

**APPENDIX B**  
**Quality Improvement Goals**

**1. INTRODUCTION**

This appendix describes the requirements for the Quality Improvement Goals as specified in **Section 2.13** of the Contract. The QI Goal measurement cycle typically spans a 3-year period which includes planning/baseline, mid-cycle, and final evaluations to allow for tracking of improvement gains. This appendix describes the first QI Goals cycle which consists of an extended planning/baseline year followed by one re-measurement year. For each QI Goal cycle, EOHHS will establish a series of QI goal domains as well as approve and/or designate measurement and quality improvement activities.

ACOs are expected to collect and report on each QI domain as specified or approved by EOHHS. EOHHS will provide standardized forms for all required reporting activities, including Quality Improvement Plans, Progress Reports, and Annual Reports.

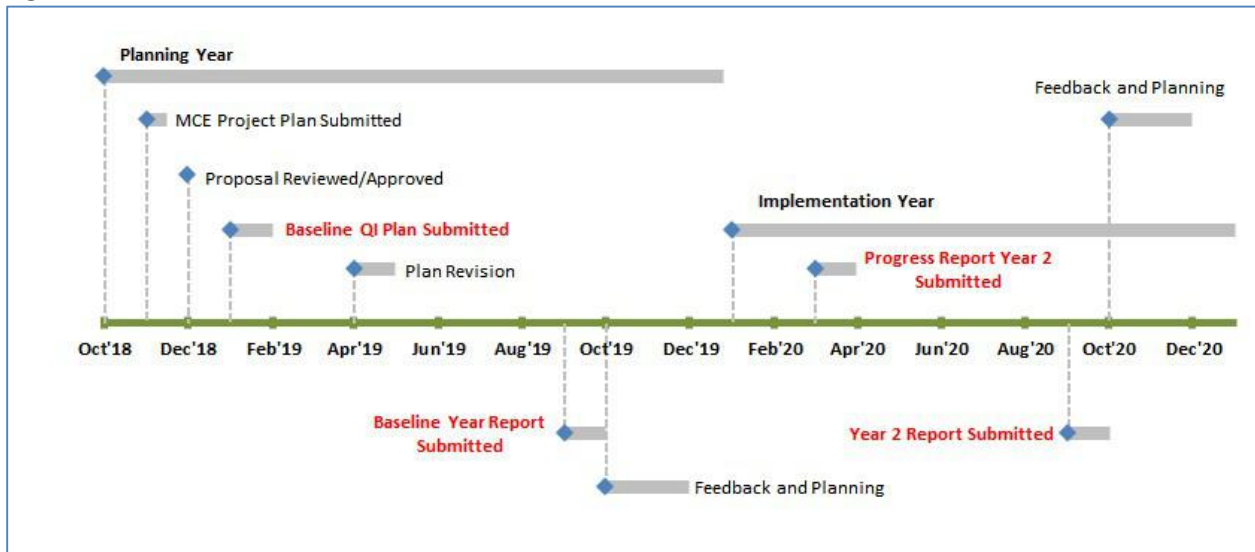
**2. QI IMPLEMENTATION DETAILS**

The following section provides detailed information about the QI Goal implementation periods, their associated activities and timelines.

TABLE 1: QI GOAL IMPLEMENTATION PERIODS AND ASSOCIATED ACTIVITIES	
Cycle 1: October 1, 2018 – December 31, 2019	
<p><b>Baseline/Initial Implementation Period:</b> October 1, 2018 – December 31, 2019</p>	<ul style="list-style-type: none"> <li>• <u><i>Planning Phase: October 2018-January 2019</i></u> ACOs engage in detailed project planning in an effort to develop a data-driven, evidence-based plan for interventions using quality improvement principles. Project topics are subject to EOHHS approval before detailed planning begins. Project planning tasks include but are not limited to the development of a problem statement, a review of evidence-based literature, and interventions to address the problem, and completion of quality improvement tools and activities that support project planning including root causes analyses, barrier analyses, development of driver diagrams, population analyses.</li> <li>• <u><i>Quality Improvement Plan Submission: January 2019</i></u> ACOs submit QI proposals to the MassHealth or its designee for review and approval. Proposals will describe planned activities and data collection plans for initial implementation.</li> <li>• <u><i>Initial Implementation: March 2019-December 2019</i></u> ACOs modify QI plans for year 1 based on feedback received from EOHHS. ACOs may focus on developing stakeholder engagement, process mapping and implementation of small test of change to inform initial Implementation. <b>In September 2019</b>, ACOs submit progress report detailing <b>baseline year data (CY 2018)</b>, description of activities currently underway,</li> </ul>

