



Massachusetts Executive Office of Health and Human Services Quality Alignment Taskforce

Massachusetts Aligned Measure Set for Global Budget-Based Risk Contracts 2020 Measures and Implementation Parameters May 3, 2019

I. Introduction

In 2017 the Executive Office of Health and Human Services (EOHHS) convened a Quality Alignment Taskforce (Taskforce) to recommend to the Secretary an aligned measure set for use in global budget-based risk contracts. Such contracts are defined as placing providers at shared financial risk for most or all of the services for a covered population, and are inclusive of commercial ACO and MassHealth ACO contracts. The Taskforce includes 20 stakeholder organization representatives and 10 state agency personnel.

At the outset of its work, EOHHS' objectives were to a) reduce the administrative burden on provider organizations associated with operating under multiple, non-aligned contractual measure sets, including the burden associated with resources dedicated to varied quality improvement initiatives and to measure reporting, and b) focus provider quality improvement efforts on state health and health care improvement opportunities and priorities.

The Taskforce has developed an aligned measure set for voluntary adoption by private and public payers and by providers in global budget-based risk contracts. By doing so, the Taskforce strives to advance progress on state health priorities and reduce use of measures that don't add value. This document puts forth guidance for 2020 implementation of the Massachusetts Aligned Measure Set.

II. Massachusetts Aligned Measure Set

For payers that voluntarily choose to adopt the measures, payers and providers will select measures for use in their contracts from two main categories of measures – the Core Set and the Menu Set. Additional details on the measures included in the Massachusetts Aligned Measure Set can be found in the associated “Taskforce Endorsed Measures” document.

The Core Set includes measures that payers and providers are expected to always use in their global budget-based risk contracts.

1. Controlling High Blood Pressure
2. Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)
3. CG-CAHPS¹ (MHQP² version)³

¹ Clinician and Group Consumer Assessment of Healthcare Providers and Systems. See www.ahrq.gov/cahps/surveys-guidance/cg/index.html.

² Massachusetts Health Quality Partners. See <http://mhqp.org>.

4. At least one of the following behavioral health measures:
 - a. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (either the Initiation or Engagement Phase)
 - OR
 - b. At least one of the following depression-related measures:
 - i. Depression Screening and Follow-Up (CMS or NCQA)
 - ii. Depression Response – Progress Towards Remission (MNCM⁴)
 - iii. Depression Remission (MNCM)
 - iv. Depression Remission or Response (HEDIS)

The Menu Set includes all other measures from which payers and providers may choose to supplement the Core measures in their global budget-based risk contracts (with the possible Innovation measure exceptions described further below).

1. Childhood Immunization Status (Combo 10)
2. Immunizations for Adolescents (Combo 2)
3. Influenza Immunization
4. Chlamydia Screening
5. Breast Cancer Screening
6. Cervical Cancer Screening
7. Colorectal Cancer Screening
8. Asthma Medication Ratio
9. Comprehensive Diabetes Care: Eye Exam
10. Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
11. Metabolic Monitoring for Children and Adolescents on Antipsychotics
12. Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
13. Follow-Up After Hospitalization for Mental Illness (7-Day)
14. Follow-Up After Hospitalization for Mental Illness (30-Day)
15. Follow-up After Emergency Department Visit for Mental Health (7-Day)
16. Continuity of Pharmacotherapy for Opioid Use Disorder
17. Use of Imaging Studies for Low Back Pain

In addition, the Taskforce identified four categories of measures to supplement the Core and Menu Sets.

The **Monitoring Set** includes measures that the Taskforce identified to be a priority area of interest, but because recent health plan performance has been high, or data are not currently available, were not endorsed for Core or Menu Set use. Monitoring Set measures are intended to be used for performance tracking to ensure performance does not decline. If performance does decline, the Monitoring Set measures may be reconsidered by the Taskforce for future inclusion in the Core and Menu Sets.

³ The Taskforce considered several surveys, such as the ACO CAHPS and CG-CAHPS surveys, and endorsed the MHQP-modified version of the CG-CAHPS survey because it is widely used by both Medicaid and commercial payers in the state. The Taskforce did not endorse specific survey measures or groups of measures.

⁴ Minnesota Community Measurement

1. Well-Child Visits in the First 15 Months of Life
2. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
3. Adolescent Well-Care Visit
4. Comprehensive Diabetes Care: Hemoglobin A1c Testing
5. Comprehensive Diabetes Care: Medical Attention for Nephropathy
6. Contraceptive Care – Postpartum
7. Prenatal & Postpartum Care - Timeliness of Prenatal Care
8. Incidence of Episiotomy

The **On Deck Set** includes measures that the Taskforce has endorsed for the Core or Menu Set, and which the Taskforce will move into those sets in the two or three years following endorsement to give providers time to prepare for reporting. The Taskforce did not identify any On Deck measures for 2020.

The **Developmental Set** includes measures and measure concepts that address priority areas for the Taskforce, but the measure has not yet been defined, validated⁵ and/or tested for implementation. Willing payers and providers may use these measures in their value-based contracts. The Taskforce prioritized four measures/measures concepts for which development by others should be tracked during 2019 or which should be developed by a Taskforce-sponsored work group.

