Technical Specifications for the MassHealth Accountable Care Organization Quality and Equity Incentive Program (AQEIP)

Performance Year 2 (Calendar Year 2024)

Version: July 15, 2025

Contents

A. RELD SOGI Data Completeness

i. Race Data Completeness

OVERVIEW

Measure Name	Rate of Race Data Completeness – ACO
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: ACO "Member Data and Member Enrollment" Monthly Data File Submission Denominator source: MassHealth Enrollment Data
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported race data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of ACO attributed members with self-reported race data that was collected by an ACO in the measurement year
Numerator	ACO attributed members with self-reported race data that was collected by an ACO during the measurement year
Denominator	ACO attributed members in the measurement year

ELIGIBLE POPULATION

Age	ACO attributed members 0 to 64 years of age as of December 31 of the measurement year
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31st of the measurement year
Event/Diagnosis	None

DEFINITIONS

Complete Race Data	Complete race data is defined as: At least one (1) valid race value (valid race values are listed in Attachment 1). • If value is "UNK" it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Member File	Model A ACOs File Name: ACOA Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs. Model B ACOs

	File Name: ACOB Member File Description: New member files to be sent by the Model B ACOs to the MassHealth DW monthly. Each Model B ACO will send its own file through the existing encounter member file process. This file specification replicates the monthly member file that is used for the Model A ACO data. The file will indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs.
Rate of Race Data Completeness	(Numerator Population / Eligible Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy). Self-reported race data that has been rolled-up or transformed for reporting purposes may be included. For example, if an ACO's data systems include races that are included in HHS' data collection standards and an individual self-reports their race as "Samoan", then the ACO can report the value of "Native Hawaiian or Other Pacific Islander" since the value of Samoan is not a valid value in Attachment 1.

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in the denominator, identify those with complete race data, defined as: At least one (1) valid race value (valid race values are listed in Attachment 1). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator.

	• If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required:
	• A valid MassHealth Member ID
	  ○ Format: Refer to MassHealth Member File Specification
	• At least one (1) race value, as defined under “Complete Race Data” above
	  ○ Format: Refer to MassHealth Member File Specification

Data Collection	For the purposes of this measure, race data must be self-reported. Race data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported race data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report race (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff) • Must include one or more values in Attachment 1

Completeness Calculations	Completeness is calculated for: each individual ACO.

Attachment 1. Race: Accepted Values

Description	Valid Values	Notes
American Indian/Alaska Native	1002-5	
Asian	2028-9	
Black/African American	2054-5	
Native Hawaiian or other Pacific Islander	2076-8	
White	2106-3	
Other Race	OTH	
Choose not to answer	ASKU	Member was asked to provide their race, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked to provide their race, and the member actively selected or indicated that they did not know their race.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The race of the member is unknown since either: (a) the member was not asked to provide their race, or

Description	Valid Values	Notes
		(b) the member was asked to provide their race, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

ii. Hispanic Ethnicity Data Completeness

OVERVIEW	
Measure Name	Rate of Hispanic Ethnicity Data Completeness – ACO
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: ACO "Member Data and Member Enrollment" Monthly Data File Submission Denominator source: MassHealth Enrollment Data
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported ethnicity data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of ACO attributed members with self-reported Hispanic ethnicity data that was collected by an ACO in the measurement year
Numerator	ACO attributed members with self-reported Hispanic ethnicity data that was collected by an ACO during the measurement year
Denominator	ACO attributed members in the measurement year

ELIGIBLE POPULATION

Age	ACO attributed members 0 to 64 years of age as of December 31 of the measurement year
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31st of the measurement year
Event/Diagnosis	None

DEFINITIONS

Complete Hispanic ethnicity Data	Complete Hispanic ethnicity data is defined as: One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU it will count toward the numerator. • If value is "DONTKNOW" it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Member File	Model A ACOs File Name: ACOA Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs. Model B ACOs File Name: ACOB Member File

	Description: New member files to be sent by the Model B ACOs to the MassHealth DW monthly. Each Model B ACO will send its own file through the existing encounter member file process. This file specification replicates the monthly member file that is used for the Model A ACO data. The file will indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs
Rate of Hispanic Ethnicity Data Completeness	(Numerator Population / Eligible Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy). Self-reported Hispanic ethnicity data that has been rolled-up or transformed for reporting purposes may be included. For example, if an ACO's data systems include ethnicities that are included in HHS' data collection standards (i.e., Mexican; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish origin) and an individual self-reports their ethnicity as "Puerto Rican", then the ACO can report the value of "Hispanic" since the value of Puerto Rican is not a valid value in Attachment 2.

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in the denominator, identify those with complete Hispanic ethnicity data, defined as: One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator.

	Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required:
	• A valid MassHealth Member ID
	  ○ Format: Refer to MassHealth Member File Specification
	• One (1) ethnicity value, as defined under "Complete Hispanic Data" above
	  ○ Format: Refer to MassHealth Member File Specification

Data Collection	For the purposes of this measure, Hispanic ethnicity data must be self-reported. Hispanic ethnicity data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported Hispanic ethnicity data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report Hispanic ethnicity (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff) • Must include one or more values in Attachment 2
Completeness Calculations	Completeness is calculated for: each individual ACO.

Attachment 2. Hispanic Ethnicity: Accepted Values

Description	Valid Values	Notes
Hispanic or Latino	2135-2	
Not Hispanic or Latino	2186-5	
Choose not to answer	ASKU	Member was asked to provide their ethnicity, and the member actively selected or indicated that they "choose not to answer".
Don't know	DONTKNOW	Member was asked to provide their ethnicity, and the member actively selected or indicated that they did not know not know their ethnicity.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness).	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond
Unknown	UNK	The ethnicity of the member is unknown since either: (a) the member was not asked to provide their ethnicity, or (b) the member was asked to provide their ethnicity, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

iii. Preferred Language Data Completeness

OVERVIEW

Measure Name	Rate of Language Data Completeness – ACO
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: ACO "Member Data and Member Enrollment" Monthly Data File Submission Denominator source: MassHealth Enrollment Data
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported preferred written and spoken language data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of ACO members with self-reported language data that was collected by an ACO in the measurement year.
Numerator	ACO attributed members with self-reported preferred written and spoken language data that was collected by an ACO during the measurement year
Denominator	ACO attributed members in the measurement year

ELIGIBLE POPULATION

Age	ACO attributed members 6 to 64 years of age as of December 31 of the measurement year
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31st of the measurement year
Event/Diagnosis	None

DEFINITIONS

Complete Preferred Written Language Data	Complete Preferred Written Language (PWL) data is defined as: One (1) valid Preferred Written Language value (valid Preferred Written Language values are listed in Attachment 3). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Complete Preferred Spoken Language Data	Complete Preferred Spoken Language (PSL) data is defined as: One (1) valid Preferred Spoken Language value (valid Preferred Spoken Language values are listed in Attachment 3). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5

Member File	Model A ACOs File Name: ACOA Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs. Model B ACOs File Name: ACOB Member File Description: New member files to be sent by the Model B ACOs to the MassHealth DW monthly. Each Model B ACO will send its own file through the existing encounter member file process. This file specification replicates the monthly member file that is used for the Model A ACO data. The file will indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs.
Rate of Preferred Written and Spoken Language Data Completeness	There will be two rates reported for this measure, defined as. Rate 1: (Numerator (PWL) Population / Denominator Population) * 100 Rate 2: (Numerator (PSL) Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population

Numerator	Identify members with complete language data, (defined above under “Complete Preferred Written Language Data” and “Complete Preferred Spoken Language Data”) for each question below: • QMAT Language Q1: In which language would you feel most comfortable reading medical or health care instructions? Similar phrasing to elicit written language preference is acceptable. • QMAT Language Q2: What language do you feel most comfortable speaking with your doctor or nurse? Similar phrasing to elicit spoken language preference is acceptable.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID ○ Format: Refer to MassHealth Member File Specification • One (1) Preferred Written and Spoken Language value per question, as defined under “Complete Preferred Written Language Data” and “Complete Preferred Spoken Language Data” above • Format: Refer to MassHealth Member File Specification
Data Collection	For the purposes of this measure, Preferred Written and Spoken Language data must be self-reported. Preferred Written and Spoken Language data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported Preferred Written and Spoken Language data may be collected:

	• By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report preferred written and spoken languages (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff) • Must include one or more values in Attachment 3 ○ If an ACO submits a value that is not included in Attachment 3 but allowable per the MassHealth Member File Specification, the value will be mapped to Other Preferred Written Language (OTH)
Completeness Calculations	Completeness is calculated per language question per denominator population per ACO and overall, as described below: *For each individual ACO:* For ACO x, the percentage of members with self-reported preferred **written** language data for question 1 that was collected by ACO x in the measurement year. For ACO x, the percentage of members with self-reported preferred **spoken** language data for question 2 that was collected by ACO x in the measurement year.

