345,332
Boston Medical Center HealthNet	Medicaid managed care	285,443

* Medicaid enrollment as of January 2024; TRICARE as of December 2023; Commercial as of January 2024; Medicare enrollment as of January 2024

B.4. Largest Massachusetts Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	913,217	207,300
Medicaid FFS	Medicaid	1,108,323	128,565
Blue Cross Blue Shield of Massachusetts	Commercial ASO	2,334,907	98,066
Tufts Health Together	Medicaid managed care	345,332	40,059
Boston Medical Center HealthNet	Medicaid managed care	285,443	33,111
MassHealth Primary Care Clinician Plan	Medicaid managed – PCCM	247,351	28,693
Fallon Senior Care Options	Medicaid managed care	245,921	28,527
Blue Cross Blue Shield of Massachusetts HMO Blue	Commercial	644,574	27,072
Tufts Health Senior Care Options	Medicaid managed care	644,574	26,059
Blue Cross Blue Shield of Massachusetts PPO Blue	Commercial	84,992	19,293

* Medicaid enrollment as of January 2024; TRICARE as of December 2023; Commercial as of January 2024; Medicare enrollment as of January 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health plan Marketplace Percentage	4%
Type of Marketplace	State-based
Individual Enrollment Contact	https://betterhealthconnector.com/
	1-877-623-6765
Small Business Enrollment Contact	https://www.mahealthconnector.org/business/employers
	1-877-623-6765

2024 Individual Market Health Plans
1. Mass General Brigham Health Plan
2. WellSense (formerly BMC)
3. Blue Cross Blue Shield of Massachusetts
4. Fallon Community Health Plan
5. Harvard Pilgrim Health Care
6. Health New England
7. Tufts Health Plan Direct
8. UnitedHealthcare

2024 Small Group Market Health Plans
Massachusetts merged its Small Group and Individual Marketplaces.

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs

1. Beth Israel Deaconess Physician Organization
2. BHS Accountable Care, LLC
3. BMC Integrated Care Services
4. Caravan Health ACO 13, LLC
5. Caravan Health ACO 17, LLC
6. CareConnectMD ACO, Inc
7. Circle Health Alliance
8. Coastal Medical, Inc
9. Connected Care of Southeastern Massachusetts
10. Integra Community Care Network, LLC
11. Lahey Clinical Performance Accountable Care Organization
12. Lifespan Health Alliance, LLC
13. Mount Auburn Cambridge Independent Practice Association
14. Partners HealthCare Accountable Care Organization
15. Physicians Accountable Care Solutions, LLC
16. SolutionHealth ACO LLC
17. Southcoast Accountable Care Organization
18. Steward National Care Network
19. Trinity Health of New England ACO LLC
20. UMass Memorial Accountable Care Organization

Medicare Next Generation ACOs

1. Atrius Health, Inc
2. NEQCA Accountable Care
3. Pioneer Valley Accountable Care
4. Reliant Medical Group, Inc.

Medicare End-Stage Renal Disease ACOs

1. Fresenius Seamless Care of Massachusetts

Note: For a listing of Medicaid ACOs see [section D.3.](#)

B.6. Accountable Care Organizations

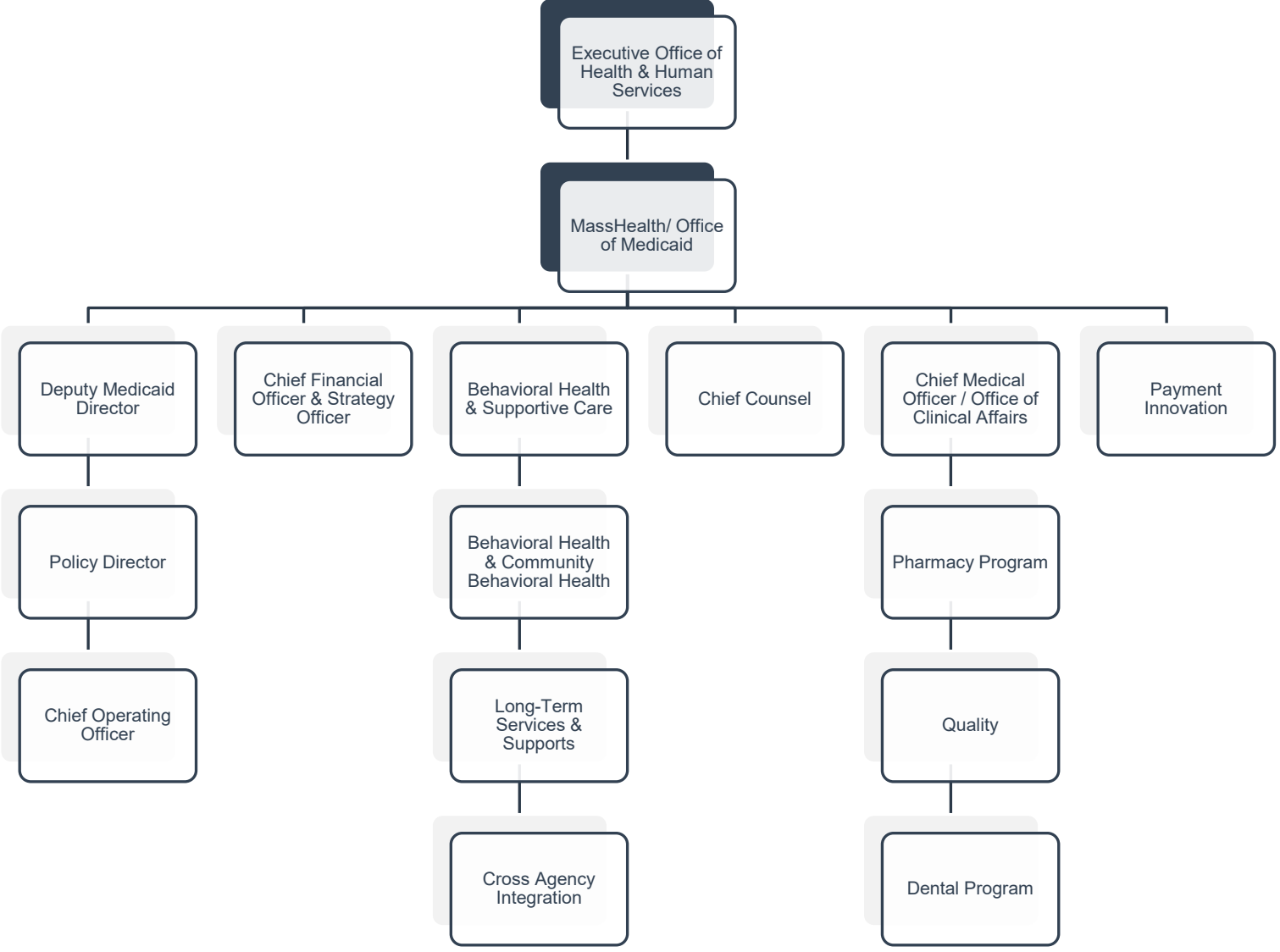
Commercial ACOs	
ACO	Commercial Insurer
Atrius Health, Inc	Blue Cross Blue Shield of Massachusetts, Always Health Partners, Harvard Pilgrim Health Care, Tufts Health Plan
Baycare Health Partners	Blue Cross Blue Shield of Massachusetts, Health New England
Beth Israel Deaconess Care Organization	Blue Cross Blue Shield of Massachusetts, Cigna, Harvard Pilgrim Health Care, Tufts Health Plan, Unicare
Boston Accountable Care Organization, Inc	Blue Cross Blue Shield of Massachusetts, Tufts Health Plan
Children's Hospital Integrated Care Organization	Blue Cross Blue Shield of Massachusetts
Children's Medical Center Corporation	Blue Cross Blue Shield of Massachusetts, Tufts Health Plan
Lahey Clinical Performance Network, LLC	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Cigna, Tufts Health Plan, Unicare

B.6. Accountable Care Organizations

Commercial ACOs	
ACO	Commercial Insurer
Mount Auburn Cambridge Independence Practice Association, Inc	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Tufts Health Plan
Partners HealthCare Accountable Care Organization	Blue Cross Blue Shield of Massachusetts, Always Health Partners, Harvard Pilgrim Health Care, Tufts Health Plan, Unicare
Reliant Medical Group, Inc	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Fallon Community Health Plan, Tufts Health Plan
Riverbend Medical Group	Blue Cross Blue Shield of Massachusetts
Signature Healthcare	Blue Cross Blue Shield of Massachusetts, Tufts Health Plans, BMC HealthNet
Southcoast Health Network, LLC	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Fallon Community Health Plan, Tufts Health Plan
Steward Health Care Network, Inc	Blue Cross Blue Shield of Massachusetts, BMC HealthNet, Harvard Pilgrim Health Care, Tufts Health Plan, Unicare
Wellforce, Inc	Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, Fallon Community Health Plan, Tufts Health Plan, Unicare