	and plans for Mid-cycle Implementation.
<p><b>QIP Implementation Period:</b> Calendar Year 18 (January 1, 2020 – December 31, 2020)</p>	<ul style="list-style-type: none"> <li>• <u>Implementation Cycle Launch: January 2020</u> ACOs implement Mid-cycle interventions and collect data on short-term indicators.</li> <li>• <u>Implementation Cycle Progress Reports: March 2020</u> ACOs submit Progress reports detailing changes made as a result of feedback or lessons learned in the previous cycle. Plans will provide updates on the current year’s interventions and identify challenges for discussion and problem-solving with EOHHS or its designee.</li> <li>• <u>Implementation Cycle Annual Report: September 2020</u> ACOs submit annual reports describing current interventions, report on short-term indicators, HEDIS data as applicable, and assess results including success and challenges. Reports will also include plans for modifications in the final quarter and plans to continue work in future cycles.</li> </ul>

**Figure 1: ACO QI Goals Timeline**



QI Goal Cycle 2 will begin January 1, 2021, and conclude December 31, 2023. The activities associated with Cycle 2 will be similar to those outlined for Cycle 1, but include a baseline measurement year, followed by two implementation years. However, QI Goal activities, requirements, and domains are subject to change given EOHHS needs and priorities.

### **3. ACO QI DOMAIN AREAS AND GOALS: CYCLE 1, January 1, 2018 – December 31, 2020**

Domain descriptions and specific goals are outlined in Table 2: Domain Areas and Goals.

**Table 2: Domain Areas and Goals**

**Domain 1: Behavioral Health - Promoting well-being through prevention, assessment, and treatment of mental illness including substance use and other dependencies.**

- Goals:**
- Achieve better behavioral health outcomes.
  - Improve the overall behavioral health of the plan’s population, especially those with mental illness and substance abuse.
  - To increase the delivery of behavioral services including but not limited to the integration of care across medical and behavioral health settings

**Domain 2: Population and Community Needs Assessment and Risk Stratification - Identifying and assessing priority populations for health conditions and social determinant factors with the most significant size and impact and developing interventions to address the appropriate and timely care of these priority populations.**

- Goals:**
- To identify members at risk for one or more chronic conditions and address risk factors that contribute to disease.
  - To improve the quality of life for members with one or more chronic conditions through self-management, adherence to treatment, and patient centered care coordination.
  - To support the implementation of the Population and Community Needs Assessment and Risk Stratification contract requirements as stated in Sections 2.5.H and 5.1.A.2.c of Attachment A (Accountable Care Partnership Plan Contract).

#### **4. DOMAIN MEASURES AND INTERVENTIONS**

ACOs will identify specific measures and interventions within their Quality Improvement plans that will be submitted in January 2019 for review and approval by EOHHS or its designee.

#### **5. ACO REPORTS, SUBMISSIONS, AND TEMPLATES**

ACOs will submit to MassHealth or its designee:

- One Quality Improvement Plan and one Annual Report during the Planning/Baseline Implementation period;
- One Progress Report and one Annual Report during each re-measurement period.

ACOs should refer to Table 1 (QI Goal Implementation Period and Associated Activities) for reporting timeframes.

ACOs will submit Quality Improvement Plans and Reports using the QI Goals Submission Templates developed and distributed by EOHHS on or before November 30, 2018. QI Goal Reporting submissions shall include quantitative and qualitative data as well as specific progress made to each measure, barriers encountered, lessons learned, and planned next steps. For specific instructions on the submission process and detail on the submission templates, ACOs shall refer to guidance to be distributed on or before November 30, 2018.

Reporting on the interventions should at a minimum include the following items (to be described with greater specificity in the forthcoming Submission Guide Document):

- Rationale for selecting proposed/implemented interventions
- Description of current interventions
- Analysis of short-term indicators, HEDIS rates as applicable, data collection procedures and methodology, and interpretation of results
- Assessment of intervention successes and challenges, and potential intervention modifications for future implementation periods.

**Evaluation of QI Reports:** EOHHS or its designee will review QI Goal Reports using a standardized Evaluation Template. The scoring elements in the Evaluation Template will correspond directly with the elements documented on the reporting templates. Feedback will be provided to the ACOs for each implementation period.