Attachment 3. Language: Accepted Values

Preferred Written Language

Description	Valid Values	Notes
English	en	
Spanish	es	
Portuguese	pt	
Chinese – Traditional	zh-Hant	
Chinese Simplified	zh-Hans	

Description	Valid Values	Notes
Haitian Creole	ht	
French	fr	
Vietnamese	vi	
Russian	ru	
Arabic	ar	
Other Preferred Written Language	OTH	If an ACO submits a value that is not included in Attachment 3 but allowable per the MassHealth Member File Specification, the value will be mapped to Other Preferred Written Language (OTH)
Choose not to answer	ASKU	Member was asked to provide their Preferred Written Language, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked to provide their Preferred Written Language, and the member actively selected or indicated that they did not know their Preferred Written Language.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The Preferred Written Language of the member is unknown since either: (a) the member was not asked to provide their Preferred Written Language, or

Description	Valid Values	Notes
		(b) the member was asked to provide their Preferred Written Language, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Preferred Spoken Language

Description	Valid Values	Notes
English	en	
Spanish	es	
Portuguese	pt	
Chinese	zh	If an ACO submits Cantonese (yue), Mandarin (cmn), or Min Nan Chinese (nan) it will be mapped to Chinese for the purposes of data completeness
Haitian Creole	ht	
Sign Languages	sgn	If an ACO submits American Sign Language (ase) or Sign Languages (sgn), it will be mapped to Sign Languages for the purpose of data completeness
French	fr	
Vietnamese	vi	
Russian	ru	
Arabic	ar	

Other Preferred Spoken Language	OTH	If an ACO submits a value that is not included in Attachment 3 but allowable per the MassHealth Member File Specification, the value will be mapped to Other Preferred Spoken Language (OTH).
Choose not to answer	ASKU	Member was asked to provide their Preferred Spoken Language, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked to provide their Preferred Spoken Language, and the member actively selected or indicated that they did not know their Preferred Spoken Language.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The Preferred Spoken Language of the member is unknown since either: (a) the member was not asked to provide their Preferred Spoken Language, or (b) the member was asked to provide their Preferred Spoken Language, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

iv. Disability Data Completeness

OVERVIEW

Measure Name	Rate of Disability Data Completeness – ACO
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: ACO "Member Data and Member Enrollment" Monthly Data File Submission Denominator source: MassHealth Enrollment Data
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported disability data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of ACO attributed members with self-reported disability data that was collected by an ACO in the measurement year. Rates are calculated separately for 6 disability questions.
Numerator	ACO attributed members self-reported disability data that was collected by an ACO in the measurement year.
Denominator	ACO attributed members in the measurement year

ELIGIBLE POPULATION

Age	Age varies by disability question: • Disability Questions 1 and 2: ACO attributed members ages 0 to 64 as of December 31st of the measurement year; • Disability Questions 3 – 5: ACO attributed members ages 6 to 64 as of December 31st of the measurement year; • Disability Question 6: ACO attributed members ages 16 to 64 as of December 31st of the measurement year
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31st of the measurement year
Event/Diagnosis	None

DEFINITIONS

Complete Disability Data	Complete Disability data is defined as: One (1) valid disability value for each Disability Question (listed in Attachment 4). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Member File	Model A ACOs File Name: ACOA Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter

	member process. This file specification has been updated to include a field to indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs. Model B ACOs File Name: ACOB Member File Description: New member files to be sent by the Model B ACOs to the MassHealth DW monthly. Each Model B ACO will send its own file through the existing encounter member file process. This file specification replicates the monthly member file that is used for the Model A ACO data. The file will indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs.
Rate of Disability Data Completeness	(Numerator Population / Eligible Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population.
Numerator Set	For members in the denominator, identify those with complete disability data, (defined above under "Complete Disability Data") for each question below: Disability Q1 (age 0-64): Are you deaf or do you have serious difficulty hearing? Disability Q2 (age 0-64): Are you blind or do you have serious difficulty seeing, even when wearing glasses?

	Disability Q3 (age 6-64): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? Disability Q4 (age 6-64): Do you have serious difficulty walking or climbing stairs? Disability Q5 (age 6-64): Do you have difficulty dressing or bathing? Disability Q6 (age 16-64): Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	For a given disability question, the following information is required: • A valid MassHealth Member ID ○ Format: Refer to MassHealth Member File Specification • One (1) valid disability value per question, as defined under "Complete Disability Data" above ○ Format: Refer to MassHealth Member File Specification
Data Collection	For the purposes of this measure, disability data must be self-reported. Disability data that are derived using an imputation methodology do not contribute to completeness for this measure.

	Self-reported disability data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report disability (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff) • Must include one or more values in Attachment 4
Completeness Calculations	Completeness is calculated per disability question per ACO and overall, as described below for questions 1 and 2, as an example: For each individual ACO: Example 1: For ACO x, the percentage of members with self-reported disability data for question 1 that was collected by ACO x in the measurement year. Example 2: For ACO x, the percentage of members with self-reported disability data for question 2 that was collected by ACO x in the measurement year.

Attachment 4. Disability: Accepted Values

Disability Q1: Are you deaf or do you have serious difficulty hearing?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they are deaf or have difficulty hearing, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they are deaf or have difficulty

Description	Valid Values	Notes
		hearing, and the member actively selected or indicated that they did not know if they are deaf or have difficulty hearing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member is deaf or has difficulty hearing is unknown since either: (a) the member was not asked whether they are deaf or have difficulty hearing, or (b) the member was asked whether they are deaf or have difficulty hearing, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q2: Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they are blind or have difficulty seeing,

Description	Valid Values	Notes
		and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they are blind or have difficulty seeing, and the member actively selected or indicated that they did not know whether they are blind or have difficulty seeing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member is blind or has difficulty seeing is unknown since either: (a) the member was not asked whether they are blind or have difficulty seeing, or (b) the member was asked whether they are blind or have difficulty seeing, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q3: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have serious difficulty concentrating, remembering or making decisions, and the member actively selected or indicated that they “choose not to answer”.
Don’t know	DONTKNOW	Member was asked whether they have serious difficulty concentrating, remembering or making decisions, and the member actively selected or indicated that they did not know whether they have serious difficulty concentrating, remembering or making decisions.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member has difficulty concentrating, remembering or making decisions is unknown since either: (a) the member was not asked whether they have difficulty concentrating, remembering or making decisions, or

Description	Valid Values	Notes
		(b) the member was asked whether they have difficulty concentrating, remembering or making decisions, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q4: Do you have serious difficulty walking or climbing stairs?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have difficulty walking or climbing stairs, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they have difficulty walking or climbing stairs, and the member actively selected or indicated that they did not know whether they have difficulty walking or climbing stairs.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.

Description	Valid Values	Notes
Unknown	UNK	Whether the member has difficulty walking or climbing stairs is unknown since either: (a) the member was not asked whether they have difficulty walking or climbing stairs, or (b) the member was asked whether they have difficulty walking or climbing stairs, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q5: Do you have difficulty dressing or bathing?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have difficulty dressing or bathing, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they have difficulty dressing or bathing, and the member actively selected or indicated that they did not know whether they have difficulty dressing or bathing.

Description	Valid Values	Notes
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member has difficulty dressing or bathing is unknown since either: (a) the member was not asked whether they have difficulty dressing or bathing, or (b) the member was asked whether they have difficulty dressing or bathing, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q6: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked if they have difficulty doing errands, and the member actively selected or indicated that they "choose not to answer".

Description	Valid Values	Notes
Don't know	DONTKNOW	Member was asked if they have difficulty doing errands, and the member actively selected or indicated that they did not know whether they have difficulty doing errands.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether a member has difficulty doing errands is unknown since either: (a) the member was not asked whether they have difficulty doing errands, or (b) the member was asked whether they have difficulty doing errands, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

v. Sexual Orientation Data Completeness

OVERVIEW

Measure Name	Rate of Sexual Orientation Data Completeness – ACO
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: ACO "Member Data and Member Enrollment" Monthly Data File Submission Denominator source: MassHealth Enrollment Data
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported sexual orientation data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of ACO attributed members with self-reported sexual orientation data that was collected by an ACO in the measurement year.
Numerator	ACO attributed members with self-reported sexual orientation data that was collected by an ACO in the measurement year
Denominator	ACO attributed members in the measurement year.