C. Medicaid Administration, Governance & Operations

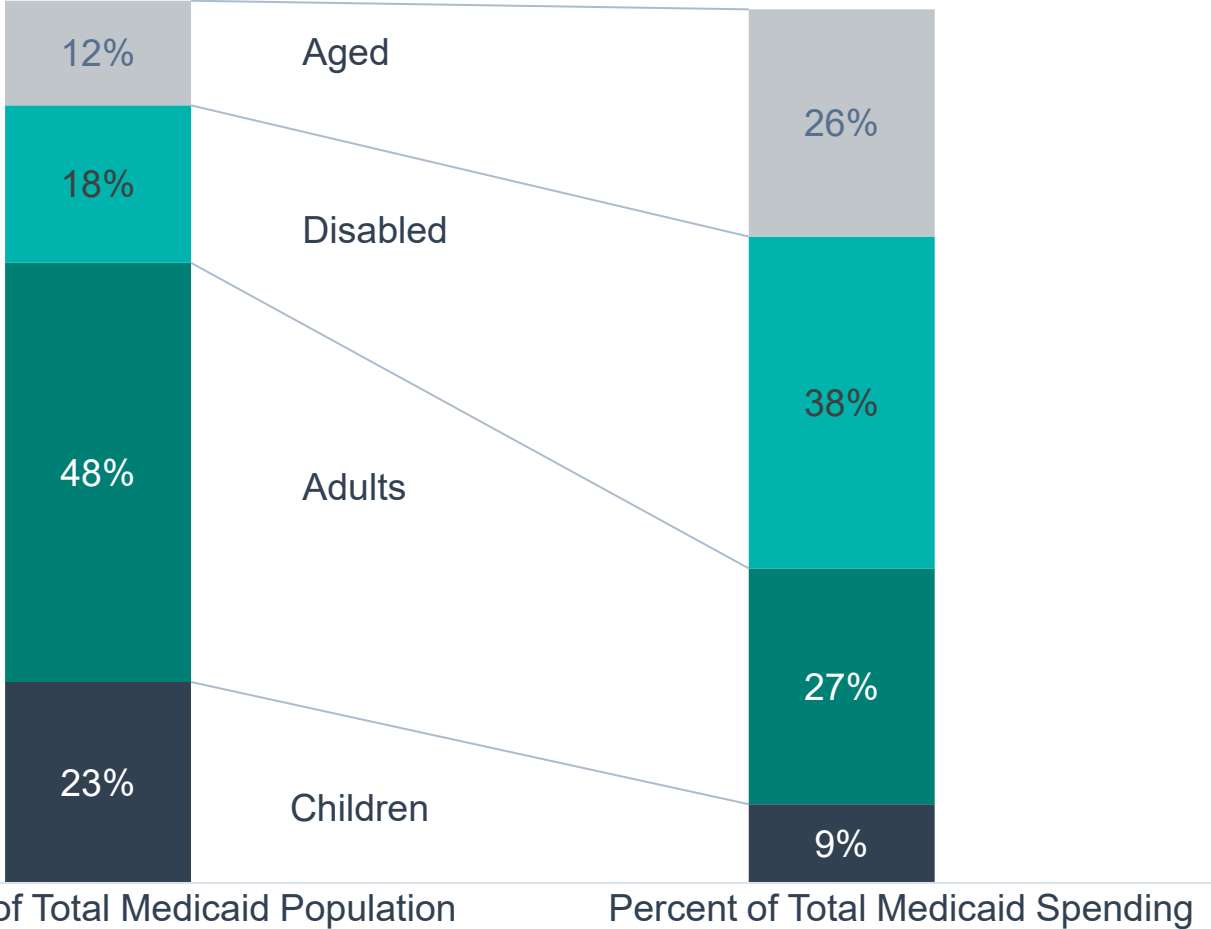
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Kate Walsh	Secretary	Executive Office of Health and Human Services	Kate.walsh@mass.gov
Chris Harding	Chief of Staff, Undersecretary	Executive Office of Health and Human Services	Not available
Michael Levine	Assistant Secretary for MassHealth	Executive Office of Health and Human Services	Michael.levine@mass.gov
Paul Jeffrey	Pharmacy Director	MassHealth/Office of Medicaid	paul.jeffrey@mass.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	MA
All populations	\$8,651	\$10,466
Children	\$3,584	\$4,203
Adults	\$5,462	\$4,624
Expansion adults	\$7,486	\$7,656
Blind and disabled	\$23,935	\$21,626
Aged	\$18,514	\$22,355

Based on 2021 data

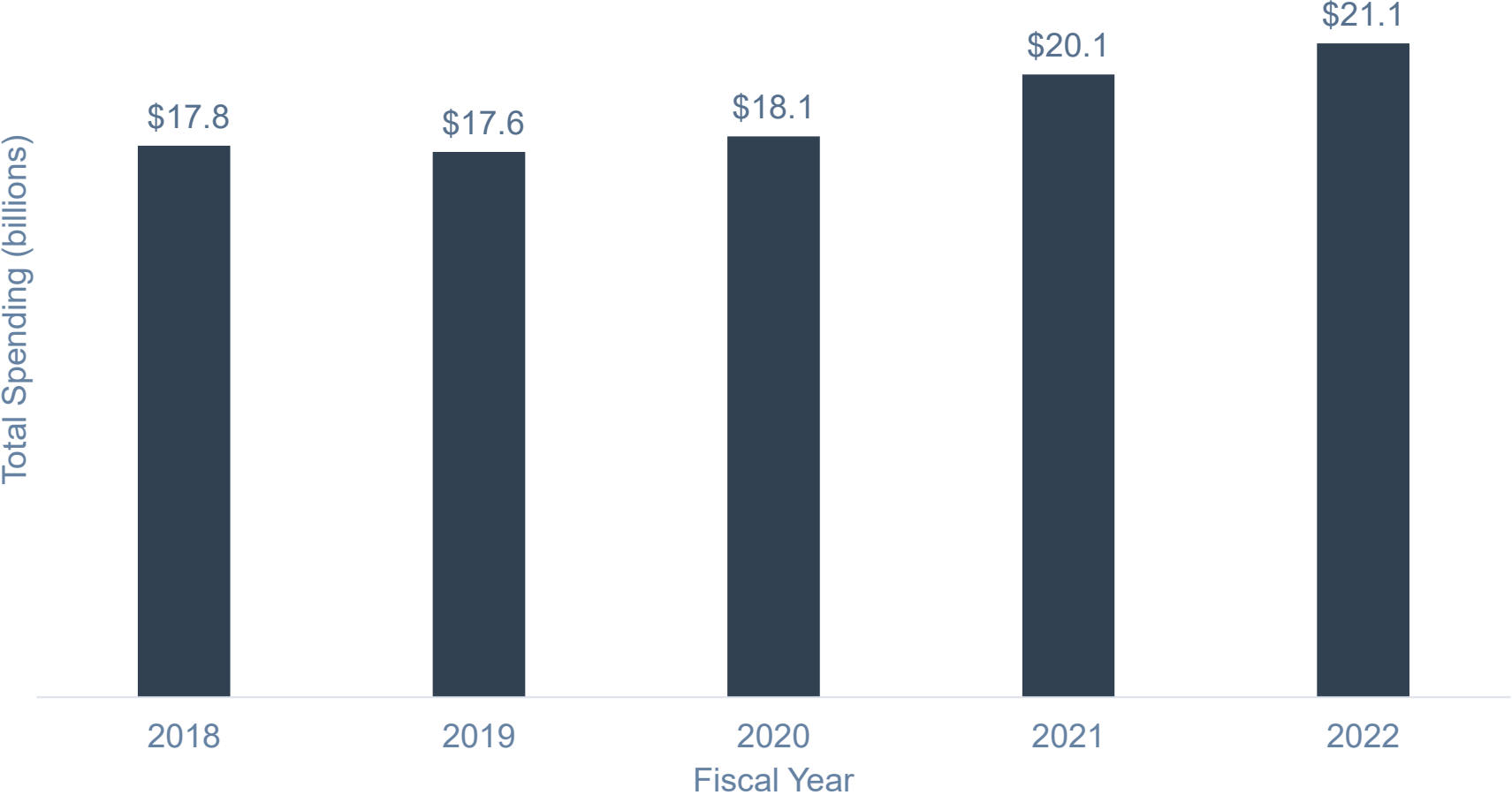
Totals may not equal 100% due to rounding

C.2. Medicaid Program Spending: Budget

Budget Item	SFY22 Spending	Percent Of Budget
Managed care and premium assistance	\$8,829,000,000	42%
Home- and community-based LTSS	\$4,236,000,000	20%
Hospital	\$2,716,000,000	13%
Institutional LTSS	\$1,624,000,000	8%
Other acute services	\$1,414,000,000	7%
Medicare premiums and coinsurance	\$774,000,000	4%
Drugs	\$407,000,000	2%
Dental	\$373,000,000	2%
Physician	\$366,000,000	2%
Clinic and other health center	\$277,000,000	1%
Other practitioner	\$38,000,000	<1%
Budget Total: \$21,054,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	50%
CY 2024 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	<ul style="list-style-type: none"> January 2014 Prior to the implementation of Patient Protection and Affordable Care Act (PPACA) expansion, childless adults with incomes below 130% of the Federal Poverty Level (FPL) were covered through the 1115 demonstration program Commonwealth Care.
Medicaid Eligibility Income Limit For Able-Bodied Adults	<ul style="list-style-type: none"> 130% of FPL ages 21 and over; 150% of FPL for 19- and 20-year-olds. Note: The PPACA requires that 5% of income be disregarded when determining eligibility. Adults with incomes up to 300% of FPL may be eligible for premium assistance if employed by a small business.
Legislation Used To Expand Medicaid	188th General Court Bill G.3452 aligned the Massachusetts Medicaid program with the PPACA.
Number Of Individuals Enrolled In The Expansion Group (October 2023)	505,330
Number Of Enrollees Newly Eligible Due To Expansion	0
Benefits Plan For Expansion Population	<ul style="list-style-type: none"> The alternative benefit plan (ABP) is like the state plan. Adult day health services, adult foster care services, and personal care services are not included in the ABP. Medically frail individuals must be offered the full array of state plan services. Individuals with SMI or chronic addiction are considered to be medically frail.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Massachusetts's Optional Services

1. Podiatrists' services
2. Chiropractors' services
3. Other practitioners' services
4. Private duty nursing
5. Dental services
6. Physical therapy
7. Occupational therapy
8. Speech and hearing services and therapy
9. Prescribed drugs
10. Prosthetics and orthotics
11. Durable medical equipment
12. Vision care and eyeglasses
13. Rehabilitative services
14. Hospice care
15. Respiratory care
16. Nursing facility services
17. Personal care services
18. Targeted Case Management
19. Long term care services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics					
Characteristics	Fee-For-Service (FFS)	Primary Care Clinician	Managed Care Organization	Primary Care Accountable Care Organization	Accountable Care Partnership Plan (ACO)
Enrollment (September 2023)	87,510	63,743	71,821	343,366	953,129
SMI Enrollment	<ul style="list-style-type: none"> Massachusetts does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria. Estimated 6% of the SMI population in FFS, 9% in managed care, and 85% in ACOs 				
Management	Executive Office of Health and Human Services (EOHHS)	<ul style="list-style-type: none"> Physical Health: EOHHS Behavioral Health: Massachusetts Behavioral Health Partnership (MBHP) 	Two health plans	<ul style="list-style-type: none"> Physical Health: EOHHS and three ACOs Behavioral Health: MBHP 	13 ACOs
Payment Model	FFS	<ul style="list-style-type: none"> Physical Health: FFS and enhanced rate for certain services Behavioral Health: Capitated rate 	Capitated rate	Physical Health: FFS and shared savings/losses Behavioral Health: Capitated rate	Capitated rate
Geographic Service Area	Statewide	Statewide	Statewide, plans available by town	Statewide	Statewide, plans available by town

Total Medicaid: 1,519,569 | Total Medicaid With SMI: 176,270

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment

Total Medicaid population distribution	<ul style="list-style-type: none"> As of September 2023: 6% in fee-for-service (FFS), 9% in managed care and 85% in ACOs
SMI population inclusion in managed care	<ul style="list-style-type: none"> Massachusetts does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. Estimated 6% in fee-for-service (FFS), 9% in managed care and 85% in ACOs
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Dual eligibles are excluded from the state's main managed care program but may voluntarily enroll in dual demonstration programs where available. Estimated 71% of population in FFS, 29% in managed care.
Long-term services and supports inclusion in managed care	<ul style="list-style-type: none"> LTSS services are offered through the Dual Eligible demonstration. Estimated 71% of population in FFS, 29% in managed care.

