



Massachusetts Executive Office of Health and Human Services Quality Measure Alignment Taskforce

Massachusetts Aligned Measure Set for Global Budget-Based Risk Contracts 2022 Measures and Implementation Parameters June 25, 2021

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.

Global budget-based risk contracts are defined as: Contracts between payers (commercial and Medicaid) and provider organization where budgets for health care spending are set either prospectively or retrospectively, according to a prospectively known formula, for a comprehensive set of services¹ for a broadly defined population, and for which there is a financial incentive for achieving a budget. The contract includes incentives based on a provider organization's performance on a set of measures of health care quality or there is a standalone quality incentive applied to the same patient population. Global budget-based risk contracts should be amended annually to reflect modifications to the Aligned Measure Set that reflect changes to underlying national clinical guidelines.

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 2022 implementation of the Massachusetts Aligned Measure Set as endorsed by EOHHS.

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 “Measure Specifications” document. **Appendix A** displays

¹ Contracts must include, at a minimum, physician services and inpatient and outpatient hospital services. Contracts could also include services that are not traditionally billed for, such as care management, addressing social determinants of health, behavioral health integration, etc.

Core, Menu and Monitoring measures applicable by population (child, adolescent, adult) in the 2022 Aligned Measure Set.

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

1. CG-CAHPS² (MHQP³ version)⁴
2. Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)
3. Controlling High Blood Pressure
4. Screening for Clinical Depression and Follow-Up Plan (CMS or MassHealth-modified CMS)

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. Asthma Medication Ratio
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Childhood Immunization Status (Combo 10)
5. Chlamydia Screening
6. Colorectal Cancer Screening
7. Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
8. Comprehensive Diabetes Care: Eye Exam
9. Continuity of Pharmacotherapy for Opioid Use Disorder
10. Follow-up After Emergency Department Visit for Mental Health (7-Day)
11. Follow-up After Hospitalization for Mental Illness (7-Day)
12. Follow-up After Hospitalization for Mental Illness (30-Day)
13. Health-Related Social Needs Screening
14. Immunizations for Adolescents (Combo 2)
15. Influenza Immunization
16. Informed, Patient-centered Hip and Knee Replacement
17. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (either the Initiation or Engagement Phase)
18. Metabolic Monitoring for Children and Adolescents on Antipsychotics
19. Prenatal and Postpartum Care: Postpartum Care
20. Race, Ethnicity, and Language Stratification
21. Shared Decision-making Process
22. Use of Imaging Studies for Low Back Pain

² Clinician and Group Consumer Assessment of Healthcare Providers and Systems. See www.ahrq.gov/cahps/surveys-guidance/cg/index.html.

³ Massachusetts Health Quality Partners. See <http://mhqp.org>.

⁴ 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.

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.

1. Child and Adolescent Well-Care Visits
2. Comprehensive Diabetes Care: Hemoglobin A1c Testing
3. Prenatal & Postpartum Care - Timeliness of Prenatal Care
4. Well-Child Visits in the First 30 Months of Life

The **On Deck Set** includes measure(s) 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.

1. Substance Use Assessment in Primary Care (for 2023 implementation)⁵

The **Developmental Set** includes measures and measure concepts that address priority areas for the Taskforce, but the measure has not yet been defined, validated⁶ and/or tested for implementation. Willing payers and providers may use these measures in their value-based contracts. 2022 Developmental Set priorities include:

1. Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia
2. Developmental Screening in the First Three Years of Life
3. Fluoride Varnish
4. Kindergarten readiness

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. Developmental and Innovation measures cannot replace Core measures for those payers and providers voluntarily adopting the Aligned Measure Set. Innovation measures can be used on a pay-for-performance or pay-for-reporting basis at the mutual agreement of the payer and providers.

⁵ The measure was adopted with the intention that it become a pay-for-reporting Core Set measure in 2023, and a pay-for-performance Core Set measure in 2024.

⁶ 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)."

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.

III. Implementation Parameters

- Commercial implementation timeframe. Commercial insurers choosing to adopt the Massachusetts Aligned Measure Set and that have not yet done so should do so for implementation beginning 1/1/22 as contracts are renewed.⁷
- 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. If language is not already included in contracts, payers and providers should amend contracts by 1/1/22 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.
- Guiding principles for use of the Aligned Measure Set in contracts. While the focus of the Taskforce is on aligning contractual quality measures and not on the broader terms of global budget-based risk contracts, the Taskforce has developed a set of guiding principles for those seeking to implement the Aligned Measure Set. These principles can be found in **Appendix B**.
- Meaningful financial implications: It is considered outside of the scope of the Taskforce to specific monetary value attached to the measures; however, an insurer may not attach a de minimis amount to a Core Measure such that performance on the Core Measure lacks meaningful financial implication for the provider.

⁷ The Group Insurance Commission contracts are aligned with the Massachusetts Aligned Measure Set.

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;
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 and Ad Hoc 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.