ELIGIBLE POPULATION

Age	ACO attributed members age 19 and older as of December 31 of the measurement year
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31st of the measurement year
Event/Diagnosis	None

DEFINITIONS

Complete Sexual Orientation Data	Complete sexual orientation data is defined as: At least one (1) valid sexual orientation value (listed in Attachment 5). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported
Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Member File	Model A ACOs File Name: ACOA Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs. Model B ACOs File Name: ACOB Member File

	Description: New member files to be sent by the Model B ACOs to the MassHealth DW monthly. Each Model B ACO will send its own file through the existing encounter member file process. This file specification replicates the monthly member file that is used for the Model A ACO data. The file will indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs.
Rate of Sexual Orientation Data Completeness	(Numerator Population / Eligible Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population.
Numerator	For members in the denominator, identify those with complete sexual orientation data, defined as: At least one (1) valid sexual orientation value (valid sexual orientation values are listed in Attachment 5). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required:
	• A valid MassHealth Member ID
	  ○ Format: Refer to MassHealth Member File Specification
	• At least one (1) valid sexual orientation value, as defined under "Complete Sexual Orientation Data" above
	  • Format: Refer to MassHealth Member File Specification

Data Collection	For the purposes of this measure, sexual orientation data must be self-reported. Sexual orientation data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported sexual orientation data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report sexual orientation (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff) • must include one or more values in Attachment 5
Completeness Calculations	Completeness is calculated for: each individual ACO.

Attachment 5. Sexual Orientation: Accepted Values

Description	Valid Values	Notes
Bisexual	42035005	
Straight or heterosexual	20430005	
Lesbian or gay	38628009	
Queer, pansexual, and/or questioning	QUEER	
Something else	OTH	
Choose not to answer	ASKU	Member was asked to provide their sexual orientation, and the member actively selected or indicated that they “choose not to answer”.
Don’t know	DONTKNOW	Member was asked to provide their sexual orientation, and the member actively selected or indicated that they did not know their sexual orientation.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The sexual orientation of the member is unknown since either: (a) the member was not asked to provide their sexual orientation, or (b) the member was asked to provide their sexual orientation, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

vi. Gender Identity Data Completeness

OVERVIEW

Measure Name	Rate of Gender Identity Data Completeness – ACO
Steward	MassHealth
NQF Number	N/A
Data Source	Numerator source: ACO "Member Data and Member Enrollment" Monthly Data File Submission Denominator source: MassHealth Enrollment Data
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Complete, beneficiary-reported gender identity data are critically important for identifying, analyzing, and addressing disparities in health and health care access and quality.

MEASURE SUMMARY

Description	The percentage of ACO attributed members with self-reported gender identity data that was collected by an ACO in the measurement year.
Numerator	ACO attributed members with self-reported gender identity data that was collected by an ACO in the measurement year.
Denominator	ACO attributed members in the measurement year.

ELIGIBLE POPULATION

Age	ACO attributed members age 19 and older as of December 31 of the measurement year
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year
Anchor Date	December 31st of the measurement year
Event/Diagnosis	None

DEFINITIONS

Complete Gender Identity Data	Complete gender identity data is defined as: At least one (1) valid gender identity value (listed in Attachment 6). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Member File	Model A ACOs File Name: ACOA Member File Description: Existing member file sent by the MCEs to the MassHealth DW monthly through the existing encounter member process. This file specification has been updated to include a field to indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs. Model B ACOs File Name: ACOB Member File

	Description: New member files to be sent by the Model B ACOs to the MassHealth DW monthly. Each Model B ACO will send its own file through the existing encounter member file process. This file specification replicates the monthly member file that is used for the Model A ACO data. The file will indicate the member's enrollment at the ACO level as well as the RELD/SOGI data fields provided by the ACOs.
Rate of Gender Identity Data Completeness	(Numerator Population / Eligible Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in the denominator, identify those with complete gender identity data, defined as: At least one (1) valid gender identity value (valid gender identity values are listed in Attachment 6). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the member is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required:
	• A valid MassHealth Member ID
	  ○ Format: Refer to MassHealth Member File Specification
	• At least one (1) valid gender identity value, as defined under “Complete Gender Identity Data” above
	  ○ Format: Refer to MassHealth Member File Specification

Data Collection	For the purposes of this measure, gender identity data must be self-reported. Gender identity data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported gender identity data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report gender identity (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff) • Must include one or more values in Attachment 6
Completeness Calculations	Completeness is calculated for: each individual ACO.

Attachment 6. Gender Identity: Accepted Values

Description	Valid Values	Notes
Male	446151000124109	
Female	446141000124107	
Genderqueer/gender nonconforming/non-binary; neither exclusively male nor female	446131000124102	
Transgender man/trans man	407376001	
Transgender woman/trans woman	407377005	
Additional gender category or other	OTH	
Choose not to answer	ASKU	Member was asked to provide their gender identity, and the member actively selected or indicated that they “choose not to answer”.
Don’t know	DONTKNOW	Member was asked to provide their gender identity, and the member actively selected or indicated that they did not know their gender identity.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The gender identity of the member is unknown since either: (a) the member was not asked to provide their gender identity, or (b) the member was asked to provide their gender identity, and a response

Description	Valid Values	Notes
		was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

vii. Performance Requirements and Assessment (Applicable to all subcomponents of the RELDSOGI Data Completeness Measure)

PY2 PERFORMANCE REQUIREMENTS AND ASSESSMENT	
Performance Requirements	1. Timely submission of data as described in the "Member Data and Member Enrollment Monthly Submission Specifications for all Entities, Version 3.0 (June 21, 2024).” For PY2, MassHealth will accept attestation to the RELD SOGI data being self-reported within the period. 2. Timely, complete, and responsive submission to MassHealth (anticipated by September 1, 2024), or a date specified by EOHHS, of a RELD SOGI mapping and verification deliverable including descriptions of member-reported demographic data collection efforts as specified by MassHealth, in a form and format to be specified by MassHealth.
Performance Assessment	• An entity will earn 100% of the points attributed to the measure for timely (the December Member Demographic File with snapshot data from December 31, 2024 must be submitted by January 31, 2025) submission of data as described in the "Member Data and Member Enrollment Monthly Submission Specifications for all Entities, Version 3.0 (June 21, 2024)” and timely, complete, and responsive submissions of the mapping and verification deliverable to MassHealth. • An entity will earn 0% of the points attributed to the measure if the entity does not submit timely data as described in the "Member Data and Member Enrollment Monthly Submission Specifications for all Entities, Version 3.0 (June 21, 2024)”and a timely, complete, and responsive mapping and verification deliverable to MassHealth.

PERFORMANCE REQUIREMENTS AND ASSESSMENT FOR PY3-5 TO BE FINALIZED PRIOR TO THE START OF PY3

B. Health-Related Social Needs Screening

Aligned with CMS' Screening for Social Drivers of Health Measure for the Merit-based Incentive Payment System (MIPS) Program[1]

OVERVIEW

Measure Name	Health-Related Social Needs (HRSN) Screening
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental Data, Administrative Data, Encounter Data
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Eliminating health care disparities is essential to improve quality of care for all patients. An important step in addressing health care disparities and improving patient outcomes is to screen for health-related social needs (HRSN), the immediate daily necessities prioritized by individuals that arise from the inequities caused by social determinants of health. Identification of such needs provides an opportunity to improve health outcomes through interventions such as referral to appropriate social services.

MEASURE SUMMARY

This measure assesses the percentage of members who were screened at least once during the measurement year for health-related social needs (HRSN). Two rates are reported:

1. **Rate 1: HRSN Screening Rate:** Percentage of members screened at least once during the measurement year using a standardized HRSN screening instrument for food, housing, transportation, and utility needs.

[1] Aligned with CMS' Screening for Social Drivers of health Measure for the Merit-based Incentive Payment System (MIPS) Program. Centers for Medicare and Medicaid Services Measures Inventory Tool (cms.gov)

2. **Rate 2: HRSN Screen Positive Rate:** Rate of HRSN identified (i.e., screen positive) among cases in Rate 1 numerator. Four sub-rates are reported for each of the following HRSNs: food, housing, transportation, and utility.

ELIGIBLE POPULATION

Product lines	Individuals enrolled in MassHealth including: Model A ACO and Model B ACO
Ages	ACO attributed members 0 to 64 years of age as of December 31 of the measurement year
Continuous enrollment/ Allowable gap	Continuous Enrollment: 90 days Allowable Gap: None
Anchor date	N/A
Measurement period	July 1 – December 31, 2024
Event/diagnosis	None

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO
Health-Related Social Needs	The immediate daily necessities that arise from the inequities caused by the social determinants of health, such as a lack of access to basic resources like stable housing, an environment free of life-threatening toxins, healthy food, utilities including heating and internet access, transportation, physical and mental health care, safety from violence, education and employment, and social connection.
Standardized HRSN Screening Instruments	A standardized health-related social needs screening instrument is defined as a standardized assessment, survey,

	tool or questionnaire that is used to evaluate social needs. HRSN screening tools used for the purpose of performance on this measure must include at least one screening question in each of the four required domains. Examples of eligible screening tools include, but are not limited to: • Accountable Health Communities Health-Related Social Needs Screening Tool • The Protocol for Responding to and Assessing Patients' Riss and Experiences (PRAPARE) Tool • American Academy of Family Physicians (AAFP) Screening Tool ACOs are not required to use the example screening tools listed above; ACOs may choose to use other screening instruments, or combinations of screening instruments, that include at least one screening question in each of the four required domains. MassHealth may require ACOs to report to MassHealth the screening tool(s) used for the purpose of performance on this measure.
Supplemental Data	Data supplementary to administrative claims data that documents at the member-level 1) when a health-related social needs screen was performed, and/or 2) whether health-related social needs were identified (and if so, in which domain needs were identified). Such supplemental data may be derived from clinical records (such as electronic health records and case management records) or other databases available to entities. Such supplemental data may document screens conducted by billing providers and/or non-billing providers (such as community health workers, medical assistants, and social workers).

