



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

Massachusetts Aligned Measure Set for Global Budget-Based Risk Contracts 2023 Measures and Implementation Parameters August 1, 2022

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 follows:

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 2023 implementation of the Massachusetts Aligned Measure Set as recommended by the Taskforce and 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

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.

Set can be found in the associated “Measure Specifications” document. **Appendix A** displays Core, Menu and Monitoring measures applicable by population (child, adolescent, adult) in the 2023 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. Childhood Immunization Status (Combo 10)
3. Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)
4. Controlling High Blood Pressure
5. Screening for Clinical Depression and Follow-Up Plan (CMS or MassHealth-modified CMS)
6. Substance Use Assessment in Primary Care⁵

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. Behavioral Risk Assessment (for Pregnant Women)
3. Blood Pressure Control for Patients with Diabetes
4. Breast Cancer Screening
5. Cervical Cancer Screening
6. Chlamydia Screening – Ages 16-24
7. Child and Adolescent Well-Care Visits
8. Colorectal Cancer Screening
9. Developmental Screening in the First Three Years of Life
10. Eye Exam for Patients with Diabetes
11. Follow-up After Emergency Department Visit for Mental Health (7-Day)
12. Follow-up After Hospitalization for Mental Illness (7-Day)
13. Health-Related Social Needs Screening
14. Immunizations for Adolescents (Combo 2)
15. Informed, Patient-centered Hip and Knee Replacement
16. Initiation and Engagement of Substance Use Treatment (either the Initiation or Engagement Phase)
17. Metabolic Monitoring for Children and Adolescents on Antipsychotics
18. Pharmacotherapy for Opioid Use Disorder
19. Prenatal and Postpartum Care: Postpartum Care
20. Race, Ethnicity, and Language Stratification
21. Shared Decision-making Process

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 There is no requirement to use all measure domains or to weight domains equally in contracts. The Taskforce encourages a focus on domains where there is the greatest opportunity for ACO improvement.

⁵ Pay-for-reporting only for 2023.

22. 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 as representing 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. Prenatal & Postpartum Care - Timeliness of Prenatal Care
2. 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. There are no On Deck measures for 2023.

The **Developmental Set** includes measures with defined specifications that have been validated⁶, tested, and/or are in use in other states that the Taskforce has elected to track. The lone 2023 Developmental Set measure is:

1. Kindergarten Readiness

The Taskforce also identifies measure topics of priority interest for which it has not been able to identify suitable candidate measures. These are referred to as “Developmental Set measure topics.” The Taskforce will continue to look for measures within each of these topical areas for potential future inclusion in the Aligned Measure Set. The 2023 Developmental Set measure topics include:

1. Care coordination
2. Care for young adults with complex needs
3. Health inequities
4. Percentage of attributed patients for which an ACO has patient-level race, ethnicity, language, disability status, sexual orientation, gender identity, and/or sex data.
5. Substance use screening with a minimum age threshold of 16 or younger
6. Tobacco use (including vaping)

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

⁶ The Taskforce utilizes the National Quality Forum (NQF) definition of validity as published on the NQF's website: www.qualityforum.org/Masuring_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).”

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. For payers choosing to voluntarily adopt the Massachusetts Aligned Measure Set and its associated parameters, use of Innovation measures is not currently 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 1/1/23 as contracts are renewed.⁷
- MassHealth implementation timeframe: MassHealth's contractual measure set aligns with the Massachusetts Aligned Measure Set. MassHealth has included additional measures that are not found in the Massachusetts Aligned Core or Menu Measure Sets:
 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 5/31 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 1/1/23 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**.

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

- 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.

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 Core, Menu and Innovation measures in global budget-based risk contracts;
4. alignment of the measure set with statewide health priorities;
5. opportunities for improvement in performance for Core and Menu measures;
6. most recent state performance on measures in the Monitoring Set;
7. transition of Developmental and On Deck 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	Childhood Immunization Status (Combo 10)	NCQA	Child
Core	Controlling High Blood Pressure	NCQA	Adult
Core	Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)	NCQA	Adult
Core	Screening for Clinical Depression and Follow-Up Plan	CMS or MassHealth-modified CMS	Adolescent and Adult
Core	Substance Use Assessment in Primary Care	Inland Empire Health Plan	Adult
Menu	Asthma Medication Ratio	NCQA	Child, Adolescent, Adult
Menu	Behavioral Health Risk Assessment (for Pregnant Women)	American Medical Association Physician Consortium for Performance Improvement	Adult
Menu	Blood Pressure Control for Patients with Diabetes	NCQA	Adult
Menu	Breast Cancer Screening	NCQA	Adult
Menu	Cervical Cancer Screening	NCQA	Adult
Menu	Chlamydia Screening - Ages 16-24	NCQA	Adolescent, Adult
Menu	Child and Adolescent Well-Care Visits	NCQA	Child, Adolescent
Menu	Colorectal Cancer Screening	NCQA	Adult
Menu	Developmental Screening in the First Three Years of Life	Oregon Health & Science University	Child
Menu	Eye Exam for Patients with Diabetes	NCQA	Adult
Menu	Follow-up After Emergency Department Visit for Mental Illness (7-Day)	NCQA	Adolescent, Adult
Menu	Follow-Up After Hospitalization for Mental Illness (7-Day)	NCQA	Child, Adolescent, Adult

Set	Measure Name	Steward	Populations
Menu	Health-Related Social Needs Screening	Massachusetts EOHHS	Child, Adolescent, Adult
Menu	Immunizations for Adolescents (Combo 2)	NCQA	Adolescent
Menu	Informed, Patient-Centered Hip and Knee Replacement	Massachusetts General Hospital	Adult
Menu	Initiation and Engagement of Substance Use Treatment	NCQA	Adolescent, Adult
Menu	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA	Child, Adolescent
Menu	Pharmacotherapy for Opioid Use Disorder	NCQA	Adolescent, Adult
Menu	Prenatal & Postpartum Care - Postpartum Care	NCQA	Adolescent, Adult
Menu	Race, Ethnicity, and Language Stratification	Massachusetts Quality Measure Alignment Taskforce	Child, Adult
Menu	Shared Decision-Making Process	Massachusetts General Hospital	Adult
Menu	Use of Imaging Studies for Low Back Pain	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

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.

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 that 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

- 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.