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

Massachusetts Aligned Measure Set for Global Budget-Based Risk Contracts
2025 Measures
July 18, 2024

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[1] 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 2025 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 request. **Appendix A** displays Core, Menu and Monitoring measures applicable by population

[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.

(child, adolescent, adult) in the 2025 Aligned Measure Set. **Appendix B** highlights the changes to the 2025 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[2] (MHQP[3] version)[4]
2. Childhood Immunization Status (Combo 10)
3. Controlling High Blood Pressure
4. Glycemic Status Assessment for Patients with Diabetes: HbA1c Poor Control (>9.0%)
5. Screening for Clinical Depression and Follow-Up Plan
6. Substance Use Assessment in Primary Care[5]

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[6]
2. Behavioral Risk Assessment (for Pregnant Women)
3. Blood Pressure Control for Patients with Diabetes
4. Breast Cancer Screening
5. Cervical Cancer Screening
6. Child and Adolescent Well-Care Visits
7. Chlamydia Screening – Ages 16-24
8. Colorectal Cancer Screening[7]
9. Developmental Screening in the First Three Years of Life
10. Eye Exam for Patients with Diabetes
11. Health-Related Social Needs Screening (adapted from CMS' Screening for Social Drivers of Health)[8]
12. Immunizations for Adolescents (Combo 2)
13. Initiation and Engagement of Substance Use Treatment (either the Initiation or Engagement Phase)
14. Kidney Health Evaluation for Patients with Diabetes
15. Pharmacotherapy for Opioid Use Disorder
16. Prenatal and Postpartum Care
17. Race, Ethnicity and Language Data Collection[9]

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[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 2025.
[6] Payer and provider dyads may determine whether to use the measure for the full population or the pediatric population only.
[7] eCQM reporting only for 2025.
[8] Providers should not be held accountable for the rate at which health-related social needs are identified.
[9] Payer and provider dyads may optionally also include collection of disability status, sexual orientation, gender identity, and/or sex data.

18. Race, Ethnicity, and Language Stratification
19. 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 2025.

The **Developmental Set** includes measures with defined specifications that have been validated[10], tested, and/or are in use in other states that the Taskforce has elected to track. The lone 2025 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 2025 Developmental Set measure topics include:

1. Care coordination
2. Disability data standard for young children
3. Health equity composite measure(s)
4. Stratification of measures according to intersectional identities
5. Tobacco use measure that includes vaping, assesses for provision of effective interventions, and potentially includes marijuana use

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

[10] 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)."

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.

1. Disability, Sexual Orientation, and Gender Identity Data Collection (MassHealth)
2. Pediatric Composite Measure (BCBSMA)

Appendix A:
Core, Menu, and Monitoring 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	Glycemic Status Assessment 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	Health-Related Social Needs Screening (adapted from CMS' Screening for Social Drivers of Health)	MassHealth	Child, Adolescent, Adult
Menu	Immunizations for Adolescents (Combo 2)	NCQA	Adolescent

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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, Ethnicity, and Language Data Collection	MassHealth	Child, Adolescent, Adult
Menu	Race, Ethnicity, and Language Stratification	Massachusetts Quality Measure Alignment Taskforce	Child, Adolescent, 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 2025 Aligned Measure Set

Recommended Change	Rationale
1. Modify *Race and Ethnicity Data Collection* by adding assessment of language data collection, thereby changing the measure to *Race, Ethnicity, and Language Data Collection*	When first adopting this measure last year, the Taskforce wanted to include language data collection in this measure as part of the 2024 Aligned Measure Set, but MassHealth had not yet developed specifications for the collection of preferred written and spoken language. Those specifications are now available.
2. Remove *Informed, Patient-Centered Hip and Knee Replacement* from the Menu Set.	The measure was first added to the 2021 Aligned Measure Set and has yet to be used in contracts. More development time is needed before the measure is ready for contractual use.
3. Remove *Shared Decision-Making Process* from the Menu Set.	The measure was first added to the 2021 Aligned Measure Set and has yet to be used in contracts. More development time is needed before the measure is ready for contractual use.
4. Remove *Use of Imaging Studies for Low Back Pain* from the Menu Set.	The measure suffers from small denominator size, is disliked by physicians, and is no longer included in Uniform Data System federal reporting guidelines.
5. Remove *Follow-Up After Emergency Department Visit for Mental Illness (7-day)* from the Menu Set.	Measure performance far exceeds the 90th percentile nationally for commercial and Medicaid and the denominator size is only sufficient for MassHealth. The Taskforce therefore recommends removing the measure from the Aligned Measure Set but allowing MassHealth to continue to use it.
6. Remove *Follow-Up After Emergency Hospitalization for Mental Illness (7-day)* from the Menu Set.	Measure performance far exceeds the 90th percentile nationally for commercial, and the denominator size is only sufficient for MassHealth. The Taskforce therefore recommends removing the measure from the Aligned Measure Set but allowing MassHealth to continue to use it.
7. Replace *Health-Related Social Needs Screening* in the Menu Set with MassHealth's new *Health-Related Social Needs Screening* measure adapted from CMS' *Screening for Social Drivers of Health*.	This change keeps the Aligned Measure Set in alignment with MassHealth, which made this change as part of a larger effort to drop homegrown measures once a national standard becomes available.
8. Add language for *Asthma Medication Ratio* indicating that payer and provider dyads may determine whether to use the measure for the full population or the pediatric population only.	Multiple providers on the Taskforce did not believe that the burden associated with the measure made measure inclusion worthwhile for adult patients.

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