EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
OFFICE OF MEDICAID
ONE ASHBURTON PLACE, BOSTON, MA 02108

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

KIAME MAHANIAH, MD, MBA
SECRETARY

MIKE LEVINE
UNDERSECRETARY
FOR MASSHEALTH

October 15, 2025

Chair Michael J. Rodrigues
Senate Committee on Ways and Means
State House, Room 212
Boston, MA 02133

Chair Aaron Michlewitz
House Committee on Ways and Means
State House, Room 243
Boston, MA 02133

Chair Cindy F. Friedman
Joint Committee on Health Care Financing
State House, Room 313
Boston, MA 02133

Chair John H. Lawn, Jr.
Joint Committee on Health Care Financing
State House, Room 236
Boston, MA 02133

Dear Chairs Rodrigues, Michlewitz, Friedman, and Lawn,

Section 6 of Chapter 118E of the Massachusetts General Laws requires that the Office of Medicaid report on the previous year's activities of the Medical Care Advisory Committee (MCAC).

The attached report includes the agendas, materials, and member list for MCAC meetings in Calendar Year 2024. Please note that, since August 2010, these meetings have been held jointly with the MassHealth Payment Policy Advisory Board.

The MCAC is currently on a temporary hold while MassHealth works to implement the requirements of a new Centers for Medicare & Medicaid Services (CMS) final rule: Ensuring Access to Medicaid Services Final Rule, 89 FR 40542 (2024 Access Final Rule). The provisions of the 2024 Access Final Rule included updates to the existing MCAC regulation.

Please contact Sarah Nordberg at Sarah.Nordberg@mass.gov if you have any questions.

Sincerely,

Mike Levine

Mike Levine
cc: Kiame Mahaniah, MD, MBA

Attachments:
February 5, 2024 Meeting Agenda and Presentation
October 30, 2024 Meeting Agenda and Presentation
October 2024 MCAC Membership list

Medical Care Advisory Committee (MCAC) and Payment Policy Advisory Board (PPAB) Meeting

Executive Office of Health and Human Services

October 30, 2024

Meeting Agenda

Time	Detail	Moderator
10:00AM	Welcome and opening meeting	Mike Levine
10:15AM	Ensuring Access to Medicaid Services Final Rule, 89 FR 40542 (2024 Access Final Rule)	Camille Pearson & Sarah Nordberg
10:30AM	Current and Future State: MCAC/PPAB	Camille Pearson & Sarah Nordberg
10:45AM	Questions and Discussion	

2024 Access Final Rule

May 10, 2024	CMS published the Ensuring Access to Medicaid Services Final Rule, 89 FR 40542 (2024 Access Final Rule). The provisions of the 2024 Access Final Rule included updates to the existing Medical Care Advisory Committee (MCAC) regulation.
July 9, 2024	CMS finalized regulatory changes to rename the MCAC as the Medicaid Advisory Committee (MAC) and require a new (separate) Beneficiary Advisory Committee (BAC). The final rule (42 CFR § 431.12) specifies the structure and function of – and the relationship between – the two groups.

2024 Access Final Rule

Scope and Meeting Topics	Previously, federal regulations only required MCAC discussions to include topics about health and medical care services. The final rule expands the MAC's scope to include generally "matters of concern related to policy development, and matters related to the effective administration of the Medicaid program."
Composition	MAC must include state or local advocacy groups; clinical providers or administrators; MCOs, PIHPs, PAHPs, PCCM entities or PCCMs or plan associations as applicable; and other state agencies serving Medicaid beneficiaries. The MAC must also include BAC members. At least 25% of MAC membership must be BAC representation.
Member Selection	States must develop and publish a process for MAC and BAC member recruitment. Members can serve multiple terms but only if non-consecutive. Terms periods are decided by the state.
Meeting and Reporting	MAC must meet at least quarterly and must notify the public of upcoming meetings at least 30 days in advance. The MAC must create an annual report to the state. The full BAC will meet separately from the MAC, in addition to some members joining MAC meetings.

What does this mean for MCAC/PPAB?