### **Cultural Competency**

Participating ACOs shall design and implement all QI Goal activities and interventions in a culturally competent manner.

**Appendix B**  
**Exhibit 1: Performance Measures**

EOHHS has defined the following performance measures pursuant to **Section 2.13.C.6** of the Contract and reserves the right to modify this list as deemed necessary and determined by EOHHS. In accordance with the Medicaid Managed Care Rule, the following performance measures may be used by EOHHS to publicly report ACO performance. EOHHS reserves the right to withhold reporting of a measure(s) as determined by EOHHS. All measures referenced in Exhibit 1 are calculated by EOHHS (with clinical data submitted by the Accountable Care Partnership for hybrid measures).

#	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.
1	Childhood Immunization Status	Percentage of members who received all recommended immunizations by their 2nd birthday	Hybrid	NCQA	0038
2	Immunizations for Adolescents	Percentage of members 13 years of age who received all recommended vaccines, including the HPV series	Hybrid	NCQA	1407
3	Timeliness of Prenatal Care	Percentage of deliveries in which the member received a prenatal care visit in the first trimester or within 42 days of enrollment	Hybrid	NCQA	1517
4	Oral Health Evaluation	Percentage of members under age 21 years who received a comprehensive or periodic oral evaluation within the year	Claims	ADA DQA	2517
5	Screening for Depression and Follow Up Plan	Percentage of members 12 to 64 years of age screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Hybrid	CMS	0418
6	Asthma Medication Ratio	Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater	Claims	NCQA	1800
7	Controlling High Blood Pressure	Percentage of members 18 to 64 years of age with hypertension and whose blood pressure was adequately controlled	Hybrid	NCQA	0018
8	Comprehensive Diabetes Care: A1c Poor Control	Percentage of members 18 to 64 years of age with diabetes whose most recent HbA1c level demonstrated poor control (> 9.0%)	Hybrid	NCQA	0059

#	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.
9	Depression Remission or Response	Percentage of members 12 to 64 years of age with a diagnosis of depression and elevated PHQ-9 score, who receive follow-up PHQ-9 and experienced remission or response within 4 to 8 months of the initial elevated score	Hybrid	NCQA	N/A
10	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing	Claims	NCQA	2800
11	Emergency Department Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions	Risk adjusted ratio (obs/exp) of ED visits for members 18 to 64 years of age identified with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions	Claims	EOHHS	N/A
12	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	Percentage of ED visits for members 6 to 64 years of age with a principal diagnosis of mental illness, where the member received follow-up care within 7 days of ED discharge	Claims	NCQA	2605
13	Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for members 6 to 64 years of age, hospitalized for mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576
14	Hospital Readmissions (Adult)	Case-mix adjusted rate of acute unplanned hospital readmissions within 30 days of discharge for members 18 to 64 years of age	Claims	NCQA	1768
15	Health-Related Social Needs Screening	Percentage of members 0 to 64 years of age who were screened for health-related social needs in the measurement year	Hybrid	EOHHS	N/A
16	Behavioral Health Community Partner Engagement	Percentage of members 18 to 64 years of age who engaged with a BH Community Partner and received a treatment plan within 4 months (122 days) of Community Partner assignment	Claims	EOHHS	N/A
17	Long-Term Services and Supports Community Partner Engagement	Percentage of members 3 to 64 years of age who engaged with an LTSS Community Partner and received a care plan within 4 months (122 days) of Community Partner assignment	Claims	EOHHS	N/A

#	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.
18	Community Tenure	Risk adjusted ratio (obs/exp) of eligible days that members with BH diagnoses and/or at least 3 consecutive months of LTSS utilization 0 to 64 years of age reside in their home or in a community setting without utilizing acute, chronic, or post-acute institutional health care services during the measurement year	Claims	EOHHS	N/A
19	Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and who receive at ≥2 additional services within 30 days of the initiation visit	Claims	NCQA	0004
20	Acute Unplanned Admissions for Individuals with Diabetes	Case-mix adjusted rate of acute unplanned hospital admissions for individuals 18 to 64 years of age with diabetes.	Claims	EOHHS	N/A
21	Overall Rating and Care Delivery	Composites related to communications and willingness to recommend	Survey	AHRQ	0005
22	Person-Centered Integrated Care	Composites related to care planning, self-management, and integration of care	Survey	TBD	N/A