ADMINISTRATIVE SPECIFICATION

RATE 1: HRSN Screening Rate

Description	Percentage of members screened at least once during the measurement year using a standardized HRSN screening instrument for food, housing, transportation, and utility needs.
Denominator	The eligible population

Numerator	Number of members screened at least once during the measurement year using a standardized screening instrument for food, housing, transportation, and/or utility needs.
	
	• Includes members where documentation indicates that:
	  ○ The member was offered HRSN screening and responded to one or more screening questions; or
	  ○ The member was offered HRSN screening and actively opted out of screening (i.e. chose not to answer any questions).
	• Includes screenings rendered by any clinical provider (e.g., an ACO clinical provider, hospital clinical provider), non-clinical staff (e.g., patient navigator), health plan staff and/or Community Partner staff.
	
	Notes:
	• An eligible encounter during the year is not required. Screens may be conducted through modalities other than (in person or telehealth) office visits; they may be conducted by mail and any other means approved by MassHealth.
	• ACOs may report all screenings for a given member in the measurement year but for the purpose of rate calculations, the most recent screening will be used.

Unit of measurement	Screens should be performed at the individual member level for adults and, as determined to be clinically appropriate by individuals performing HRSN screening, for children and youth. Screening may be performed at the household level on behalf of dependents residing in one household; if screening is performed at the household level then results must be documented in the respondent's medical record and in each dependent's medical record in order for the screen to be counted in the numerator for each individual.
Exclusions	• Member died during the measurement period. • Members in hospice (identified using the Hospice Value Set[2]). • Members not screened for food insecurity, housing instability, transportation needs, and utility difficulties because member was unable to complete the screening and have no legal guardian or caregiver able to do so on their behalf. This should be documented in the medical record.

RATE 2: HRSN Screen Positive Rate

Description	Rate of HRSN identified (i.e., screen positive) among cases in Rate 1 numerator. Four sub-rates are reported for each of the following HRSNs: food, housing, transportation, and utility.
Denominator	Members who meet the numerator criteria for Rate 1.
Numerator 2a – Food insecurity	Number of members who screened positive for food needs and for whom results are electronically documented in the ACO's medical record (see Code List below).
Numerator 2b – Housing instability	Number of members who screened positive for housing needs and for whom results are electronically documented in the ACO's medical record (see Code List below).

[2] *HEDIS® Value Set used with permission from NCQA*

Numerator 2c – Transportation needs	Number of members who screened positive for transportation needs and for whom results are electronically documented in the ACO's medical record (see Code List below).
Numerator 2d – Utility difficulties	Number of members who screened positive for utility needs and for whom results are electronically documented in the ACO's medical record (see Code List below).
Exclusions	None

DATA REPORTING REQUIREMENTS

This measure will be calculated by MassHealth using administrative data and/or supplemental data submitted to MassHealth by ACOs as follows. Data must be submitted in a form and format specified by MassHealth.

ADMINISTRATIVE DATA REPORTING REQUIREMENTS

Rate 1: The following codes will be the administrative data utilized to calculate Rate 1:

Code System	Code	Meaning
HCPCS	M1207	Member screened for food insecurity, housing instability, transportation needs, utility difficulties [*and interpersonal safety*[3]].
HCPCS	M1208	Member not screened for food insecurity, housing instability, transportation needs, utility difficulties [*and interpersonal safety*[3]].
HCPCS	M1237	Member reason for not screening for food insecurity, housing instability, transportation needs, utility

[3] The HCPCS M1207, M1208, and M1237 codes include interpersonal safety as a screening domain. However, screening for interpersonal safety will not contribute toward performance on this AQEIP measure due to concerns about privacy and safety related to capturing this information through the same vehicle as other HRSN domains.

		difficulties, [*and interpersonal safety*[3]] (e.g., member declined or other member reasons)
HCPCS	G0136	Administration of a standardized, evidence-based social determinants of health risk assessments tool, 5-15 minutes

- Notes:
  - Members in the denominator where M1207 is coded will count towards the numerator.
  - Members in the denominator where M1237 is coded will count towards the numerator.
  - Members in the denominator where M1208 is coded will not count towards the numerator.
  - Members in the denominator where M1207, M1237, or M1208 are not coded will not count towards the numerator.
  - Members in the denominator where HCPCS code G0136 is coded will count towards the numerator.

Rate 2: The following ICD-10 codes, which may be documented in any diagnosis field, are the administrative data that will be utilized to calculate Rate 2 numerators:

Food Insecurity

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
E63.9	Nutritional deficiency, unspecified
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z91.11	Patient's noncompliance with dietary regimen
Z91.110	Patient's noncompliance with dietary regimen due to financial hardship

Z91.A10	Caregiver's noncompliance with patient's dietary regimen due to financial hardship

Housing Instability

Homelessness

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness

Housing Instability

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.2	Discord with neighbors, lodgers and landlord

Inadequate Housing

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z59.1	Inadequate housing, unspecified

Z59.11	Inadequate housing environmental temperature
Z59.12	Inadequate housing utilities
Z59.19	Other Inadequate housing

Transportation Needs

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z59.82	Transportation insecurity

Utility Difficulties

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z58.6	Inadequate drinking-water supply
Z58.81	Basic services unavailable in physical environment
Z59.12	Inadequate housing utilities

SUPPLEMENTAL DATA REPORTING REQUIREMENTS

In lieu of or addition to administrative data described above, ACOs may choose to submit supplemental data (i.e. electronic health record or other medical record data demonstrating HRSN screening rates and/or identified needs) for use by MassHealth for calculating Rate 1 and/or Rate 2.

- Note: HRSN Screenings conducted by Community Partners (CPs) will be reported directly to MassHealth by CPs through administrative reporting. ACOs are not expected to report CP-administered screenings to MassHealth as part of this measure.

Such supplemental data must be submitted in a form and format to be specified by MassHealth, and must include:

1. For **Rate 1:** Data indicating any of the following:
    a) a member was screened for food insecurity, housing instability, transportation needs, and utility difficulties during the performance period (corresponding to the definitions of administrative HCPCS code M1207 and/or code G0136).
    b) a member was not screened for food insecurity, housing instability, transportation needs, utility difficulties (corresponding to the meaning of the administrative HCPCS code M1208)
    c) there is a member reason for not screening for food insecurity, housing instability, transportation needs, and utility difficulties (e.g., member declined or other patient reasons) (corresponding to the meaning of HCPCS code M1237).

2. **For Rate 2:** Data indicating identified needs, corresponding to the definitions of the ICD-10 codes provided in the Administrative Reporting section above. Data may be captured using the ICD-10 codes or other clinical record data (e.g., electronic health record data corresponding to these codes).

MassHealth anticipates auditing the data submitted by the ACO, per the methodology outlined in the QEIP Portal User Guide. These audits are anticipated to be used for informational purposes in PY2 and to promote data quality for future Performance Years. MassHealth reserves the right to take further action on the results of an audit, as appropriate.

PY2 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	This measure will be calculated by MassHealth using administrative data and/or, as applicable, supplemental data submitted to MassHealth by ACOs. Data must be submitted to MassHealth **by June 30, 2025,** in a form and format to be further specified by MassHealth.

Performance Assessment	ACOs have an opportunity to receive full or partial credit for the measure. **Component 1**: **HRSN Screening Rate (75% of measure score)** • An ACO will earn 100% of the points attributed to Component 1 of the measure if applicable administrative and/or supplemental data for the performance period (July 1, 2024-December 31, 2024) is submitted to MassHealth by June 30, 2025. • An ACO will earn 0% of the points attributed to Component 1 of the measure if no applicable administrative and/or supplemental data for Component 1 for the performance period (July 1, 2024-December 31, 2024) is submitted to MassHealth by June 30, 2025. **Component 2**: **HRSN Screen Positive Rate (25% of measure score)** • An ACO will earn 100% of the points attributed to Component 2 of the measure if applicable administrative and/or supplemental data for the performance period (July 1, 2024-December 31, 2024) is submitted to MassHealth by June 30, 2025. • An ACO will earn 0% of the points attributed to Component 2 of the measure if no applicable administrative and/or supplemental data for Component 2 for the performance period (July 1, 2024-December 31, 2024) is submitted to MassHealth by June 30, 2025.