Current State:

- The MassHealth Medical Care Advisory Committee (MCAC) and Payment Policy Advisory Board (PPAB) meet quarterly and participate in policy development and program administration, advise the executive office about health and medical care services, and to review and evaluate rates and payment systems by the Office of Medicaid. While separate statutory bodies, MassHealth has historically combined them.

- MassHealth reports annually to the State Legislature on the activities of the Board and Committee. MassHealth posts the annual report on the Medical Care Advisory Committee Reports to Legislature webpage.

What's Changing?

We are overhauling the MCAC. Key changes include:

- **New name!**
- New composition of the Committee
- New procurement process to select Committee Members

What does this change mean for PPAB?

PPAB will not be experiencing too many changes other than welcoming new members to our group. PPAB and MCAC will continue to meet jointly.

PPAB will remain the same

The Medical Care Advisory Committee (MCAC) will now be known as:

The MassHealth Program Advisory Committee (MPAC)

MPAC's Composition Will be Different from Current Composition:

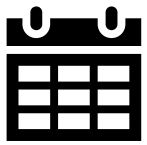
Current composition:

- MassHealth Assistant Secretary;
- Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups, members of consumers' groups, including medical assistance recipients; and
- The commissioner of the department of public welfare.

Future Composition:

- MassHealth Assistant Secretary;
- State or local advocacy groups;
- Clinical providers or administrators;
- MCOs, PIHPs, PAHPs, PCCM entities or PCCMs or plan associations as applicable; and other state agencies serving Medicaid beneficiaries; and
- Members of the new MassHealth Member Advisory Committee (MAC).
    - At least 25% of MPAC's membership must be MAC representation.

MPAC Membership Procurement

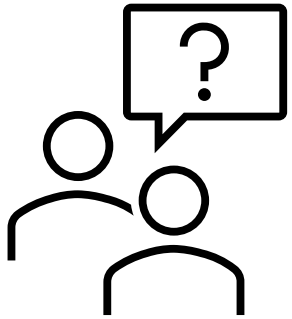


In the coming months MassHealth will post a Notice of Opportunity (NOO) to select MPAC members. More details on the MPAC NOO will be posted on COMMBUYS and the Medical Care Advisory Committee Reports to Legislature webpage.

- MPAC members will be expected to serve on the MPAC for a period of two years (also described as a “term”).
- Members may not serve for more than one consecutive term (meaning one term following another).
    - Members may be able to serve additional non-consecutive terms in the future.

MassHealth will be seeking ~12 individuals to join the MPAC through the new selection process. Members that are selected for MassHealth’s new Member Advisory Council (MAC) will not need to apply through the MPAC NOO.

All current MCAC members will need to go through the new selection process for MPAC membership. Changes in member composition will require a recruitment process to select members. **Note:** Since PPAB will continue to meet with the new MPAC, we ask that current PPAB members do not apply for MPAC membership



Questions?

Appendix: MassHealth Member Advisory Committee (MAC)

Appendix: MassHealth Member Advisory Committee (MAC)

The MAC will be a committee made up of about 15 current or former MassHealth members.

MAC membership will reflect the diversity of the communities MassHealth serves. MAC membership may also include guardians or family members, or caregivers of current or former MassHealth members. Accommodations and other supports (including interpreter services) will be available to MAC participants.

To Learn More
Scan QR Code or visit the website below for the MAC Application
https://www.mass.gov/info-details/masshealth-member-advisory-committee-notice-of-opportunity

More information about the MAC (BID # BID# BD-25-1039-EHS01-ASHWA-106346), including the Notice of Opportunity, Application, a Frequently Asked Questions (FAQ) document, and the Outreach Flyer can be found on the MAC website and on COMMBUYS at this link: COMMBUYS - Bid Solicitation.

All materials are also provided on the website and COMMBUYS in Spanish, Haitian Creole, Portuguese, Simplified Chinese, and Vietnamese.