Medicaid Financing & Risk Arrangements: Behavioral Health

Service Type	FFS Population	Managed Care & ACO Population
Traditional behavioral health	Covered FFS by the state	<ul style="list-style-type: none"> Primary Care Clinician (PCC) and Primary Care Accountable Care Organization (PC-ACO) models: The Massachusetts Behavioral Health Partnership acts as a prepaid inpatient health plan for a capitated rate. Managed Care Organization (MCO) and Accountable Care Partnership Plan (ACPP) models: Included in the health plan's capitation rate.
Specialty behavioral health	Covered FFS by the state	
Pharmaceuticals	Covered FFS by the state	<ul style="list-style-type: none"> PCC and PC-ACO: Covered FFS by the state. MCO and ACPP: Included in the health plan's capitation rate.
Long-term services and supports (LTSS)	Covered FFS by the state	<ul style="list-style-type: none"> Covered by either ACO, MCO, or MassHealth directly

D.1. Medicaid Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Massachusetts operates both a traditional PCCM and an ACO-based PCCM program.
Accountable Care Organization (ACO) Program	✓	The state launched its statewide ACO program in March 2018.
Affordable Care Act (ACA) Model Health Home		None.
Patient-Centered Medical Home (PCMH)	✓	There are currently eight practices certified in the Health Policy Commission PCMH program.
Dual Eligible Demonstration	✓	The state launched the Senior Care Options dual eligible demonstration in 2004 and the One Care demonstration in 2013.
Managed Long-Term Services and Supports (MLTSS)	✓	Massachusetts now offers LTSS for Medicaid members
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates 15 CCBHCs under federal funding.
Other Care Coordination Initiative		None.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS, ACO/ Managed Care	Mandatory ACO / Managed Care Enrollment*
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals (including dual eligibles)	<ul style="list-style-type: none"> Regions without Senior Care Options demonstration Other HCBS waiver enrollees 	<ul style="list-style-type: none"> Regions with Senior Care Options demonstration Frail Elder HCBS waiver enrollees 	
Dual eligibles (under age 65)	<ul style="list-style-type: none"> Regions without One Care demonstration HCBS waiver enrollees 	<ul style="list-style-type: none"> Regions with One Care demonstration 	
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care		X	
Other populations	<ul style="list-style-type: none"> Other third-party insurance Presumptive eligibility Receiving limited coverage Hospice care Enrollment in HCBS Waiver, but not eligible for SSI 	<ul style="list-style-type: none"> Kaileigh Mulligan children Medically complex children in the care/custody of Department of Children and Families 	Enrolled in the Breast and Cervical Cancer Program

D.1. Medicaid Financing & Service Delivery System: Overview

- In Massachusetts, the CHIP and Medicaid programs are combined into one program called MassHealth.
- Within MassHealth, Massachusetts has a variety of benefit packages that cover both standard Medicaid and additional optional populations. The different benefit packages are based on an individual's eligibility group.

Program	Eligibility	Benefits
Standard	<ul style="list-style-type: none"> • Children, parents, and caretaker relatives • Disabled persons with income below 133% of FPL • Medically frail expansion enrollees 	<ul style="list-style-type: none"> • State plan benefits • Section 1115 demonstration benefits as authorized
CarePlus New Adult Group	<ul style="list-style-type: none"> • Ages 21 to 64 • Income below 130% of the FPL 	<ul style="list-style-type: none"> • All state plan benefits except long-term services and supports, chiropractic services, and targeted case management • Section 1115 demonstration benefits as authorized
CommonHealth Adults	<ul style="list-style-type: none"> • Between the ages of 21 and 64 and permanently disabled • Income above 133% of FPL • Employed or unemployed • May require a one-time deductible of income more than program standards 	<ul style="list-style-type: none"> • State plan benefits • Section 1115 demonstration benefits as authorized
Family Assistance	<ul style="list-style-type: none"> • Adults under the age of 64 who are HIV positive, with income between 133% and 200% of FPL • Children with family income between 150% and 300% of FPL 	<ul style="list-style-type: none"> • All state plan benefits except adult day health services, adult foster care services, non-emergency transportation, personal care services, targeted case management, and private duty nursing • Section 1115 demonstration benefits as authorized
Small Business Premium Assistance	Individuals who work for a small business and have income between 133% and 300% of the FPL	Premium assistance contributions to employer sponsored-plan

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of September 2023 was 87,510.

D.2. Medicaid FFS Program: Behavioral Health Overview

- Adults enrolled in the FFS program receive behavioral health benefits on an FFS basis.
- Adults enrolled in the FFS program may receive additional state plan services; Community Support Program, Assertive Community Treatment, Structured Outpatient Addiction, and Intensive Outpatient Program services as part of the diversionary behavioral health services dependent on their clinical need.
- Additional addiction treatment benefits for both the FFS and managed care populations are authorized by the section 1115 MassHealth demonstration waiver, as listed on the following slide.
- Children in the FFS program receive behavioral health services through a capitated behavioral health organization called the Massachusetts Behavioral Health Partnership, which is operated by Beacon Health Options.
 - Kaileigh Mulligan children and children receiving Title IV-E are passively enrolled in the Massachusetts Behavioral Health Partnership but may opt-out.
 - This population is eligible for the section 1115 waiver diversionary services.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits

1. Diagnostic services and testing
2. Individual, group, couple, and family therapy
3. Case consultation
4. Psychotherapy for crisis
5. Emergency services program
6. Medication visit
7. Psychiatric inpatient treatment
8. Psychiatric outpatient treatment
9. Partial hospitalization and day treatment
10. Targeted case management

FFS Addiction Treatment Benefits

1. Inpatient acute detoxification
2. Individual, family, and group counseling
3. Case consultation
4. Opioid treatment services
5. Medication visit
6. Acupuncture detoxification
7. Intensive outpatient and enhanced inpatient detoxification for pregnant mothers
8. Day treatment for pregnant mothers

Services Under MassHealth Section 1115 Waiver:

1. High-intensity residential services (to be added in future)
2. Low-intensity residential rehabilitation services
3. Low-intensity transitional support services
4. Recovery support navigator services
5. Recovery coach services

D.2. Medicaid FFS Program: SMI Population

- Massachusetts does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of September 2023, OPEN MINDS estimates that 6% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Massachusetts FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Conduent.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS.
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS.
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, called the MassHealth Drug List (MHDL).
State Uses A PDL For Mental Health Drugs	Yes, antipsychotics, antidepressants, and anti-anxiety drugs are included on the MHDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, drug and alcohol cessation agents are included on the MHDL.
Coverage Of Antipsychotic Injectable Medications	Yes, included on the MHDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • The state requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class. • Additional age and quantity limits apply to certain mental health and addiction treatment drugs. • Certain restrictions apply to buprenorphine drugs based on past opioid claims.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, called the Controlled Substances Management Program. Enrollees are restricted to a single pharmacy for at least 12 months if they fill 11 or more controlled substance prescriptions obtained from four or more prescribers or filled at more than four pharmacies.

D.3. Medicaid Managed Care & ACO Programs: Overview

- Total managed care enrollment as of September 2023 was 135,564 individuals, under the Primary Care Clinician and Managed Care Organization models.
- Total ACO enrollment as of September 2023 was 1,296,495 individuals, under the Primary Care Accountable Care Organization Model and the Accountable Care Partnership Plan models.
- Massachusetts Payment & Care Delivery Innovation (PCDI) redesign retained the state's primary care case management (PCCM) and traditional managed care organizations while adding accountable care organizations (ACOs).
- Models include:
 - Primary Care Clinician (PCC) model
 - Managed Care Organization (MCO) model
 - Primary Care Accountable Care Organization (PC-ACO)
 - Accountable Care Partnership Plan (ACPP)
- Financing and delivery for the models varies by type (see following slides for more information).

D.3. Medicaid Managed Care & ACO Programs: Overview (cont'd)

Model type - Managed Care

- **Primary Care Clinician (PCC)** model – The state-operated, statewide PCCM program. Individuals must choose a participating primary care provider who acts as a gatekeeper to specialty services. Services are covered FFS by the state, with an enhanced rate of \$10 paid for certain types of primary and preventive care visits.
- **Managed Care Organization (MCO)** model – Two traditional health plans provide services on a capitated basis. One plan operates statewide, while the other is available by town.

Model type - ACOs

- **Primary Care Accountable Care Organization (PC-ACO)** model – Groups of primary care providers work directly with the state's network of provider organizations to deliver primary care and to coordinate the full range of services. Services are covered FFS by the state. This is a new model launched in March 2018.
 - **Accountable Care Partnership Plan (ACPP)** model – A group of primary care providers partner with an insurer to coordinate and integrate care using the insurer's network. Financing is capitated. This model is available statewide, with plans operating by town. This model was launched in March 2018.
- Additionally, dual eligibles can receive Medicaid services through the One Care and Senior Care Options programs.