PERFORMANCE REQUIREMENTS AND ASSESSMENT FOR PY3-5 TO BE FINALIZED PRIOR TO THE START OF PY3

C. Quality Performance Disparities Reduction

OVERVIEW

Measure Name	Quality Performance Disparities Reduction
Steward	MassHealth
NQF Number	N/A
Data Source	Administrative, Supplemental
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Equitable care is an important pillar of high-quality care. Stratification of quality measures by social risk factors supports identification of health and health care disparities and focused intervention to achieve more equitable care.

MEASURE SUMMARY

This measure assesses targeted ACO quality measure performance stratified by race and ethnicity. Quality measures identified for reporting in this measure for PY2 (drawn from the MassHealth Quality Incentive Program and detailed in Table 1) are disparities-sensitive measures that have been prioritized by MassHealth because of their importance to the MassHealth population in the areas of maternal health, care coordination, and care for acute & chronic conditions. A subset of ACO quality measures selected for stratified reporting will be targeted for disparities reduction accountability in later years of the AQEIP.

ELIGIBLE POPULATION

The eligible population for each Quality Incentive Program measure identified in Table 1 for inclusion in this measure is defined in the Quality Incentive Program technical specifications.

DEFINITIONS

Applicable Measures	Measures drawn from the MassHealth ACO Quality Incentive Program slate that are included in Table 1 of this specification.
Proxy Measures	Measures used to approximate performance on quality measures. Proxy measures may use other data sources than the quality measure they are replacing, such as those that are more readily available to ACOs for monitoring throughout the performance year.

ADMINISTRATIVE SPECIFICATION

ACOs must report data as follows for applicable measures included in table 1:

PCACOs: For all measures for PY2, ACOs must demonstrate capacity to internally stratify performance data by race and ethnicity by submitting a stratified performance report for those measures or approximate proxy measures to MassHealth. The stratification may use imputed or other sources of data for race and ethnicity.

ACPPs: For all measures for PY2, ACOs must demonstrate capacity to internally stratify performance data by race and ethnicity by submitting to MassHealth a stratified performance report including HEDIS measures and proxy measures for non-HEDIS measures. The stratification may use imputed or other sources of data for race and ethnicity only when self-reported race and ethnicity data are not available.

Table 1: Applicable Quality Measures for Stratified Reporting

Domain	Measure
Preventative and Pediatric Care	OHSU: Developmental Screening in the First Three Years of Life
	NCQA: Immunizations for Adolescents
	NCQA: Childhood Immunization Status
	ADA: Topical Fluoride for Children

	NCQA: Prenatal and Postpartum Care (PPC)
	CMS: Screening for Depression and Follow-Up Plan (CDF)
Care Coordination/Care for Acute and Chronic Conditions	NCQA: Follow-Up After Emergency Department Visit for Mental Illness (FUM; 7 day follow–up)
	NCQA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Treatment (FUA; 7 day follow-up)
	NCQA: Follow-Up After Hospitalization for Mental Illness (FUH; 7 day follow-up)
	NCQA: Initiation of Engagement of Alcohol and Other Drug Abuse or Dependence (IET)
	NCQA: Controlling High Blood Pressure
	NCQA: Comprehensive Diabetes Care: HBA1c Poor Control
	NCQA: Asthma Medication Ratio

ADDITIONAL MEASURE INFORMATION

General Guidance	**Race and ethnicity stratification variables:** ACOs should report race and ethnicity per standards outlined in the MassHealth Rate of race and ethnicity data completeness measure specifications. **Data completeness threshold:** There is no data completeness threshold for reporting performance stratified by race and ethnicity. ACOs should report on all members for whom they have race and ethnicity data. The stratification may use imputed or other sources of data for race and ethnicity only when self-reported race and ethnicity data are not available.

REPORTING METHOD

For specific reporting requirements, please refer to the MassHealth Quality Incentive Program Guidance document(s). Stratified performance reports should be submitted to MassHealth via MQO@mass.gov alongside the quality measure rate submission (i.e., as part of the PY24 Quality Incentive Program), anticipated by a date following June 30, 2025.

MassHealth reserves the right to request additional member-level measure data for the purposes of Quality measure stratification, as applicable, in a form and format specified by MassHealth.

PY2 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	Anticipated by a date following **June 30, 2025** (to be determined by MassHealth) timely, complete, and responsive submission to MassHealth of PY2 reporting requirements specified in the "Administrative Specification" section above. Submissions must be in a form and format specified by MassHealth.
Performance Assessment	**ACOs (ACPPs and PCACOs) will receive credit for performance on this measure as follows:** • An ACO will earn 100% of the points attributed to the measure if, for all measures, it achieves timely, complete, and responsive submission to MassHealth of a complete PY2 report including stratified data. In lieu of reporting performance according to Quality program specifications for claims-based measures, ACOs may report performance on proxy measures instead. In order to receive credit for this portion of the measure through report of proxy measure(s), ACOs must report to MassHealth: (1) the proxy measure(s) being used, (2) rationale for using the proxy measure(s), and (3) how those measures are specified (including at a minimum a complete description of eligible population(s), denominator(s), numerator(s), exclusion(s), and data source(s).)

PERFORMANCE REQUIREMENTS AND ASSESSMENT FOR PY3 TO BE FINALIZED PRIOR TO THE START OF PY3

D. Equity Improvement Interventions

OVERVIEW

Measure Name	Equity Improvement Interventions
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental Data
Performance Status: PY2	Pay for Performance (P4P)

POPULATION HEALTH IMPACT

Rigorous, collaborative, equity-focused performance improvement projects will support Accountable Care Organizations to reduce disparities on access and quality metric.

MEASURE SUMMARY

Collaborating with partnered acute hospitals, over the course of the five-year AQEIP ACOs will jointly design and implement two health equity-focused Performance Improvement Projects (PIPs) in two of three MassHealth-defined quality and equity priority domain areas: 1) Care Coordination/Integration, 2) Care for Acute and Chronic Conditions, and 3) Maternal Morbidity.

ACOs will be incentivized to implement acute hospital-partnered PIPs designed to:

- Support collaboration and information sharing,
- Address mutually shared equity goals,
- Achieve significant and sustained improvement in equity outcomes, and
- Promote program-wide impact.

PIPs will build upon the framework for quality assessment and performance improvement programs required for Medicaid managed care plans and will require four key elements: performance measurement, implementation of interventions, evaluation of the interventions' impact using performance measures, and activities to increase/sustain improvement.

ELIGIBLE POPULATION

The eligible population for each equity-focused PIP is defined by the partnered entities in the PIP Planning (Baseline) Report.
Entities may narrow their PIP population as appropriate to a subset of those members experiencing an inequity.

ADMINISTRATIVE SPECIFICATION

Two Equity-focused PIPs must be completed over PY1-5, each spanning three performance years. Each PIP will require submission to MassHealth of four required reports over each PIP's respective three-year duration as follows:

- PIP Planning (Baseline) Report: a comprehensive plan that includes but is not limited to the following items: Shared acute hospital/ACO equity statement, PIP aim, objectives and goals, baseline performance data, data sources and collection methodology, data sharing plans between ACOs and acute hospitals, barrier identification, proposed interventions, and tracking measures.
- Remeasurement 1 Report/Re-Baselining Report: A comprehensive report that incorporates feedback from ongoing technical assistance with the EQRO regarding PIP implementation. The Remeasurement 1 Report is used to assess PIP methodology, progress towards implementing interventions following one remeasurement period, and performance towards achieving the health equity goals established in the Planning (Baseline) Report.
- Remeasurement 2 Report: a comprehensive report that integrates feedback from ongoing technical assistance with the EQRO regarding PIP implementation. The Remeasurement 2 Report is used to assess PIP methodology, progress towards implementing interventions following a second remeasurement period, performance towards achieving the health equity goals established in the Planning (Baseline) Report and Remeasurement 1 Report, and initial plans for continuation of partnership arrangements and/or interventions beyond the PIP.
- Closure Report: a comprehensive report focused on finalizing project activities following a final remeasurement period, analyzing the impacts of interventions, assessing performance between baseline and remeasurement periods using selected indicators, identification of any successes and/or challenges, and plans for continuation of partnership arrangements and/or interventions beyond the PIP.

Additional detail about requirements for each report is available in the Reporting Template and Validation Tool.