**Appendix A:
Core, Menu, Monitoring, and On Deck Measures by Population (Child, Adolescent,
Adult)**

Set	Measure Name	Steward	Populations
Core	CG-CAHPS (MHQP Version)	MHQP	Child, Adolescent, Adult
Core	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	Adult
Core	Controlling High Blood Pressure	NCQA	Adult
Core	Screening for Clinical Depression and Follow-Up Plan	CMS or MassHealth-modified CMS	Adolescent and Adult
Menu	Asthma Medication Ratio	NCQA	Adolescent, Adult
Menu	Breast Cancer Screening	NCQA	Adult
Menu	Cervical Cancer Screening	NCQA	Adult
Menu	Childhood Immunization Status (Combo 10)	NCQA	Child
Menu	Chlamydia Screening - Ages 16-24	NCQA	Adolescent
Menu	Colorectal Cancer Screening	NCQA	Adult
Menu	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	NCQA	Adult
Menu	Comprehensive Diabetes Care: Eye Exam	NCQA	Adult
Menu	Continuity of Pharmacotherapy for Opioid Use Disorder	RAND Corporation	Child, Adolescent, Adult
Menu	Follow-up After Emergency Department Visit for Mental Health (7-Day)	NCQA	Adolescent, Adult
Menu	Follow-Up After Hospitalization for Mental Illness (30-Day)	NCQA	Child, Adolescent, Adult
Menu	Follow-Up After Hospitalization for Mental Illness (7-Day)	NCQA	Child, Adolescent, Adult
Menu	Health-Related Social Needs Screening	Massachusetts EOHHS	Child, Adolescent, Adult
Menu	Immunizations for Adolescents (Combo 2)	NCQA	Adolescent
Menu	Influenza Immunization	AMA-PCPI	Child, Adolescent, Adult

Set	Measure Name	Steward	Populations
Menu	Informed, Patient-Centered Hip and Knee Replacement	Massachusetts General Hospital	Adult
Menu	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	Adolescent, Adult
Menu	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA	Child
Menu	Prenatal & Postpartum Care - Postpartum Care	NCQA	Adolescent, Adult
Menu	Race, Ethnicity, and Language Stratification	Massachusetts Quality Measure Alignment Taskforce	Child, Adult
Menu	Risk of Continued Opioid Use	NCQA	Adult
Menu	Shared Decision-Making Process	Massachusetts General Hospital	Adult
Menu	Use of Imaging Studies for Low Back Pain	NCQA	Adolescent, Adult
Monitoring	Child and Adolescent Well-Care Visits	NCQA	Child, Adolescent
Monitoring	Comprehensive Diabetes Care: Hemoglobin A1c Testing	NCQA	Adult
Monitoring	Prenatal & Postpartum Care - Timeliness of Prenatal Care	NCQA	Adolescent, Adult
Monitoring	Well-Child Visits in the First 30 Months of Life	NCQA	Child
On Deck	Substance Use Assessment in Primary Care	Inland Empire Health Plan	Adult

Appendix B: Guiding Principles for Use of the Aligned Measure Set in Contracts

While the focus of the Taskforce is on aligning contractual quality measures and not on the broader terms of global budget-based risk contracts, the Taskforce has developed a set of guiding principles for those seeking to implement the Aligned Measure Set. These guiding principles apply to all Aligned Measure Set measure categories used in contracts.

COVID-19-specific Considerations

For 2020 and 2021, it is important to recognize that the COVID-19 pandemic will have an impact on quality measure performance. The Taskforce recommends providers and payers consider the following when using measures:

- Measure validity may be impacted by the pandemic;
- Benchmarks set a priori may not be applicable to quality measure performance in 2020 and 2021 due to changes in care delivery and utilization during this time;
- If measures cannot be changed, performance could be evaluated using prior performance instead of measurement year performance;
- For 2021, measures should be selected to focus on “at-risk” populations to ensure they receive necessary care during the pandemic, and
- For 2021, measures should be applied in a manner that will advance understanding of inequities.

Selection of Menu Measures

For those providers and payers who choose to adopt the Aligned Measure Set, the Core Set should be adopted in full as these measures represent high priority areas for the State. The Menu Set allows providers and payers to supplement the Core Set, but the Taskforce recommends that contracts limit use of Menu measures to allow providers to focus on key opportunities for improvement. The Taskforce further recommends the following guiding principle for the selection of Menu measures in contracts:

Menu measures selected for contract use should target identified opportunities to improve care specific to the contracted population.

Reasonable Benchmarks

The Taskforce recommends that provider organizations and payers negotiate benchmarks that:

- Are not below current provider performance;
- Are achievable by the provider organization (achievement benchmarks should not be so far above provider performance as to discourage improvement efforts), and
- Reflect a reasonable understanding of high performance.

Furthermore, the quality incentive program should not be structured in a way that penalizes providers for caring for populations with higher clinical and/or social risk.

Adequate Denominators

Provider organizations and payers should not use measures in contracts if denominators are too small to report a reliable measurement⁸. To the extent that any Core Measure does not meet minimum denominator size, the insurer may elect to not include the measure when applying a performance incentive and/or disincentive provision in the contract.

Total Number of Measures for Use in a Contract

The Taskforce aims to align the use of quality measures across contracts and to reduce administrative burden on providers. In pursuit of those aims, the Taskforce recommends that payers and providers limit the number of measures used in any given contract to 15 or fewer (this number excludes hospital measures). Contracting dyads should also consider the following:

- overall measurement burden, and
- prioritizing measures addressing subpopulations experiencing disparities.

⁸ For this purpose, the NQF definition of reliability of the measure score is used: “Reliability of the measure score refers to the proportion of variation in the performance scores due to systematic differences across the measured entities (or signal) in relation to random error (or noise).” www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=87595. Taskforce staff will update this language, as necessary, to reflect any modifications to NQF’s definition of reliability of the measure score.