D.3. Medicaid Managed Care & ACO Programs: Overview (cont'd)

- Service financing and delivery varies depending on the managed care model. The chart below provides a summary of managed care services and responsible entities.

Delivery	Medicaid Model	Physical health	Behavioral Health	Pharmacy	First 100 Days Of Skilled Nursing	LTSS
Managed Care	PCC model	State FFS	MBHP	State FFS	State FFS	MBHP
Managed Care	MCO model	Health plan	Health Plan/ CP	Health plan	Health plan	Health Plan/ CP
ACO	PC-ACO model	State FFS	MBHP/ CP	State FFS	State FFS	MBHP/ CP
ACO	ACPP model	ACO	ACO/CP	ACO	ACO	ACO/ CP

D.3. Medicaid Managed Care & ACO Programs: MCO Model Overview & Characteristics

- Two MCO model health plans operate on a capitated basis. One is available statewide, while the other operates in all areas except the southeastern part of the state.
- MCO model enrollment was 71,821, or 8% of the Medicaid managed care population, as of September 2023.
- MCO model health plans must ensure that a minimum percentage of enrollees receive care under alternative payment methodologies (APM) at least once per contract year.
- APMs include ACO attribution, shared savings and/or risk arrangements, performance-based payments, and bundled payments.
- The minimum percentage will increase 5% over time as follows:
 - Budget period 1(2022) 25%
 - Budget period 2 (2023) 30%
 - Budget period 3 (2024) 35%
 - Budget period 4 (2025) 40%
 - Budget period 5 (2026) 45%
- Additionally, a single ACO, Lahey Clinical Performance Network, participates as an MCO-administered ACO. It contracts with both MCO model health plans and is accountable to them for savings and losses associated with their enrolled members. The primary care providers are exclusively partnered with the ACO to provide primary care services to attributed members.

Tufts Health Together
1. Profit status: Non-profit
2. Parent company: Tufts Health Plan
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS Caremark (specialty pharmacy only)
5. Affiliated ACO: Lahey Clinical Performance Network
6. Service area: All areas except the southeastern part of the state
7. Enrollment share: 3%

Boston Medical Center Health Plan
1. Profit status: Non-profit
2. Parent company: Boston Medical Center
3. Behavioral health subcontractor: Beacon
4. Pharmacy benefits manager: Envision Rx
5. Affiliated ACO: Lahey Clinical Performance Network
6. Service area: Statewide
7. Enrollment share: 2%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care & ACO Programs: ACO Overview

- Massachusetts delivers services to a large portion of its managed care population using two ACO models, ACPP and PC-ACO.
- **ACPPs** are organizations that meet the requirements of both an ACO and a health plan, contract with the state to provide services to attributed members at a capitated rate and are at-risk for losses and savings beyond the capitation rate.
 - As of September 2023, 953,129 individuals—or 67% of the Medicaid managed care & ACO population—were served by this model.
 - The primary care providers are exclusively partnered with the ACO to provide primary care services to attributed members.
- **PC-ACOs** are provider-led ACOs that contract directly with the Massachusetts Medicaid agency to take accountability for a defined population of enrolled members through retrospective shared savings and losses.
 - As of September 2023, 343,366 individuals—or 24% of the Medicaid managed care & ACO population—were enrolled in this model.
 - The primary care providers are exclusively partnered with the ACO to provide primary care services to attributed members.
 - PC-ACOs can choose between two risk tracks: shared accountability and full accountability. Under full accountability ACOs will be responsible for 100% of savings and losses. Shared accountability allows ACOs to take on less risk and reward.

D.3. Medicaid Managed Care & ACO Programs: ACO Characteristics

Accountable Care Partnership Plans					
Plan	Insurer	Partnering Organization	Enrollment Share	Behavioral Health Subcontractor	Pharmacy Benefit Manager
Be Healthy Partnership	Health New England	Baystate Health Care Alliance	4%	MBHP	Optum Rx
Tufts Health Together with Boston CHA	Tufts Health Public Plans	Cambridge Health Alliance	3%	None	CVS Caremark
WellSense Community Alliance	Boston Medical Center, WellSense Health Plan	Boston Accountable Care Organization	11%	Beacon	Envision Rx
WellSense Mercy Alliance	Boston Medical Center, WellSense Health Plan	Mercy Medical Center	3%	Beacon	Envision Rx
WellSense Signature Alliance	Boston Medical Center, WellSense Health Plan	Signature Healthcare	2%	Beacon	Envision Rx
WellSense Southcoast Alliance	Boston Medical Center, WellSense Health Plan	Southcoast Health	1%	Beacon	Envision Rx
Fallon 365 Care	Fallon Health	Reliant Medical Group	3%	Beacon	CVS Caremark

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care & ACO Programs: ACO Characteristics (cont.)

Accountable Care Partnership Plans					
Plan	Insurer	Partnering Organization	Enrollment Share	Behavioral Health Subcontractor	Pharmacy Benefit Manager
Tufts Health Together with UMASS Memorial Health	Tufts Health Public Plans	UMASS Memorial Health	3%	None	CVS Caremark
East Boston Neighborhood Health WellSense Alliance	WellSense Health Plan	East Boston Neighborhood Health	2%	Beacon	Envision Rx
Mass General Brigham Health Plan with Mass General Brigham ACO	Mass General Brigham Health Plan	Mass General Brigham ACO	11%	Massachusetts Behavioral Health Partnership	Optum Rx
Berkshire Fallon Health Collaborative	Fallon Health	Berkshire Health Systems	2%	Beacon	CVS Caremark
WellSense BILHN Performance Network ACO	WellSense Health Plan	Beth Israel Lahey Health Performance Network	5%	Optum	CVS Caremark
Fallon Health – Atrius Health Collaborative	Fallon Health	Atrius Health	3%	None	CVS Caremark
WellSense Care Alliance	WellSense Health Plan	Tufts Medical Center, Lowell Community Health Center	4%	Beacon	Envision Rx
WellSense Boston Childrens ACO	WellSense Health Plan	Boston Childrens ACO	10%	Beacon	Envision Rx

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care & ACO Programs: ACO Characteristics (cont.)

Primary Care ACO Plans					
Plan	Insurer	Enrollment Share	Service Area	Behavioral Health	Pharmacy
Community Care Cooperative	State Medicaid program: MassHealth	16%	Statewide	State contracted prepaid inpatient health plan: MBHP	State contracted pharmacy benefit manager: Conduent
Steward Health Choice		8%	Statewide		

PCC Plan					
Plan	Insurer	Enrollment Share	Service Area	Behavioral Health	Pharmacy
PCC	State Medicaid program: MassHealth	4%	Statewide	State contracted prepaid inpatient health plan: MBHP	State contracted pharmacy benefit manager: Conduent

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care & ACO Programs: Community Partners Overview

- Plans operating under the MCO model or either ACO model are required to contract with state-certified Community Partners (CPs) of behavioral health services and long-term services and supports (LTSS).
- CPs are single or groups of community-based organizations that provide enhanced care coordination. Provider organizations may participate in more than one CP.
- There are two types of community partners:
 - Behavioral Health CPs: Serve ACO and MCO enrolled members ages 21-64 with an SMI and/or addiction disorder who also have high service utilization. Individuals who also qualify for a Long-Term Services and Supports (LTSS) CP will be enrolled in the BH CP.
 - LTSS CP: Serve ACO and MCO enrolled members ages 3-64 with complex LTSS needs including members with traumatic brain injury, physical disabilities, and I/DD.
- CPs are funded through the state’s Delivery System Reform Incentive Program (DSRIP) and receive three types of payments:
 - Care coordination per member per month (PMPM) – Requires the delivery of one qualifying service per month. These payments are not at-risk.
 - Infrastructure and capacity building PMPM – Payment received for workforce development, technology implementation, business start-up costs, and operational infrastructure. The amount at-risk reached 100% in 2023.

BH CP Care Coordination Activities

1. Outreach to engage members
2. Perform comprehensive assessments and person-centered treatment planning
3. Coordinate and manage care across the continuum
4. Connect members to social services
5. Provide support for transitions between settings
6. Support medication reconciliation
7. Provide health and wellness coaching

LTSS CP Care Coordination Activities

1. Active outreach to engage members
2. Develop and maintain LTSS care plan
3. Coordinate care (with ACO or MCO)
4. Connect members to social services
5. Provide support for transitions between settings
6. Provide health and wellness coaching

D.3. Medicaid Managed Care & ACO Programs: Community Partners

Behavioral Health CPs	Participating Organizations
Behavioral Health Network	Behavioral Health Network
Behavioral Health Partners of Metrowest	Advocates, South Middlesex Opportunity Council, Spectrum Health Systems, Wayside Youth and Family Support Network, Family Continuity
Boston Health Care for the Homeless Program, Inc	Bay Cove Human Services Inc, Coston Public Health Commission, Boston Rescue Mission Inc, Casa Esperanza Inc, Pine Street Inn Inc, St Francis House; Victory Programs Inc, Vietnam Veterans Workshop Inc
The Brien Center for Mental Health and Substance Abuse Services	The Brien Center for Mental Health and Substance Abuse Services
Clinical and Support Options, Inc	Clinical and Support Options
Community Counseling of Bristol County	Community Counseling of Bristol County
Community Care Partners, LLC	Vinfen Corporation, Bay Cove Human Services, Bridgewell
Eliot Community Human Services, Inc	Eliot Community Human Services
Open Sky Community Care, Inc	AdCare Hospital, LUK Inc, Venture Community Services
Innovative Care Partners LLC	Center for Human Development, Inc, ServiceNet, Inc., Gandara Mental Health Center, Inc
Riverside Community Partners	Brookline Community Mental Health Center, The Dimock Center, The Edinburg Center, Lynn Community Health Center, North Suffolk Mental Health Association, Upham's Corner Health Center
Stanley Street Treatment and Resources, Inc	HealthFirst Family Care Center, Greater New Bedford Community Health Center, Fellowship Health Resources, Counseling Services of Martha's Vineyard