PY2-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	Timely submission to MassHealth of two required reports (the PIP1 Planning (Baseline) Report Resubmission and the PIP2 Planning (Baseline) Report. Submission dates for PIP1 and PIP2 reports are specified below. **PIP1 and PIP2 Report Submission Dates for PY2** **<u>Performance Year 2:</u>** • PIP1: PIP Planning (Baseline) Report Resubmission ○ Submission due date: 8/30/2024 • PIP2: PIP Planning (Baseline) Report Submission due date: 3/31/2025
Performance Assessment	**REPORT SCORING** MassHealth will score required reports as follows: 1) The **PIP 1 Planning (Baseline) Report Resubmission** is pay-for-performance and will be scored as follows: **<u>Abstract:</u>** N/A, not scored **<u>Planning Section (25%):</u>** • Project Topic/Equity Statement [Topic/Rationale/ Shared Equity Statement] (15 pts) • Aim [Vision, Aim Statement(s), and Goal(s)] (10 pts) **<u>Implementation Section (35%):</u>** • Methodology (10 pts) • Barrier Analysis, Interventions, and Monitoring (update) (10 pts) • Intervention (15 pts) **Total = 60 pts** **Overall Rating = Actual Weighted Score/ Max Possible Weighted Score** • An Overall Rating of >= 85% meets the goal score for the report and will contribute 100% to the eligible weight that the report contributes to the measure score. • An Overall Rating of 60-84% partially meets the goal score for the report and will contribute partially to the eligible weight that the report contributes to the measure score as follows: PIP Overall Rating * 10. • An Overall Rating of less than 60% does not meet the threshold score for the report and will contribute 0% to the eligible weight the report contributes to the measure score. 2) The **PIP 2 Planning (Baseline) Report** submission is pay-for-performance and will be scored as follows:

Abstract: N/A, not scored

Planning Section (30%):

- Project Topic/Attestations/Project Identifiers (5 pts)
- Partnership Equity and Vision Statements (10 pts)
- PIP Aim (15 pts)

Implementation Section (45%):

- Methodology (10 pts)
- Understanding and Addressing the Problems (20 pts)
- Intervention Tracking (15 pts)

Total = 75 pts

Overall Rating = Actual Weighted Score/ Max Possible Weighted Score

- An Overall Rating of >= 85% meets the goal score for the report and will contribute 100% to the eligible weight that the report contributes to the measure score.
- An Overall Rating of 50-84% partially meets the goal score for the report and will contribute partially to the eligible weight that the report contributes to the measure score as follows: PIP Overall Rating * 10.
- An Overall Rating of less than 50% does not meet the threshold score for the report and will contribute 0% to the eligible weight the report contributes to the measure score.

Acute hospitals will be permitted one re-submission for each deliverable following receipt of feedback from the EQRO. As the EQRO offers ongoing technical assistance throughout the course of a PIP, acute hospitals may also revise previously reported elements, resulting in an adjusted score. The adjusted Overall Rating for the PIP1 Planning (Baseline) Resubmission Report and PIP 2 Planning (Baseline) Report will be used to calculate the Equity Improvement Interventions measure score.

MEASURE WEIGHTING

In PY2, two reports are due for each performance year and the two Overall Ratings will equally contribute to the measure score (50% each).

E. Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English

OVERVIEW

Measure Name	Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Access to high quality language services is essential to delivery of accessible, high-quality care for individuals with a preferred spoken language other than English.

MEASURE SUMMARY

This measure focuses on the provision of quality interpreter services through two components:

1. **Language Access Self-Assessment Survey:** Self-assessment of language access services.
2. **Addressing Language Access Needs in Outpatient Settings**: Percentage of outpatient visits occurring at ACO Primary Care Entities serving members who report a preferred spoken language other than English (including sign languages) during which language assistance services were utilized.

ELIGIBLE POPULATION

Component 1: Language Access Self-Assessment Survey

Not applicable

Component 2: Addressing Language Access Needs in Outpatient Settings

Product lines	Individuals enrolled in MassHealth including: Model A ACO and Model B ACO
Ages	ACO attributed members 0 to 64 years of age as of December 31 of the measurement year
Continuous enrollment/ Allowable gap	None
Anchor date	Date of Qualifying Outpatient Visit
Measurement period	July 1 – December 31, 2024
Event/diagnosis	A two-step process must be used to identify eligible outpatient visits: **Step 1.** Identify eligible outpatient visits occurring at an ACO's Primary Care Entity during the measurement period: • **To identify eligible outpatient visits:** ○ Identify all outpatient visits (Outpatient Visit Value Set)[4] ○ Identify outpatient visits that occurred at an ACO's Primary Care Entity (per Appendix L of the ACPP contracts and Appendix J of the PCACO contracts). **Step 2.** For eligible outpatient visits identified in Step 1, identify those where a member reported a preferred spoken language other than English (including sign languages), as documented in the medical record or language services documentation system (e.g., vendor logs). • Note: it is acceptable for an ACO to use the preferred spoken language data within the ACO's own electronic

[4] HEDIS® Value Set used with permission from NCQA

	medical record if they do not have access to the medical record of the site where the outpatient visit occurred or if the preferred spoken language is not recorded in the outpatient site's own medical record.

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO
Language Assistance Services	For the purposes of the AQEIP: • Language assistance services are defined[5] as oral or sign language assistance, including interpretation in non-English language provided in-person or remotely by a qualified interpreter for an individual who prefer a language other than English, and the use of services of qualified bilingual or multilingual staff to communicate directly with individuals who prefer a language other than English for health care. • Language assistance services must be delivered by individuals employed or contracted by the Health Plan/MassHealth Contractor or ACO Partner (Model A ACOs) or ACO Network (Model B ACOs) who are determined by the ACO to be competent. Technologies such as smartphones, Applications, portable interpretation devices, or Artificial Intelligence used for interpretation do not count as language assistance services. • Competency may be specifically defined by the organization. It may be defined as possessing the skills and ethics of interpreting, and knowledge in both languages regarding the specialized terms (e.g., medical terminology) and concepts relevant to clinical and non-clinical encounters.

[5] Adapted from the Centers for Medicare and Medicaid Services' *Nondiscrimination in Health Programs and Activities* rule. 2024-08711.pdf (govinfo.gov)

	• Language assistance services may be delivered using any delivery mode that meets communication needs (e.g., in-person, telephonic, video).
In-language Services	Services where a multilingual staff member or provider provides care in a non-English language preferred by the member, without the use of an interpreter.
Preferred Spoken Language	Refers to a member's preferred language other than English for health care. For the purpose of this measure, and in alignment with the Preferred Language Data Completeness measure, preferred spoken language may include visual languages expressed through physical movements, such as sign languages.

ADMINISTRATIVE SPECIFICATIONS

Component 1: Language Access Self-Assessment Survey

ACOs must complete the Language Access Self-Assessment Survey (to be provided by MassHealth), which assesses language service infrastructure and programming in Performance Year 2.

Component 2: Addressing Language Access Needs in Outpatient Settings

Description	Percentage of outpatient visits occurring at ACO Primary Care Entities serving members who report a preferred spoken language other than English (including sign languages) during which language assistance services were utilized.
Denominator	The eligible population
Numerator	Number of outpatient visits occurring at ACO Primary Care Entities serving members who reported a preferred spoken

	language other than English (including sign languages) during which language assistance services were utilized during the visit, as documented in the medical record or language services documentation system (e.g., vendor logs).
Exclusions	Eligible events where: • Documentation in the medical record that member (or their caregiver, as applicable) refused interpreter services and/or in-language services. • Documentation in the medical record of a medical reason where the member cannot request interpreter services and/or in-language services (e.g., cognitive limitations) and there is no caregiver or legal guardian able to do so on the member's behalf.

REPORTING METHOD

Component 1: Language Access Self-Assessment Survey

Completed Language Access Self-Assessment Surveys must be submitted to MassHealth in a form and format to be specified by MassHealth.

Component 2: Addressing Language Access Needs in Outpatient Settings

Organizations are required to report performance using one of the following methods:

1. *Visit sample following Sampling Methodology outlined in the QEIP Portal User Guide*: Organizations may report performance for a sample of 411 with a 5% oversample from the eligible population (total of 432 cases). Organizations who choose to sample should draw from all cases that meet criteria for the eligible population as described in these technical specifications.

   Organizations who choose to sample are required to submit a sample of 411 plus a 5% oversample for a total of 432 cases. If an organization has less than 411 cases in the eligible population, the organization may not sample and should report all cases in the eligible population. MassHealth measure logic will draw from cases from the oversample only to replace cases in the primary sample that do not meet denominator criteria (e.g. exclusions).

2. *Full Eligible Population*: Organizations report performance on all visits in the eligible population.

MassHealth anticipates auditing the data submitted by the ACO, per the methodology outlined in the QEIP Portal User Guide. These audits are anticipated to be used for informational purposes in PY2 and to promote data quality for future Performance Years. MassHealth reserves the right to take further action on the results of an audit, as appropriate.

