



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

### Massachusetts Aligned Measure Set for Global Budget-Based Risk Contracts 2024 Measures June 22, 2023

#### **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 services<sup>1</sup> 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 reviews the measures in the 2024 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 Set can be found in a separate “Measure Specifications” document, which is available upon

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<sup>1</sup> 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.

request. **Appendix A** displays Core, Menu and Monitoring measures applicable by population (child, adolescent, adult) in the 2024 Aligned Measure Set. **Appendix B** highlights the changes to the 2024 Aligned Measure Set, as well as the rationale for the changes.

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

1. CG-CAHPS<sup>2</sup> (MHQP<sup>3</sup> version)<sup>4</sup>
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 Care<sup>5</sup>

**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<sup>6</sup>
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 Illness (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. Kidney Health Evaluation for Patients with Diabetes
18. Pharmacotherapy for Opioid Use Disorder
19. Prenatal and Postpartum Care
20. Race and Ethnicity Data Collection
21. Race, Ethnicity, and Language Stratification

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<sup>2</sup> Clinician and Group Consumer Assessment of Healthcare Providers and Systems. See [www.ahrq.gov/cahps/surveys-guidance/cg/index.html](http://www.ahrq.gov/cahps/surveys-guidance/cg/index.html).

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

<sup>4</sup> 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.

<sup>5</sup> Pay-for-reporting only for 2024.

<sup>6</sup> eCQM reporting only for 2024.

22. Shared Decision-making Process
23. Use of Imaging Studies for Low Back Pain
24. Well-Child Visits in the First 30 Months of Life

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. Follow-Up After Emergency Department Visit for Mental Illness (30-day)

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 2024.

The **Developmental Set** includes measures with defined specifications that have been validated<sup>7</sup>, tested, and/or are in use in other states that the Taskforce has elected to track. The lone 2024 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 2024 Developmental Set measure topics include:

1. Care coordination
2. Care for young adults with complex needs
3. Disability data standard for young children
4. Health equity composite measure(s)
5. Stratification of measures according to intersectional identities
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

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<sup>7</sup> 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](http://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).”

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.

**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	Kidney Health Evaluation for Patients with Diabetes	NCQA	Adult
Menu	Pharmacotherapy for Opioid Use Disorder	NCQA	Adolescent, Adult
Menu	Prenatal & Postpartum Care	NCQA	Adolescent, Adult
Menu	Race and Ethnicity Data Collection	MassHealth	Child, Adolescent, Adult
Menu	Race, Ethnicity, and Language Stratification	Massachusetts Quality Measure Alignment Taskforce	Child, Adolescent, Adult
Menu	Shared Decision-Making Process	Massachusetts General Hospital	Adult
Menu	Use of Imaging Studies for Low Back Pain	NCQA	Adult
Menu	Well-Child Visits in the First 30 Months of Life	NCQA	Child
Monitoring	Follow-Up After Emergency Department Visit for Mental Illness (30-Day)	NCQA	Adolescent, Adult

**Appendix B:  
Summary of Changes to the 2024 Aligned Measure Set**

Change	Rationale
1. <u>Modify</u> the specifications for <i>Substance Use Assessment in Primary Care</i> to include one rate for members ages 18 and older, one rate for members ages 11-17, and a total rate.	The measure steward created a new measure titled <i>Substance Use Assessment in Primary Care for Adolescents</i> targeted to ages 11-17, but otherwise with the same specifications as <i>Substance Use Assessment in Primary Care</i> .
2. <u>Remove</u> <i>Metabolic Monitoring for Children and Adolescents on Antipsychotics</i> from the Menu Set.	Taskforce members indicated that small denominator sizes make the measure reliability dubious at the ACO level and prevents any valid assessment of inequities.
3. <u>Moved</u> <i>Prenatal and Postpartum Care- Timeliness of Prenatal Care</i> from the Monitoring Set to the Menu Set and <u>reclassified</u> <i>Prenatal and Postpartum Care</i> as a single measure now that both components ( <i>Timeliness of Prenatal Care</i> and <i>Postpartum Care</i> ) are in the Menu Set.	The Taskforce recommended adding the measure back into the Menu Set due to persistent inequities and decreases in performance relative to national benchmarks.
4. <u>Moved</u> <i>Well-Child Visits in the First 30 Months of Life</i> from the Monitoring Set to the Menu Set.	The Taskforce recommended adding the measure to the Menu Set to incentivize payer and provider dyads to work towards addressing inequities for the measure.
5. <u>Added</u> <i>Kidney Health Evaluation for Patients with Diabetes</i> to the Menu Set.	The Taskforce has been interested in this measure since <i>Comprehensive Diabetes Care: Medical Attention for Nephropathy</i> was retired. It decided to add the measure to the Menu Set now that benchmark data are available through NCQA.
6. <u>Added</u> <i>Follow-Up After Emergency Department Visit for Mental Illness (30-day)</i> to the Monitoring Set.	MassHealth is using the measure in contracts and the Taskforce thought the measure was worth monitoring especially in light of health care workforce capacity issues.
7. <u>Transitioned</u> <i>Colorectal Cancer Screening</i> to eQCM-reporting only.	The Taskforce wishes to advance the collection of electronic clinical data to reduce the administrative burden of measure generation. It recommended starting with <i>Colorectal Cancer Screening</i> , as NCQA is requiring electronic-only reporting for the measure starting in measurement year 2024.
8. <u>Modified</u> <i>Race, Ethnicity and Language Stratification</i> to require stratification of the Core Measures and any six Menu measures.	The Taskforce's Health Equity Measurement Work Group recommended increasing the number of measures to be stratified while allowing payer and provider dyads some flexibility in which measures to stratify. The Taskforce subsequently endorsed this recommendation.

Change	Rationale
<p>9. <u>Added</u> <i>Race and Ethnicity Data Collection</i> to the Menu Set.</p>	<p>The Taskforce’s Health Equity Measurement Work Group recommended that the Taskforce add a Menu Measure to the Aligned Measure Set for 2024 that assesses the collection of race, ethnicity, and language data in order to improve the accuracy and completeness of health equity data to inform equity improvement efforts. However, while MassHealth has defined specifications for data collection according to the Taskforce race and ethnicity data standards, MassHealth does not have defined specifications for the collection of language data in alignment with the Taskforce language data standard.</p>
<p>10. <u>Added</u> language to the implementation parameters indicating that payers and providers may add a race, ethnicity, or language inequity reduction complement to any Core or Menu measure. The measure would be considered a separate measure and its use would be regarded as in fidelity with the Aligned Measure Set.</p>	<p>The goal of stratifying measures is to identify inequities so that they may then be addressed. This guidance supports payers and providers in incentivizing the reduction of inequities once identified.</p>