Medical Care Advisory Committee (MCAC) and Payment Policy Advisory Board (PPAB) Meeting

Executive Office of Health and Human Services

February 5, 2024

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MassHealth's 1115 Waiver: Update

1115 Demonstration: Updates

- **Implementation:** during 2023, MassHealth made important strides in advancing 1115 demonstration objectives:
  - *Health Quality and Equity Initiative:* 60 hospitals and 20 MCEs are participating. 2023 deliverables and milestones were met for all participating entities, including new requirements for hospital TJC accreditation, all-entity reporting on demographic and HRSN data, all-entity reporting on disparities assessments, language and disability access, PIPs, etc. Work on 2024 strategy and deliverables underway.
  - *Primary Care Capitation and Investment:* ~1,000 primary care practices successfully transitioned to capitated payments moving the delivery system away from the FFS model and expanding investment in primary care.
  - *HRSN updates:* MA's advocacy led to federal policy changes expanding access to nutrition services.* Work is ongoing to transition all Flexible Services into managed care by 2025.
  - *Continuous eligibility:* 12m for justice-involved, 24m for members experiencing homelessness (<65)
- **1115 Amendment Updates:** in October 2023, MassHealth submitted an 1115 Demonstration amendment request, with strong local and national stakeholder support. Key provisions include:
  - Temporary housing and supports for families / pregnant members in Emergency Assistance program
  - Short-term post-hospitalization housing (aka "medical respite")
  - Expand authority for ConnectorCare subsidies from 300% FPL to 500% FPL
  - Provide Medicaid services for eligible justice-involved individuals 90 days pre-release
  - Continuous eligibility for 12 months all adults (children have 12m CE as of January 1st, 2024)

* Further information available at: https://www.medicaid.gov/sites/default/files/2023-11/hrsn-coverage-table.pdf

MassHealth – Members Experiencing Homelessness

MassHealth interventions addressing the needs of members experiencing homelessness

Challenges	MassHealth Initiatives
People experiencing homelessness have **lapses in MassHealth coverage**	Providing **continuous eligibility** for 24-months to homeless individuals under age 65 and conducting onsite redetermination events in shelters
Large number of members experiencing homelessness are not enrolled in managed care, and therefore do not have **access to Specialized CSP housing supports**	**Expanded CSP eligibility to fee-for-service (FFS) population**, including CSP housing-related services
Many **members experiencing homelessness do not meet "chronically" homeless criteria**, but would benefit from CSP-HI like services	**Expanded target population for successful CSP for Homeless Individuals services** to include additional members experiencing homelessness who are high utilizers of health care services
Medical costs increase dramatically if **members are evicted** and become homeless	Launched **new CSP-TPP service for members in Housing Court facing eviction**, based on proven Tenancy Preservation Program
Hospitals are **unable to discharge members experiencing homelessness** because they do not have a safe place to recuperate and recover from an acute physical ailment	**Launched new Medical Respite grant program (40 beds)** and requested authority from CMS to make Medical Respite a covered service for all managed care and FFS
Members experiencing **homelessness need assistance with move-in costs, furnishings, and furniture**	Launched new $13m ARPA-funded program to **provide up to $5500 for each member to cover costs related to moving into housing** from institutional settings or homelessness.
MassHealth has **difficulty identifying which members are experiencing homelessness**	Established new data sharing agreement with statewide homeless data warehouse that provides weekly data identifying members experiencing homelessness

Overview: Rehousing Data Collective (RDC)

- Rehousing Data Collective (RDC) is statewide data warehouse that aggregates and deduplicates data collected by homeless providers
  - 12 separate Homeless Management Information Systems (HMIS) operated by local Continuum of Care homeless planning group
  - Data from the Emergency Assistance (EA) family shelter system operated by the Executive Office of Housing and Livable Communities (HLC)*

- Beginning in June 2023, MassHealth began receiving weekly updates of the MassHealth IDs for those members experiencing homelessness based on the RDC data
  - "Experiencing Homelessness" = receiving services from homeless outreach, day programs, shelters, safe haven or transitional housing
  - **Does not include members "at risk of homelessness"**

- June-December 2023 – pilot phase to work out any data flow issues; January 2024 – data live within the MassHealth Data Warehouse

**Does not include data about families/pregnant individuals staying in temporary shelters*

Breakdown of individuals experiencing homelessness with MassHealth IDs, as of 7/30/23