D.3. Medicaid Managed Care & ACO Programs: Community Partners

LTSS CPs	Participating Organizations
Behavioral Health Network, Inc	Behavioral Health Network
Boston Medical Center Corp	Boston Medical Center Corp
Community Care Partners, LLC	Vinfen Corporation, Bay Cove Human Services Inc, Bridgewell Inc
Family Service Association of Greater Fall River, Inc	Family Service Association
Innovative Care Partners LLC	Center for Human Development, Inc, ServiceNet, Inc., Gandara Mental Health Center, Inc
Greater Lynn Senior Services	Bridgewill Inc, Northeast Arc Inc
Open Sky Community Services	AdCare Hospital, LUK Inc, Venture Community Services, Elder Services of Worcester Inc, Center for Living and Working
Seven Hills Family Services	Advocates Inc, Boston Center for independent Living Inc, HMEA, BayPath Elder Services Inc, Brockton Area Multi Services Inc, Seven Hills Family Services

D.3. Medicaid Managed Care & ACO Programs: Behavioral Health Overview

- Financing for behavioral health services and pharmacy vary depending on the managed care model.
 - **MCO and ACPP** - Includes all behavioral health services and pharmacy in the capitation rate.
 - **PCC and PC-ACO** - Behavioral health services are financed and delivered through the Massachusetts Behavioral Health Partnership (MBHP), which is a capitated behavioral health organization operated by Beacon Health Options. Behavioral health services are included in the PC-ACO's total cost of care calculation meaning that beneficiary utilization of these services effects ACO shared savings and losses.
- Beacon Health Options receives a capitated rate for providing services.
 - Behavioral health services provided by a primary care clinician are covered FFS by the state.
 - Targeted case management for individuals with SED is provided FFS by the state.
 - Beacon Health Options is not responsible for the cost of prescribed drugs. Instead, they are covered FFS by the state.
- Individuals enrolled in managed care through any of the four delivery models receive additional benefits through the state's section 1115 demonstration waiver, including diversionary services and addiction treatment benefits.

D.3. Medicaid Managed Care & ACO Programs: Behavioral Health Benefits

	Managed Care Mental Health Benefits	Managed Care Addiction Treatment Benefits
State Plan Benefits	<ol style="list-style-type: none"> 1. Diagnostic services and testing 2. Individual, group, couple, and family therapy 3. Case consultation 4. Psychotherapy for crisis 5. Emergency services program 6. Medication visit 7. Psychiatric inpatient treatment 8. Psychiatric outpatient treatment 9. Partial hospitalization and day treatment 10. Targeted case management 	<ol style="list-style-type: none"> 1. Inpatient acute detoxification 2. Counseling and therapy 3. Case consultation 4. Opioid treatment services 5. Medication visit 6. Acupuncture detoxification 7. Intensive outpatient and enhanced inpatient detoxification for pregnant mothers 8. Day treatment for pregnant mothers
1115 Waiver Diversionary Benefits	<ol style="list-style-type: none"> 1. Community crisis stabilization 2. Community support program 3. Intensive outpatient program 4. Program for assertive community treatment 5. Additional children and adolescent services 	<ol style="list-style-type: none"> 1. Community support program 2. Acute treatment services for addiction 3. Clinical support services for addiction 4. Structured outpatient addiction program
Additional 1115 Waiver Benefits	N/A	<ol style="list-style-type: none"> 1. Low intensity residential rehabilitation services 2. Low intensity transitional support services 3. High intensity residential services* 4. Recovery support navigator services 5. Recovery coach services

* High intensity residential services are not currently available.

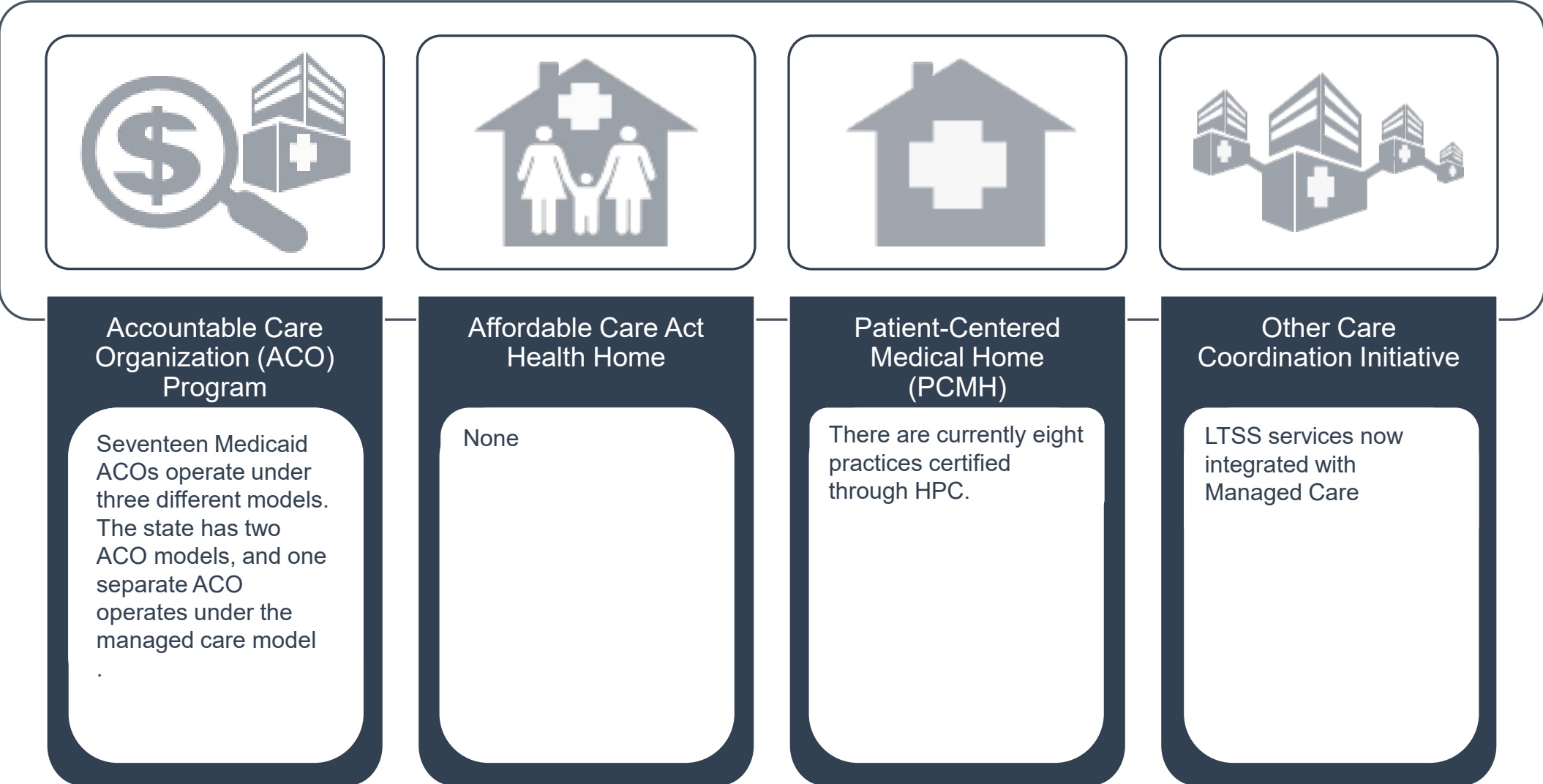
D.3. Medicaid Managed Care & ACO Programs : SMI Population

- Massachusetts does not specifically preclude individuals with SMI from enrolling in managed care & ACOs based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of September 2023, *OPEN MINDS* estimates that 94% of the SMI population was enrolled in managed care & ACOs.
- The Medicaid expansion population, if medically frail, must be offered the full array of state plan benefits. Medically frail individuals include adults with SMI and chronic addiction.

D.3. Medicaid Managed Care & ACO Programs : Pharmacy Benefit

Massachusetts Managed Care & ACO Programs Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	<ul style="list-style-type: none"> • MCO model and ACPP model: Health plans • PCCM model and PC-ACO model: State FFS
Responsible For Financing Mental Health Pharmacy Benefit	<ul style="list-style-type: none"> • MCO model and ACPP model: Health plans • PCCM model and PC-ACO model: State FFS
Pharmacy Benefit Management (PBM) Requirements	MassHealth requires the MCOs and ACPP plans to provide a detailed report on their use of PBMs including claims paid, rebate amounts, and administrative fees. The data is collected regularly and used to determine whether the state needs to limit PBM contracts.
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"> • ACPPs and MCO model health plans develop their own formularies, consistent with the state's drug list. <ul style="list-style-type: none"> • Certain drugs including suboxone and long-acting aripiprazole are designated as preferred by the state. ACPPs and MCOs must align their PDLs and prior authorization requirements with the state FFS PDL for these therapeutic classes. • PCCM and PC-ACO model pharmacy services are covered by the state and utilize the FFS PDL and restrictions.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	The ACPPs and MCO model health plans must establish prior authorization or other review processes to determine medical necessity for drugs, consistent with those established by the state.
Health Plan Allowed To Implement Pharmacy Lock-In Program	ACPPs and MCO model health plans are required to establish pharmacy lock-in procedures consistent with that of the MassHealth FFS program. The ACPPs and the MCOs must use the criteria on the FFS PDL to determine program enrollment.