PY2 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	**Component 1: Language Access Self-Assessment Survey** By **March 31, 2025,** ACOs must submit the completed Language Access Self-Assessment Survey in the form and format specified by MassHealth. **Component 2: Addressing Language Access Needs in Outpatient Settings** By **June 30, 2025**, ACOs must report to MassHealth data using either a member sample or the full eligible population methodology, as specified in "Reporting Method" above. ACOs must submit data in a form and format to be further specified by MassHealth.
Performance Assessment	ACOs have the opportunity to earn full or partial points for the measure. **Component 1: Language Access Self-Assessment Survey (50% of measure score):** • An ACO will earn 100% of the points attributed to Component 1 of the measure for timely, complete, and responsive submission of the Language Access Self-Assessment Survey to MassHealth by **March 31, 2025**. • An ACO will earn 0% of the points attributed to Component 1 of the measure if it does not submit a timely, complete, and responsive Language Access Self-Assessment Survey to MassHealth by **March 31, 2025**. **Component 2: Addressing Language Access Needs in Outpatient Settings (50% of measure score):**

	• An ACO will earn 100% of the points attributed to Component 2 of the measure if, for a sample or the full population, required administrative and/or supplemental data for the performance period (July 1, 2024- December 31, 2024) is submitted to MassHealth by **June 30, 2025**. An ACO will earn 0% of the points attributed to Component 2 of the measure if reporting requirements are not met by **June 30, 2025**.

PERFORMANCE REQUIREMENTS AND ASSESSMENT FOR PY3-5 TO BE FINALIZED PRIOR TO THE START OF PY3

F. Disability Competent Care

OVERVIEW

Measure Name	Disability Competent Care
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental data
Performance Status: PY2	Component 1: Pay-for-Reporting (P4R) Component 2: Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

Despite evidence of health care disparities experienced by people with disabilities, many health care workers lack adequate training to competently meet their health care needs. This measure will incentivize ACOs to identify and prepare for addressing unmet needs for healthcare worker education and training to promote core competencies in providing care to members with disabilities.

MEASURE SUMMARY

This measure evaluates two components of performance:

1) Whether ACOs have developed a disability competency training plan for patient-facing staff.
2) The percent of patient-facing staff who in the past 24 months 1) completed disability competency training to address Disability Competent Care (DCC) pillars selected by the ACO in its DCC Training Plan and 2) demonstrated competency in the relevant disability competency training area(s).

ELIGIBLE POPULATION

The eligible population for this measure is all patient-facing staff at the ACO's Primary Care Entities. Within this eligible population, ACOs must describe how they will define applicable patient-facing staff for each disability competency training area in their DCC Training Plan report, which must be approved by MassHealth.

Applicable patient-facing staff for each training area may overlap such that some (or all) staff are targeted for training in more than one training area.

DEFINITIONS	
Patient-facing Staff	For the purpose of this DCC measure, patient-facing staff are employed Network Primary Care Entity (PCE) or Participating PCE (ACPP or PCACO, respectively) staff whose role requires regular interaction with patients (and/or patients' caregivers). Patient-facing staff may be clinical (i.e. providing or supporting clinical services, such as clinical providers) or non-clinical (i.e. providing or non-clinical services, such as food service staff, administrative staff, etc.). Contracted providers or staff are not included in this definition of patient-facing staff. Note: if an entity wishes to expand their training population beyond this definition of applicable patient-facing staff, they must submit their request to MassHealth for approval and include their rationale in the DCC Training Plan.
Demonstrated competency	Demonstrated competency in a targeted disability competent care training area is defined as demonstrated ability to apply the knowledge and/or skills targeted for improvement through a disability competent care training exercise. Each entity may define what constitutes demonstrated competency for each training through the Disability Competent Care Training Plan. The demonstration of competency must be measurable. For example, demonstrated competency may be achieved through satisfactory performance on post-test assessments of knowledge and/or skills. Note: different trainings (e.g., PCEs within an ACO use different training tools) may satisfy the DCC pillar/sub-pillar selected for staff training so long as the staff demonstrate competency, and training completion and competency is documented and reported to MassHealth.

Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Supplemental Data	ACO data drawn from organizational databases or otherwise related to staff training.

ADMINISTRATIVE SPECIFICATIONS

Component 1: Disability Component Care Training Plan

Submission of a plan for improving competency in three targeted competency areas, including:

1. Selected training tools and/or educational resources,
2. The specific subset of Network Primary Care Entity (PCE) or Participating PCE patient-facing staff (for ACPP and PCACOs, respectively) that will be trained and assessed for post-educational/training competency and rationale for the selection, and
3. Approaches that will be used to assess post-education/training organizational and staff competency.

This plan must describe how the ACO will be prepared to begin reporting performance by the end of PY2 on a process measure (Component 2) that assesses the percent of patient-facing staff demonstrating competency in targeted competency areas for improvement.

Notes:

- The ACO may use more than one training to satisfy the targeted DCC training area (DCC pillar or sub pillar) so long as competency is demonstrated, tracked, and reported to MassHealth.
- If an ACO wishes to change their targeted DCC training area, they should resubmit their updated DCC Training Plan to MassHealth for review and approval.
- If an ACO wishes to expand their targeted patient-facing staff population, they must submit their request to MassHealth for approval and should include their rationale in the DCC Training Plan.
- ACOs may utilize CMS's Resources for Integrated Care (RIC) Disability Competent Care (DCC) Webinar Compendium when developing their DCC Training Plans, but this is not required.

Component 2: DCC Training Rate

Denominator	All patient-facing staff at the ACO's Primary Care Entities.
Numerator	For patient-facing staff in the denominator, identify those that have, within the preceding 24 months: • completed any applicable disability competency training(s); and • demonstrated competency in each applicable training area.
Anchor Date	December 31st of the measurement year
Measurement Period	July 1 – December 31, 2024
Exclusions	Patient-facing staff that otherwise would fall into the denominator because of applicability of their roles to a targeted disability competency area who, as of the last day of the measurement year, have been employed with the organization less than 180 calendar days.

PY2 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	**Component 1:** Timely, complete, and responsive submission to MassHealth of a DCC Training Plan by May 1, 2024. The Training Plan template will be provided by MassHealth. **Component 2:** Component 2 will be calculated by ACOs and results will be submitted by ACOs to MassHealth, in a form and format specified by MassHealth, no later than a date following **March 31, 2025**. **Specific Reporting Requirements** for Component 2 include: A. **DCC Training Report**: For each disability competency training area, report to MassHealth: i. The total number of patient-facing staff at the ACO's Primary Care Entities; ii. The number of patient-facing staff targeted for disability competency training (i.e. the MassHealth-approved eligible

	population for the targeted training area), including a description of the targeted staff and how they were selected; iii. The number of patient-facing staff who completed the applicable training and demonstrated competency. B. **Achievement of the PY2 training target of 5% for Component 2**
Performance Assessment	**Component 1: Pay-for-Reporting (50%)** ACOs will earn 100% of the points attributed to component 1 of the measure for a timely, complete, and responsive submission of the DCC Training Plan to MassHealth by May 1, 2024. ACOs and MCOs will earn 0% of the points attributed to component 1 of the measure if it does not submit a timely, complete, and responsive DCC Training Plan to MassHealth by May 1, 2024. **Component 2: Pay-for-Performance (50%)** Component 2 will be calculated as follows for ACOs that have selected three training areas (for ACOs that select more than three training areas, Component 2 will be calculated by equally distributing performance credit across the total number of training areas): *Component 2 Rate = 100* (# of patient-facing staff with demonstrated competency in training area 1 + # of patient-facing staff with demonstrated competency in training area 2 + # of patient-facing staff with demonstrated competency in training area 3)/(Total # of Patient-Facing Staff)* Full or partial points may be earned by ACOs as follows: 1) An ACO will earn 100% of the points attributed to component 2 of the measure if it submits timely, complete, and responsive DCC Training Report and it achieves or exceeds the PY2 training target of 5% for Component 2. 2) An ACO will earn partial points if it submits timely, complete, and responsive DCC Training Report and its Component 2 Rate for PY2 is higher than the performance target for PY1 (0%). The ACO will earn proportional points as follows: *Measure Score: Component 2 Rate/5%*Measure weight* *3)* An ACO will earn 0% of the points attributed to this component of the measure if the ACO does not submit timely, complete, and responsive Specific Reporting Requirements for Component 2.

	Bonus points: an ACO will earn 1 bonus point if it exceeds the PY2 training target of 5%. Bonus points will be applied to the domain score but cannot result in a domain score exceeding 100%.

PERFORMANCE REQUIREMENTS AND ASSESSMENT FOR PY3-5 TO BE FINALIZED PRIOR TO THE START OF PY3

G. Disability Accommodation Needs

OVERVIEW

Measure Name	Disability Accommodation Needs
Steward	MassHealth
NQF Number	N/A
Data Source	Supplemental data and member experience survey (MES) data (administered by MassHealth)
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Patients with disabilities continue to experience health care disparities related to failures to provide accommodations to access services. In order to reduce inequities experienced by individuals who have disabilities, accommodation needs must be identified at the point of care.

MEASURE SUMMARY

This measure assesses organizational and member-reported information related to accommodation needs related to a disability. This measure utilizes organizational information reported by ACOs, member feedback through ACO member engagement, and member experience captured through the ACO CG-CAHPS (MHQP version) survey instrument incorporating supplemental questions.