- Weekly data feeds indicate approximately **83% of people experiencing homelessness at a given time have a MassHealth ID**
- Analysis of data from 7/30/2023:
  - Active Coverage:
    - **95% active MassHealth members experiencing homelessness**
    - 5% individuals experiencing homelessness with MassHealth IDs, but no active MassHealth coverage
  - Male and female members experienced homelessness at **almost equal levels**
  - **Age breakdown:**
    - Youth under 21 made up over 35% of the total
    - 50% of members experiencing homelessness were between 21 and 54
    - Older adults 55+ represented ~10% of the total
    - Older adults 65+ represented ~3% of the total
  - **Managed care enrollment**
  - The majority of members experiencing homelessness **(86%) were enrolled in managed care**
    - ACOA/ACOB: 76%
    - MCO/PCC: 7%
    - One Care/SCO/PACE: 3%
  - **14% of members experiencing homelessness were in Fee For Service**

Homeless Indicator – Z Codes

Z codes are a set of ICD-10-CM used to report social, economic, and environmental determinants known to affect health and health-related outcomes. They are used as a secondary diagnosis code, when applicable

Z59.0X Homeless codes

- Z59.00 – homelessness unspecified
- Z59.01 – sheltered homelessness (living in a shelter such as motel, scattered site housing, temporary or transitional living situation)
- Z59.02 – unsheltered homelessness (Residing in place not meant for human habitation such as: abandoned buildings, cars, parks, sidewalk/street)

The majority of members experiencing homelessness (60%) did NOT have a Z59.0x homeless code

13% of members experiencing homelessness did not have any claims in FY2023 and therefore had no opportunity to input a Z code

MassHealth – Justice Involvement

The Medicaid Inmate Exclusion Policy (MIEP) waiver proposal presents an opportunity for the state to draw down federal dollars for medical services and improve care continuity

Meeting Objective: To share background/context and discuss opportunities related to MIEP

1. **Background:** In 2022, the Centers for Medicaid and Medicare Services (CMS) tabled MassHealth's initial MIEP proposal while they further developed policy on this topic, spurring a new proposal and amendment submission by MA in 2023

2. **Proposal:** CMS is currently considering the new proposal, which would enable MassHealth to cover 90 days of pre-release coverage for all Medicaid-eligible adults and youth (increase from 30 days)

3. **Next Steps:** While CMS review and negotiations continue in 2024, MassHealth is working closely with stakeholders to determine how this policy will be operationalized in correctional facilities across the state in the coming years

MIEP presents an opportunity for the state to receive funding for incarcerated individuals' health care and social needs, which will be reinvested to further improve care

MIEP Overview	MassHealth MIEP Background

▪ **The Medicaid Inmate Exclusion Policy (MIEP) refers to Title XIX of the Social Security Act**; this provision excludes federal match dollars from state Medicaid programs for incarcerated individuals
▪ **In October 2018, Congress passed the SUPPORT Act**; this law directed CMS to develop guidelines encouraging state Medicaid programs to request flexibility of MIEP
▪ **States can request flexibility of MIEP by submitting a demonstration waiver, also called an 1115 waiver;** the waiver allows state Medicaid programs to waive certain federal Medicaid requirements
▪ **As of January 2024, 18 states have submitted 1115 waivers to CMS**; 2 states (California and Washington) have received approval, and 16 states (including Massachusetts) have submitted waivers that are pending review from CMS
	▪ **In 2022, CMS tabled the initial MIEP proposal submitted by MassHealth** in the 1115 waiver submission; however, CMS encouraged MassHealth to resubmit a new MIEP proposal, pending release of broader federal guidance on MIEP waivers nationally
	▪ **In 2023, MassHealth submitted a revised MIEP proposal in an 1115 waiver amendment**; this is currently pending CMS review
	▪ **As part of the updated proposal, MassHealth requested authority to**:
	  ▪ Provide coverage for all eligible adults and youth for their **last 90 days** in a correctional setting pre-release
	  ▪ Cover **all allowable Medicaid services**
	  ▪ Provide **infrastructure funding** to correctional facilities for start-up costs

The MIEP proposal requests federal funding for services provided during the 90-day pre-release period for all Medicaid-eligible adults and youth in correctional facilities

Correctional partners and other entities would gain access to infrastructure & reinvestment funding via the MIEP waiver

Covered Services

- Case management*
- Physical and behavioral health consults*
- Lab and radiology services
- Medication & medication administration
- Medication Assisted Treatment (MAT)
- Community health workers and navigators (such as CSP)
- Min. 30-day supply of meds upon release
- DME upon release

Start-up Infrastructure Funds

- Telehealth capacity building
- Electronic health records investment
- Medicaid billing staff and systems support
- Health care provision capital investments
- Staffing support in correctional settings, probation offices, courts, community justice support centers, etc.