D.4. Medicaid Program: Care Coordination Initiatives



D.4. Medicaid Program: Care Coordination Initiatives: HPC Patient-Centered Medical Home (PCMH) Certification Program

- The Health Policy Commission (HPC) is required to develop and implement standards of certification for patient-centered medical homes.
- The purpose of this certification process is to complement existing local and national care transformation and payment reform efforts, validate value-based care, and promote investments in efficient, coordinated, and high-quality primary care.
 - HPC PCMH certification emphasizes the importance of behavioral health integration in primary care.
- HPC has adopted the National Committee for Quality Assurance's (NCQA) Distinction in Behavioral Health Integration as the standard for certifying Massachusetts primary care practices as patient centered medical homes.
 - Any Massachusetts practice that achieves NCQA's Distinction in Behavioral Health Integration may also be granted HPC PCMH Certification.
- There are currently eight practices that are HPC certified.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
MassHealth	<ul style="list-style-type: none"> • Authorizes the state’s managed care program, diversionary behavioral health services, and expanded addiction treatment services. • Authorizes \$1.8 billion in Delivery System Reform Incentive Payments (DSRIP) over five years to fund the state’s transition to accountable care. • Provides DSRIP funding to ACOs for flexible supports which are social support services such as transition services to move from institutions to the community, home- and community-based services, physical activity, and violence support. 	1115	None	07/01/1997	12/31/2027

D.5. Medicaid Program: Section 1915(c) HCBS Waivers

Waiver Title	Target Population	2043 Enrollment Cap	Operating Unit	Concurrent Management Authority
MA Frail Elder (0059.R07.00)	Individuals with a physical disability ages 60 to 64, and individuals ages 65 and above.	19,200	Executive Office of Elder Affairs	1915(c)
MA Intensive Supports (0827.R03.00)	Individuals with an intellectual disability, ages 22 and above.	11,568	Department of Developmental Services (DDS)	None
MA Adult Supports (0828.R03.00)	Individuals with an intellectual disability, ages 22 and above.	6,930	DDS	None
MA Community Living (0826.R03.00)	Individuals with an intellectual disability, ages 22 and above.	2,866	DDS	None
MA MFP Community Living (1027.R02.00)	Individuals who are physically disabled or have mental illness, ages 18 to 64; and individuals ages 65 and above.	1,418	Massachusetts Rehabilitation Commission (MRC)	None

D.5. Medicaid Program: Section 1915(c) HCBS Waivers (cont.)

Waiver Title	Target Population	2043 Enrollment Cap	Operating Unit	Concurrent Management Authority
MA Acquired Brain Injury with Residential Habilitation (40701.R03.00)	Individuals with brain injury, ages 22 and above	836	DDS	None
MA MFP Residential Supports (1028.R02.00)	Individuals who are physically disabled or have mental illness, ages 18 to 64; and individuals ages 65 and above	674	DDS	None
MA Children's Autism Spectrum Disorder (MA.40207.R03.00)	Individuals with autism from birth to age eight	430	DDS	None
MA TBI (0359.R04.00)	Individuals with brain injury, ages 18 and above	100	MRC	None
MA Acquired Brain Injury Non-Residential Habilitation (ABI-N) Waiver (40702.R03.00)	Individuals with brain injury ages 22 or older who meet a hospital or nursing facility level of care.	120	MRC	None

D.6. Medicaid Program: New Initiatives- Community Support Program

- As part of MassHealth's recent expansion of Community Support Program (CSP) Services, members now have access to services to assist with the health-related social needs of individuals who are experiencing housing instability, homelessness, or justice involvement.
- The CSP program for Homeless Individuals is available to homeless members who frequently utilize MassHealth's acute care services. CSP-HI supports members before, during and after transition into housing.
- The Community Support Program Tenancy Preservation Program serves members who are at risk of homelessness and eviction due to disability-related behavior. Through CSP-TPP, members are connected to community-based services that will help them address the causes of the behavior that led to lease violations.
- Community Support Program for Individuals with Justice Involvement provides health care coordination and support for members with justice involvement including those who were previously detained or incarcerated in a correctional facility.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (January 2024)	913,217	707,551
SMI Enrollment	<ul style="list-style-type: none"> • <i>OPEN MINDS</i> estimates 44% of the population in Medicare Advantage, 56% in Traditional Medicare. 	
Management	<ul style="list-style-type: none"> • Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	<ul style="list-style-type: none"> • Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	<ul style="list-style-type: none"> • Part A & B cover up to 80%, remaining costs can be paid out of pocket 	<ul style="list-style-type: none"> • Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 1,620,768 | Total Medicare With SMI: 367,956

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of January 2024: 44% Medicare Advantage, 56% in traditional Medicare.
SMI population inclusion in managed care	Estimated 44% of population in Medicare Advantage, 56% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of the population in enrolled in a C-SNP plan.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of January 2024 was 1,620,768.
- Currently 13% of the state's total population is enrolled in Medicare, compared with about 18% of the United States population enrolled in Medicare.
- *OPEN MINDS* estimates approximately 31% of the state's Medicare population has a SMI.
- Most of Massachusetts has an active Medicare Advantage market, with 113 plans in total.
 - About 34% of Massachusetts Medicare beneficiaries had Medicare Advantage coverage.
- There are currently 8 insurers offering Medigap plans in Massachusetts.
- There are 24 stand-alone Medicare Part D prescription drug plans for sale in Massachusetts for 2023, with premiums starting at \$6.80.
 - In 2023, 696,612 beneficiaries of Medicare in Massachusetts had stand-alone Medicare Part D prescription drug coverage.
 - Another 447,117 had Medicare Part D prescription drug coverage as part of their Medicare Advantage plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs

1. Beth Israel Deaconess Physician Organization
2. BHS Accountable Care, LLC
3. BMC Integrated Care Services
4. Caravan Health ACO 13, LLC
5. Caravan Health ACO 17, LLC
6. CareConnectMD ACO, Inc
7. Circle Health Alliance
8. Coastal Medical, Inc
9. Connected Care of Southeastern Massachusetts
10. Integra Community Care Network, LLC
11. Lahey Clinical Performance Accountable Care Organization
12. Lifespan Health Alliance, LLC
13. Mount Auburn Cambridge Independent Practice Association
14. Partners HealthCare Accountable Care Organization
15. Physicians Accountable Care Solutions, LLC
16. SolutionHealth ACO LLC
17. Southcoast Accountable Care Organization
18. Steward National Care Network
19. Trinity Health of New England ACO LLC
20. UMass Memorial Accountable Care Organization

Medicare Next Generation ACOs

1. Atrius Health, Inc
2. NEQCA Accountable Care
3. Pioneer Valley Accountable Care
4. Reliant Medical Group, Inc

Medicare End-Stage Renal Disease ACOs

1. Fresenius Seamless Care of Massachusetts

E.4. Medicare System: New Initiatives- Medicare Savings Program

- Massachusetts released new eligibility guidelines for the Medicare Savings Program as of March 1, 2024.
- The Medicare Savings Program is a federal program managed by MassHealth. Residents can qualify for both Medicare and MassHealth if over 65 and fall under the income limits.
- If an individual on Medicare makes less than \$2,405 per month in income – or a couple makes less than \$3,256 – MSP pays for monthly Part B premiums, Part A and D co-pays and deductibles, and extra help with prescription costs.
 - If an individual on Medicare makes less than \$2,824 per month in income – or a couple makes less than \$3,833 – MSP pays for monthly Part B premiums and extra help with prescription costs.
- The state no longer uses an asset test for eligibility for MSP.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics				
Characteristics	Medicaid Fee-For-Service (FFS)	Senior Care Options	One Care	PACE
Enrollment (December 2023)	142,384	117,528		8,368
Estimated SMI Enrollment	29,900	24,680		1,757
Management	Executive Office of Health and Human Services (EOHHS)	Seven Senior Care Organizations	Two Integrated Care Organizations	Eight organizations
Payment Model	FFS	Separate Medicare and Medicaid payments	Separate Medicare and Medicaid payments	Blended capitated rate
Geographic Service Area	Statewide	Statewide except for some areas in the Berkshires and the islands	Nine demonstration counties	Select ZIP codes

Total Dual Eligible Enrollment: 268,280 | Total Dual Eligible Enrollment With SMI: 56,338

* Unless otherwise noted, the term dual eligibles in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	December 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Senior Care Options	UnitedHealthcare	Medicare Advantage D-SNP	13,846	3,143
Commonwealth Care Alliance Senior Care Options	Commonwealth Care Alliance	Medicare Advantage D-SNP	13,263	3,011
NaviCare	Fallon Health	Medicare Advantage D-SNP	9,392	2,132
UnitedHealthcare Senior Care Options NHC	UnitedHealthcare	Medicare Advantage D-SNP	8,102	1,839
Senior Whole Health	Molina Healthcare	Medicare Advantage D-SNP	7,018	1,593
Tufts Health Senior Care Options	Tufts Healthcare	Medicare Advantage D-SNP	6,279	1,425
Senior Whole Health NHC	Molina Healthcare	Medicare Advantage D-SNP	5,060	1,149
Boston Medical Center HealthNet Senior Care Options	Boston Medical Center	Medicare Advantage D-SNP	1,779	404
Summit ElderCare PACE	SummitElderCare	PACE	1,609	338
Lowell PACE	Element Care, Inc	PACE	1,208	254

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of December 2023 was 268,280.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid covers long-term services and supports (LTSS) and non-physician behavioral health services.
- Dual eligibles in Massachusetts have the option to enroll in PACE, FFS, Senior Care Options A D-SNP, or One Care as they are eligible to receive Medicaid benefits.
- D-SNP enrollment as of December 2023 was 64,739, SMI enrollment for D-SNP was 14,696.
- Massachusetts has two managed care programs that serve the dual eligible population:
 - One Care – A dual demonstration for individuals between the ages of 21-64. EOHHS is planning to transition One Care to a D-SNP platform effective January 1, 2026.
 - Senior Care Options – A dual demonstration program for individuals over the age of 65. The program started in 2004 and precedes the dual demonstration initiative.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new dual eligible initiatives at this time.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

Massachusetts offers managed long-term services and supports through their two dual eligible programs – Senior Care Options and One Care.

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (January 2024)	117,528
Estimated SMI Enrollment	24,680
Management	<ul style="list-style-type: none">• Senior Care Options: Seven Senior Care Organizations• One Care: Two Integrated Care Organizations
Payment Model	<ul style="list-style-type: none">• Separate Medicare and Medicaid payments
Geographic Service Area	<ul style="list-style-type: none">• Senior Care Options: Statewide except for some areas in the Berkshires and the islands• One Care: Nine demonstration counties

Total LTSS Enrollment: 117,528 | Total LTSS Enrollment With SMI: 24,680

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals	<ul style="list-style-type: none"> Regions without Senior Care Options demonstration Other HCBS waiver enrollees 	<ul style="list-style-type: none"> Regions with Senior Care Options demonstration Frail Elder HCBS waiver enrollees 	
Dual eligibles	<ul style="list-style-type: none"> Regions without One Care demonstration HCBS waiver enrollees 	<ul style="list-style-type: none"> Regions with One Care demonstration 	
Individuals with I/DD			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	HCBS waiver enrollees		
Other populations	<ul style="list-style-type: none"> Other third-party insurance Presumptive eligibility Receiving limited coverage Enrollment in HCBS Waiver, but not eligible for SSI 	<ul style="list-style-type: none"> Kaileigh Mulligan children Medically complex children in the care/custody of Department of Children and Families 	<ul style="list-style-type: none"> Enrolled in the Breast and Cervical Cancer Program Hospice care

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Massachusetts offers managed long-term services and supports through their two dual eligible programs – Senior Care Options and One Care.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid covers long-term services and supports (LTSS) and non-physician behavioral health services.
- Dual eligibles in Massachusetts have the option to enroll in PACE, FFS, Senior Care Options, or One Care as they are eligible to receive Medicaid benefits.
- Massachusetts has two managed care programs that serve the dual eligible population:
 - One Care – A dual demonstration for individuals between the ages of 21-64. EOHHS is planning to transition One Care to a D-SNP platform effective January 1, 2026.
 - Senior Care Options – A dual demonstration program for individuals over the age of 65. The program started in 2004 and precedes the dual demonstration initiative.