1. Depression Remission or Response for Adolescents and Adults
2. Joint Replacement Outcomes (patient-reported measure)
3. Kindergarten Readiness
4. Stratification of measures to understand equities and disparities

The **Innovation** measure category includes measures which address a) clinical topics or clinical outcomes in the Core or Menu Sets utilizing a novel approach or b) clinical topics that are not addressed in the Core or Menu Sets. Innovation measures are well-defined, and have been validated and tested for implementation. Innovation measures are intended to advance measure development and therefore cannot include measures that have been previously considered and rejected by the Taskforce as potential Core or Menu measures. Innovation measures can be used on a pay-for-performance or pay-for-reporting basis at the mutual agreement of the payer and providers. For payers choosing to voluntarily adopt the Massachusetts Aligned Measure Set and its associated parameters, use of Innovation measures, at the outset, will not be limited in number. The Taskforce will monitor and revisit use of Innovation measures. The Taskforce will evaluate Innovation measures, once developed and tested, for inclusion in the Menu or On Deck Sets.

Note: The Taskforce will defer the discussion of possibly including inpatient measures in the Aligned Measure Set until the 2020 annual review process since only one payer is using hospital

⁵ The Taskforce utilizes the National Quality Forum (NQF) definition of validity as published on the NQF's website: www.qualityforum.org/Measuring_Performance/Scientific_Methods_Panel/Meetings/2018_Scientific_Methods_Panel_Meetings.aspx: "Validity refers to the correctness of measurement. Validity of data elements refers to the correctness of the data elements as compared to an authoritative source. Validity of the measure score refers to the correctness of conclusions about quality that can be made based on the measure scores (i.e., a higher score on a quality measure reflects higher quality)."

measures in global budget-based risk contracts and since the measure set has not yet been implemented.

III. Implementation Parameters

- **Commercial implementation timeframe.** Commercial insurers choosing to adopt the Massachusetts Aligned Measure Set should do so for implementation beginning 1/1/20 as contracts are renewed.⁶ It is not expected that contracts utilize measures if denominators are too small to report a statistically valid rate.
- **MassHealth implementation timeframe:** MassHealth has updated its contractual measure set to align with the Massachusetts Aligned Measure Set. MassHealth has included additional measures that are not found in the Massachusetts Aligned Measure Set:
 1. Prenatal and Postpartum Care – Timeliness of Prenatal Care
 2. Adult hospital readmission (Case-mix adjusted rate of acute unplanned hospital readmissions within 30 days of discharge for members 18 to 64 years of age)
 3. Acute unplanned admissions for individuals with diabetes
 4. Several measures that do not need to align with the Massachusetts Aligned Measure Set because they are not applicable to a commercially insured population (e.g., Oral Health Evaluation, Behavioral Health Community Partner and LTSS Community Partner Engagement).

The Taskforce agreed that MassHealth’s adoption of the Aligned Measure Set should allow for these deviations to meet Medicaid-specific program needs.

- **Annual review process and timeframe.** The Taskforce will conduct an annual review of the Massachusetts Aligned Measure Set (see details in Section IV) and finalize any recommended modifications to the measure set by 3/31 each year for the next calendar year.
- **Automatic incorporation of annual measure set modifications.** Payers and providers should amend contracts by 1/1/20 to state that annual changes to the Massachusetts Aligned Measure Set shall be automatically incorporated into contracts effective the next contract performance year.
- **Voluntary adoption in full and not in part.** Those choosing to adopt the Massachusetts Aligned Measure Set should adopt the set in its entirety.
- **Use of the HEDIS 2020 Specifications:** The Taskforce will revisit and confirm a final decision on use of the HEDIS 2020 specifications once NCQA finalizes the specifications in the fall of 2019.⁷
- **Treatment of non-substantive NCQA modifications to the HEDIS measure set.** Since the majority of annual HEDIS specification changes do not have a substantial impact, and payers are using different versions of the specifications, the Taskforce believes alignment is not compromised if some insurers adopt minor HEDIS specification changes during the performance year while others do so during the following performance year.

⁶ The Group Insurance Commission contracts are aligned with the Massachusetts Aligned Measure Set.

⁷ The Taskforce intends to review and update the 2020 specifications to use HEDIS 2021 specifications once they are released by NCQA in 2020.

IV. Annual Review Process

The Taskforce will conduct an annual review process to maintain the Massachusetts Aligned Measure Set. Taskforce staff will prepare information on the following topics for review by the Taskforce:

1. substantive HEDIS changes to the measures in the current Massachusetts Aligned Measure Set;
2. CMS-driven changes to the MassHealth ACO measure set and Medicare ACO measure set;
3. adoption of Menu and Innovation measures in global budget-based risk contracts (including which CG-CAHPS questions and/or composites are in use);
4. alignment of the measure set with statewide health priorities;
5. opportunities for improvement on performance for Core and Menu measures;
6. most recent performance of measures in the Monitoring Set;
7. transition of Developmental measures into the Core or Menu Set, and
8. any other Taskforce recommended changes.

Following the Taskforce's annual review, the Taskforce will submit its recommendations for annual changes to the Secretary of the Executive Office of Health and Human Services for review and acceptance.

V. 2019 Activity

The Taskforce will focus on the following activity in 2019:

1. supporting adoption of the Massachusetts Aligned Measure Set;
2. reviewing and maintaining the Massachusetts Aligned Measure Set, including through the first annual review process;
3. tracking or preparing prioritized developmental measures/ measure concepts for testing and implementation;
4. advocating for and supporting systemized means for EHR-based measure reporting;
5. developing a process to track contractual adoption of Innovation measures, and
6. revisiting the idea of using multi-payer case-mix data to generate adequate denominator sizes for at least select measures that would otherwise be problematic when generated on an individual payer basis.