**Care management and clinical service details are in development*

Note: 90-day pre-release coverage of all Medicaid-eligible adults includes about ~35K adults/year and ~1K youth/year.

Opportunity to participate in MassHealth's Community Feedback Forum for Health & Justice

Overview

The Massachusetts Executive Office of Health and Human Services (EOHHS), the state agency responsible for administering **MassHealth, is seeking members to serve on a new stakeholder advisory council**.

EOHHS seeks to select **individuals who have lived experience with incarceration in Massachusetts**, **family members or guardians** of those with lived experience, as well as representatives from **community-based organizations**, **advocacy organizations**, and **direct service organizations** who have experience working with individuals who have been incarcerated.

Details

- The Forum will meet virtually
- The Forum will meet quarterly **through April 2026**
- Each meeting will last approximately **1-2 hours**
- It is anticipated that members will commit approximately **4 hours per quarterly meeting**
- **Stipends** will be available for members with lived incarceration experience and family members or guardians of individuals with such lived experience who are not paid by another organization
- **To apply, follow this link:** 1115 MassHealth Demonstration ("Waiver") | Mass.gov

Behavioral Health Supports for Justice Involved Individuals (BH-JI) and Community Support Program for individuals with Justice Involvement (CSP-JI) overview

Goals

- ✓ Develop a reach-in, re-entry model for engaging Justice Involved Individuals with mental health and addiction needs
- ✓ Demonstrate improved health outcomes, decreased fatal overdoses, and effective, efficient healthcare utilization for Justice Involved Individuals enrolled in the BH-JI program
- ✓ Connect and transition eligible Enrolled Individuals to appropriate health care services and Community Services, using Navigator model
- ✓ Expand BH-JI program statewide

Process

- Developed following the Council of State Government Justice Reinvestment recommendation in 2017
- BH-JI Demonstration began in 2019 with Advocates and Open Sky, in partnership with Probation, Parole, DOC, Sheriff's Offices, and others
- BH-JI launched statewide in February 2022, and services now focus on:
  - In-Reach/Re-entry supports
  - Regional coordination activities
- CSP-JI authorized for managed care members in August 2022 and remaining MassHealth members in July 2023
- CSP-JI are exclusively community/post-release services
- BH-JI/CSP-JI efforts and partnerships informed the MIEP proposal

Medical Care Advisory Committee: Membership, Titles, and Affiliations

The Medical Care Advisory Committee (MCAC) is a federally mandated advisory board comprising key stakeholders in the Medicaid program. The MCAC was established by M.G.L. Chapter 118E: Section 6 and fulfills the federal requirement at 42 CFR s. 431.12.

Note that, since August 2010, these meetings have been held jointly with the MassHealth Payment Policy Advisory Board. Member lists for both are included here.

Members of the MCAC during Calendar Year 2024:

Chair: Mike Levine, Assistant Secretary for Medicaid, Executive Office of Health and Human Services

Joanne Cox, Boston Children's Hospital

Suzanne Curry, Health Care For All

Members of the Payment Policy Advisory Board during Calendar Year 2024:

Mike Levine, Assistant Secretary for Medicaid, Executive Office of Health and Human Services

Dan McHale, Massachusetts Health & Hospital Association

David Matteodo, Massachusetts Association of Behavioral Health

Elissa Sherman, LeadingAge Massachusetts

Lydia Conley, Association for Behavioral Healthcare

Mark Reynolds, CRICO

Lauren Peters, Center for Health Information and Analysis

Tara Gregorio, MA Senior Care Association

Jake Krilovich, Home Care Alliance of Massachusetts

Katherine Howitt, Massachusetts Medicaid Policy Institute

Kaitlin McColgan, Massachusetts League of Community Health Centers

Barbara Spivak, Massachusetts Medical Society