G.3. Medicaid LTSS Program: Health Plan Characteristics

Health Plans	Parent Company	Plan Type
NaviCare HMO	NaviCare	Senior Care Options
Commonwealth Care Alliance	Commonwealth Care Alliance	Senior Care Options
UnitedHealthcare	UnitedHealthcare	Senior Care Options
Senior Whole Health (Magellan)	*Magellan Health, Inc	Senior Care Options
Tufts Health Plan Senior Care Options	Point32Health, Inc	Senior Care Options
Boston Medical Center HealthNet HMO SNP	Boston Medical Center	Senior Care Options
Commonwealth Care Alliance	Commonwealth Care Alliance	OneCare
Tufts Health Unify	Point32Health, Inc	OneCare
UnitedHealthcare Connected	UnitedHealthcare	OneCare

* Plan is operated by parent Magellan Health, Inc who is owned by Molina Healthcare.

G.4. Medicaid LTSS Program: Health Benefits

- Massachusetts' LTSS services are offered through the Dual Eligible programs in the state, with the same benefits. Additionally, the state offers the following benefits for LTSS recipients.

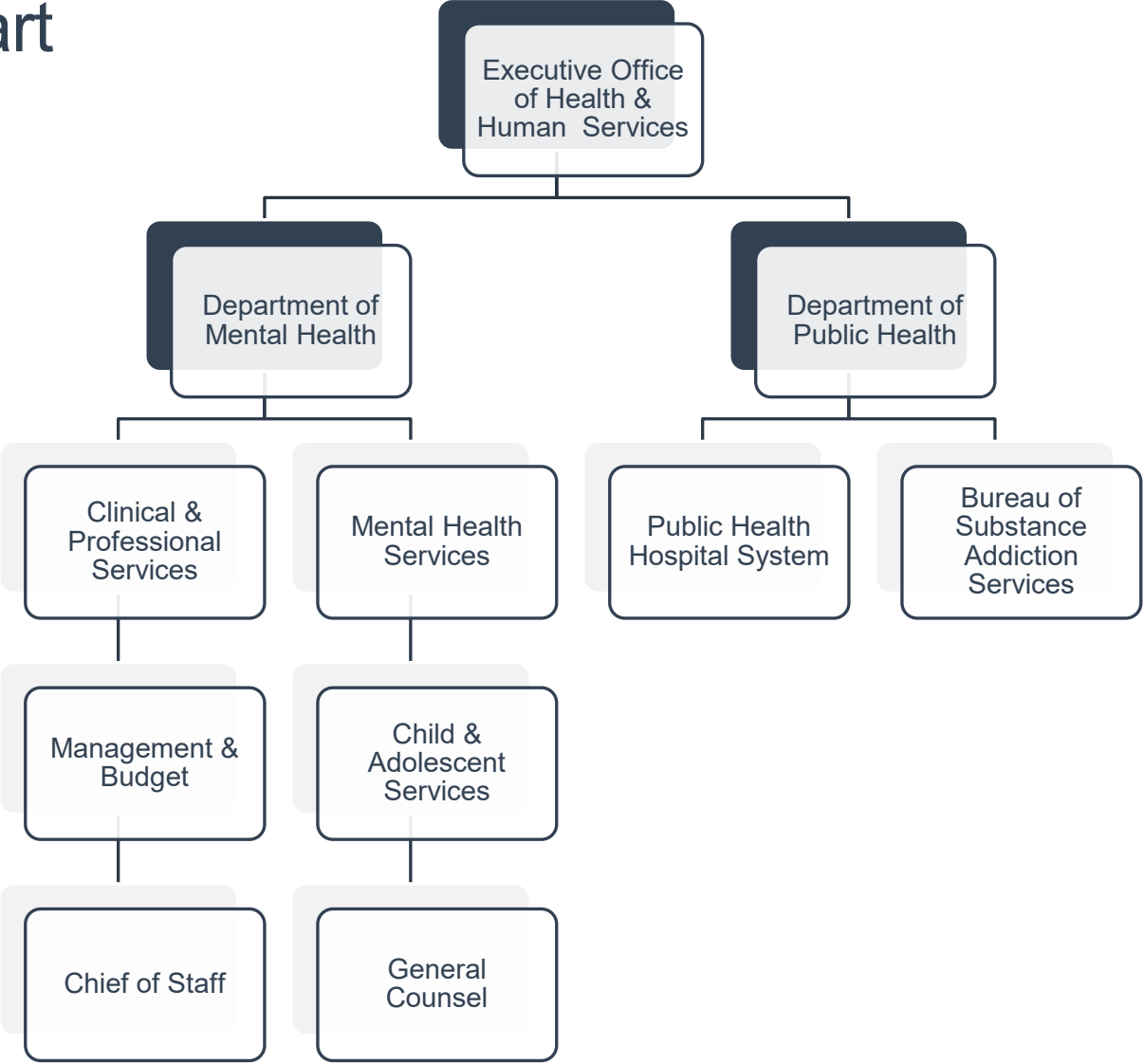
LTSS Specific Benefits	
1.	Adult Day Health
2.	Adult Foster Care
3.	Continuous Skilled Nursing
4.	Day Habilitation
5.	Group Adult Foster Care
6.	Personal Care Attendant Program
7.	Nursing Facilities
8.	Chronic Disease and Rehabilitation Hospitals
9.	Durable Medical Equipment, Orthotics, Prosthetics, Oxygen, and Respiratory Therapy.
10.	Home Health Agency
11.	Hospice Services
12.	Nursing Facilities Services
13.	Therapy Services

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives – Independent Assessor Entity

- EOHHS is in the early stages of exploring the option to bring on an organization to be the Independent Assessor Entity (IAE) to improve the MassHealth member experience by simplifying and streamlining the assessment process and creating a single point of access for multiple long-term services and supports (LTSS) programs.
 - Currently, every LTSS provider and Integrated Care plan is responsible for administering their own clinical eligibility and rating category assessments for each MassHealth member.
 - This can lead to multiple assessments being done for a single member in the same year.
 - Additionally, the system makes it difficult for members to learn about other LTSS programs/supports that they may be eligible for to meet their needs.
- The IAE will enable timelier access to in-scope LTSS programs and create a smoother referral process for providers and members.
- The goal of the IAE will be to reduce the length of time between initial intake and service enrollment for members, leading to faster interventions and better overall health outcomes.
- EOHHS released a Request for Responses for an Independent Assessor Entity in February 2024. The request listed an anticipated start day of January 1, 2026.

H. State Behavioral Health Administration & Finance System

H.1. Executive Office Of Health & Human Services Governance: Organization Chart



H.1. Executive Office Of Health & Human Services Governance: Key Leadership

Name	Position	Department	Email
Kate Walsh	Secretary	Executive Office of Health and Human Services (EOHHS)	kate.walsh@mass.gov
Brooke Doyle	Commissioner	Department of Mental Health	brooke.doyle@mass.gov
Beth Lucas	Deputy Commissioner for Mental Health Services	Department of Mental Health	beth.lucas@mass.gov
Nancy Connolly, Psy.D.	Assistant Commissioner of Forensic Mental Health Services	Department of Mental Health	nancy.connolly@mass.gov
Martha Ryan	Assistant Commissioner for CPS/Director of Licensing	Department of Mental Health	martha.m.ryan@mass.gov
Teresa E. Anderson	Assistant Commissioner Quality	Department of Mental Health	teresa.anderson@mass.gov
Kathy Sanders, M.D.	Deputy Commissioner for Clinical and Professional Services	Department of Mental Health	kathy.sanders@mass.gov
Charlene Zuffante	Deputy Commissioner of Child, Youth and Family Services	Department of Mental Health	charlene.zuffante@mass.gov
Robbie Goldstein, MD, PhD	Commissioner	Department of Public Health	robert.goldstein@mass.gov
Deirdre Calvert	Director	DPH, Bureau of Substance Addiction Services	deirdre.calvert@mass.gov

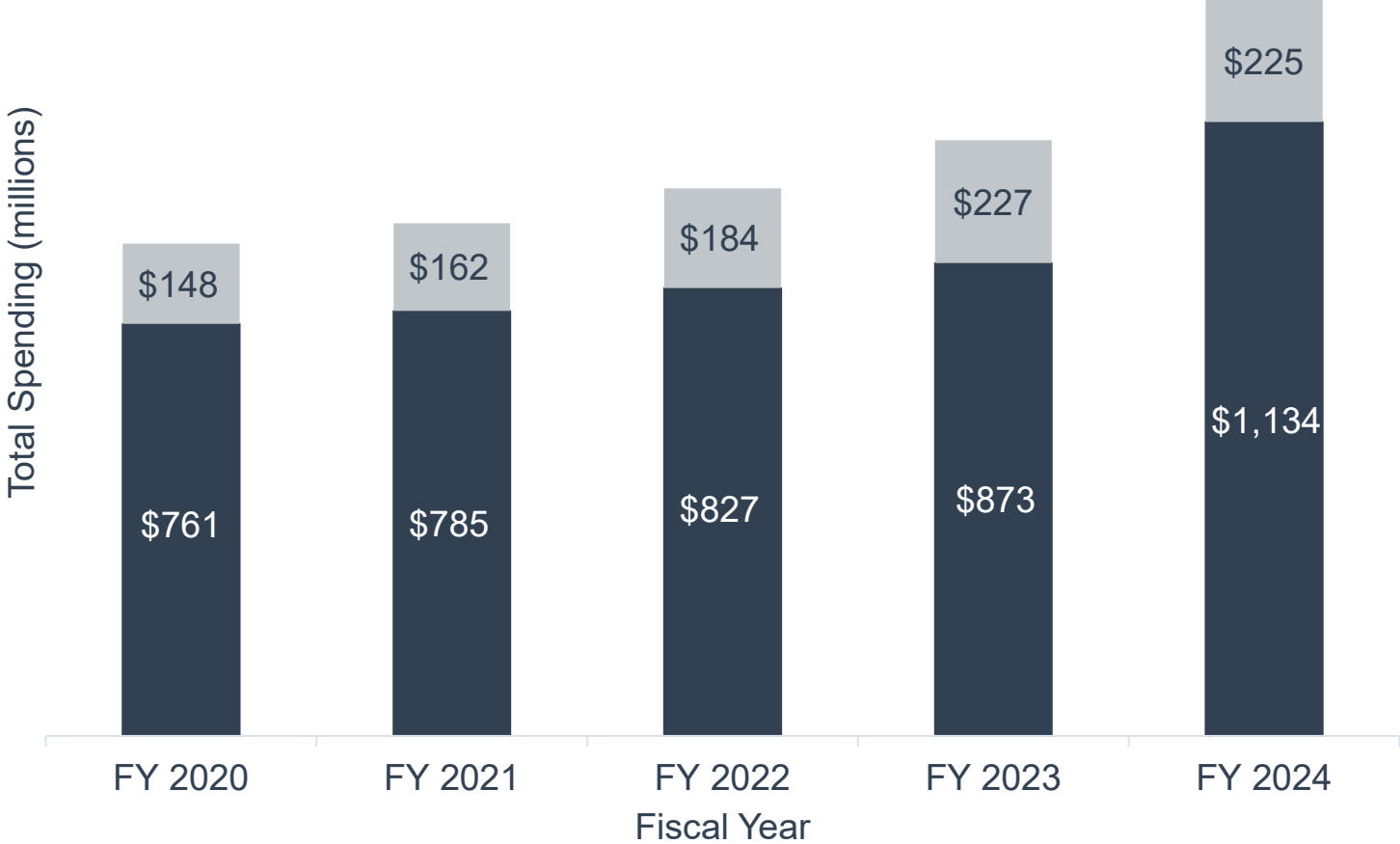
H.2. Executive Office Of Health & Human Services: Behavioral Health Spending

Department Of Mental Health Spending		
Budget Item	SFY 2024 Recommended	Percent Of Budget
Adult mental health and support services	\$596,627,446	53%
Inpatient facilities and community-based mental health	\$316,381,353	28%
Child and adolescent services	\$120,604,949	11%
Administration and operations	\$33,150,191	3%
Statewide homelessness support services	\$27,624,244	2%
Emergency services and mental health care	\$22,281,789	2%
Forensic services program for mentally ill persons	\$16,804,929	1%
CHOICE program retained revenue	\$125,000	<1%
Budget Total: \$1,133,599,901		

Department Of Public Health Addiction Services Spending		
Budget Item	SFY 2024 Recommended	Percent Of Budget
Bureau of Substance Addiction Services	\$216,694,161	96%
Substance Abuse Step-Down Recovery Services	\$4,533,180	2%
Secure Treatment Facilities for Opiate Addiction	\$1,350,000	1%
Substance Abuse Family Intervention and Care Pilot	\$1,440,000	1%
Nasal Naloxone Pilot Expansion	\$1,165,480	1%
Budget Total: \$225,182,821		

H.2. Executive Office Of Health & Human Services: Behavioral Health Spending Over Time

■ Department of Mental Health ■ Department of Public Health Addiction Services



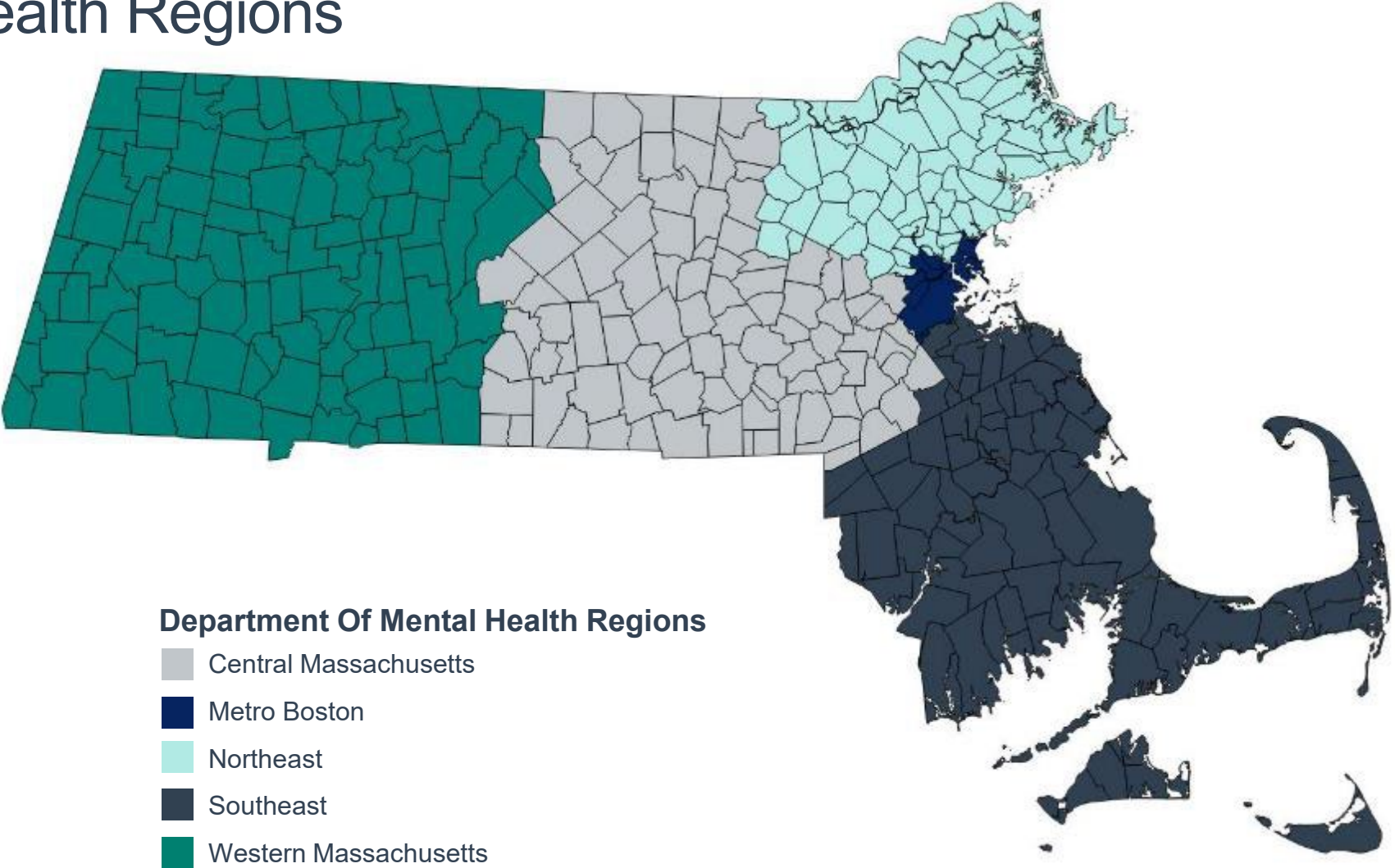
H.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Beds	Average Daily Census (FY2022)
The Hawthorne Mental Health Units at Tewksbury State Hospital	Tewksbury	370	137
The Metro Boston Mental Health Units and Lemuel Shattuck Hospital	Jamaica Plain	115	97
Worcester Recovery Center and Hospital	Worcester	320	259
Total		805	

H.4. Behavioral Health Safety-Net Delivery System

- The Department of Mental Health (DMH) is responsible for providing mental health services to the safety-net population.
- Through an interagency service agreement between DMH and MassHealth, emergency mental health services are provided through MassHealth's mental health and addiction treatment vendor, the Massachusetts Behavioral Health Partnership operated by Beacon Health Options.
- Extended stay inpatient services and community-based services are provided by DMH, either directly or through contracted vendors.
- Five DMH area offices administer services for their regions, which are composed of towns and cities, rather than counties.
- The Bureau of Substance Abuse Services within the Department of Public Health provides addiction treatment services to the uninsured population by contracting with a network of vendors.
- Additionally, the Health Safety Net (HSN) program operated by the Executive Office of Health and Human Services provides funding for acute care hospitals and community health centers for health care services provided to uninsured Massachusetts residents.

H.4. Behavioral Health Safety-Net Delivery System: Department Of Mental Health Regions



H.5. Behavioral Health System: New Initiatives- Behavioral Health Reform

- In 2023, the state implemented its Roadmap for Behavioral Health Reform.
 - The roadmap, introduced in 2021, was based on listening sessions and feedback from almost 700 individuals, families, providers and other stakeholders
 - EOHHS said the Roadmap will continue to be updated over time
- The Roadmap introduces reforms to make outpatient assessment and treatment more readily available through a number of changes including:
 - Expanded access to treatment, including nights and weekends for a subset of behavioral health providers.
 - More behavioral health treatment—mental health and addiction services—at primary care offices.
 - Better, more convenient community-based alternatives to the emergency department for crisis intervention services.
- These reforms will not replace or disrupt existing services or provider relationships, but aim to improve access to these services, for example:
 - More options for care and treatment, because we will encourage more providers to take insurance.
 - Access to culturally relevant care in the person’s preferred language, because we will invest in workforce competency.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2024 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2024 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2024, the FPL is \$14,580 for an individual and \$30,000 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals aged 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

I.3. Sources

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B.3. Population Distribution By Payer: National vs. State

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B.3. SMI Population Distribution By Payer: National vs. State

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I.3. Sources

B.4. Largest State Health Plans By Enrollment

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B.6. ACOs

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