Two components are reported:

1. ACO reporting (through providers data systems, provider and patient engagement) performed at the organizational level to understand patient accommodation needs, whether patients' accommodation needs are being met (successes and barriers).
2. Survey of members to understand during their primary care visit, a) percentage of members screened for a need for an accommodation, and b) if a need for an accommodation is identified, the percentage of members where an intervention was provided.

ELIGIBLE POPULATION

Component 1: Disability Accommodation Needs Assessment Report, Description of Outpatient Processes

Not applicable

Component 1: Disability Accommodation Needs Assessment Report, Member Voice

MassHealth ACO members with self-reported disability or members otherwise identified by the ACO as having a disability through MassHealth eligibility, clinical data, or other data, or their caregivers.

Component 2: Member Experience Survey

Product Line	Individuals enrolled in a MassHealth ACO including: Model A ACO and Model B ACO
Age	Child and Adult members (0-17, 18+ years of age)
Event/Diagnosis	Child and Adult members (0-17, 18+ years of age) with a primary care visit within the last six months of the measurement period
Continuous Enrollment/allowable gap	None
Anchor date	Member as of December 31 of the measurement year

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.

Members with self-reported disability	Members with self-reported disability are defined as members that, as documented in the medical record, have responded "Yes" to one or more of the following six questions: • Disability Q1 (age 0-64): Are you deaf or do you have serious difficulty hearing? • Disability Q2 (age 0-64): Are you blind or do you have serious difficulty seeing, even when wearing glasses? • Disability Q3 (age 6-64): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? • Disability Q4 (age 6-64): Do you have serious difficulty walking or climbing stairs? • Disability Q5 (age 6-64): Do you have difficulty dressing or bathing? • Disability Q6 (age 16-64): Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
Accommodation needs related to a disability	Accommodation needs related to a disability (including physical, intellectual and/or behavioral health disabilities) that are necessary to facilitate equitable access to high quality health care.
Accommodation Needs Screening	One or more questions posed to members by providers or staff that are intended to identify whether members need any accommodation needs related to a disability to facilitate equitable access to high quality health care. • Screening question(s) may be broad (e.g. Is there anything you need help with today to access your care?) or more specific (e.g., Do you have a need for an assistive listening device, mobility assistance, longer appointment time, or other accommodation?) • Accommodation needs screening may be conducted at the point of service (e.g. during a live, in-person visit) or asynchronously (e.g. through a patient portal).

ADMINISTRATIVE SPECIFICATIONS

Component 1: Disability Accommodation Needs Assessment Report

Assessment Report inclusive of:

1) Description of primary care processes (e.g., pre-visit, at point-of-service), provider data systems (e.g., EHR) and provider/organizational feedback to understand:

- How screening is being conducted and needs for accommodations (or needs for assistance) are being identified. For example:
  - Specific questions asked
  - Scope of accommodations
- Whether accommodations (assistance) are being provided
- General successes (best practices) and barriers to the provision of accommodations
- Supporting quantitative statistics where available, screen shots, etc.

2) Member Voice: Engaging with members with disabilities:

Qualitative member experience data about accommodation needs and how those needs are met from at least 40 MassHealth members with a disability and/or their caregivers through either surveys, interviews or focus groups conducted during the measurement year. Note: if the ACO utilizes surveying as a methodology, this must be in addition to interviews and/or focus groups.

As specified by MassHealth, the ACO must also report themes and learnings from the qualitative data collection, including common challenges experienced by members in having their accommodation needs related to a disability met, and how those learnings will be applied to improve the ACO/MCO's capacity to identify and intervene on accommodation needs related to a disability in the future.

MassHealth reserves the right to request additional documentation for verification or audit.

Component 2: Member Experience Survey

CG-CAHPS survey (MHQP version) baseline results from supplemental questions described below:

- Before or during your most recent visit, were you asked if you needed assistance or accommodations, for example help sitting on the exam table, or hearing or vision supports?
- What types of assistance or accommodations did you need?
- How well were your needs for assistance or accommodations met?

REPORTING METHOD

Component 1: Disability Accommodation Needs Assessment Report

- A completed Disability Accommodation Needs Assessment Report must be submitted to MassHealth by January 31, 2025, in a form and format to be further specified by MassHealth.

Component 2: Member Experience Survey

- Surveys to be administered by MassHealth anticipated early 2025 (e.g., Jan-June 2025).

PY2 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	**Component 1: Disability Accommodation Needs Assessment Report** By January 31, 2025, ACOs must submit the completed Disability Accommodation Needs Assessment Report in a form and format to be further specified by MassHealth. **Component 2: Member Experience Survey** Surveys to be administered by MassHealth anticipated early 2025 (e.g., Jan-June 2025).
Performance Assessment	**Pay-for-Reporting** **Component 1 (100% of measure score)** An ACO will earn 100% of the points attributed to the measure if a timely, complete, and responsive Disability Accommodation Needs Assessment Report is submitted to MassHealth by January 31, 2025.

	An ACO will earn 0% of the points attributed to the measure if they do not submit a timely, complete, and responsive Disability Accommodation Needs Assessment Report to MassHealth by January 31, 2025. **Component 2** The Member Experience Survey (component #2) will be reporting-only (MassHealth-administered survey).

PERFORMANCE REQUIREMENTS AND ASSESSMENT FOR PY3-5 TO BE FINALIZED PRIOR TO THE START OF PY3

H. Achievement of External Standards for Health Equity

OVERVIEW

Measure Name	Achievement of External Standards for Health Equity
Steward	MassHealth (Relying on standards established by the National Committee for Quality Assurance (NCQA), Health Policy Commission (HPC), The Joint Commission (TJC))
NQF Number	N/A
Data Source	Supplemental
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

To be successful in addressing persistent and longstanding health disparities, healthcare organizations must adopt structures and systems that systemically and comprehensively prioritize health equity as a fundamental component of high-quality care. These goals include collaboration and partnership with other sectors that influence the health of individuals, adoption and implementation of a culture of equity, and the creation of structures that support a culture of equity. External health equity certification independently and objectively assesses attainment of these and other relevant health equity goals to ensure that healthcare organizations are providing a comprehensively high standard of equitable care.

MEASURE SUMMARY

This measure assesses ACO progress towards and/or achievement of external standards related to health equity established by NCQA, HPC, and The Joint Commission.

NCQA's Health Equity Accreditation Standards are intended to serve as a foundation for Health Plans and ACOs to address health care disparities. These Health Equity Standards build on the equity-focused Health Plan Accreditation standards to recognize organizations that go above and beyond to provide high quality and equitable care. HPC's ACO Certification Program, or ACO Learning, Equity, and Patient-Centeredness (LEAP), is a program designed

to accelerate care delivery transformation in Massachusetts and promote a high quality, efficient health system. The Joint Commission's Health Care Equity Certification recognizes acute hospitals that go above and beyond to high quality and equitable care. Together, these three certification programs provide a comprehensive and objective assessment of the necessary health equity systems and structures across the entire health system.

This measure incentivizes ACOs to demonstrate achievement of the following:

1. Health Plans and PCACOs: Progress towards/achievement of the NCQA Health Equity Accreditation
2. All ACOs: Achievement/maintenance of the HPC ACO Certification (ACO LEAP) for the 2024-2025 and 2026-2027 cycles.
3. ACO's partnered-Hospitals (per the Joint Accountability partnerships formed in the HQEIP): Progress towards/achievement of TJC's Health Care Equity Certification Program

ACOs must demonstrate that all three requirements listed above are met to earn full credit for this measure. Alternatively, for ACPPs, if both the Health Plan and ACO Partner achieve NCQA Health Equity Accreditation, the ACPP will receive full credit for this measure.

DEFINITIONS

Health Plan	For the purpose of this measure, the Health Plan is defined as the MassHealth Contractor, or Managed Care Organization, for the Accountable Care Partnership Plan (ACPP) contract.
ACO Partner	The ACO Partner is defined as the ACO entity the Contractor or Health Plan has an arrangement with for the ACPP contract.

ADMINISTRATIVE SPECIFICATIONS

By January 31, 2025, timely, complete, responsive submission of the **"External Standards for Health Equity Report"** that includes, at a minimum:

1. NCQA Health Equity Accreditation Report (either 1a or 1b must be included):
    a. Documentation of achievement of NCQA Health Equity Accreditation (at the Health Plan and/or PCACO level); or
    b. Progress Report related to achievement of NCQA Health Equity Accreditation (at the Health Plan and/or PCACO level), including:

i. List of NCQA Health Equity Standards achieved to date (may be from the Health Plan or ACOs (or ACO Partner, as applicable) own assessment of standards achieved)
ii. List of NCQA Health Equity Standards in progress (may be from the Health Plan or ACOs (or ACO Partner, as applicable) own assessment of standards in progress)
iii. Description of any efforts undertaken in PY2 (CY2024) to make progress towards achieving NCQA Health Equity Accreditation
iv. Description of any anticipated efforts, resources, etc. needed to achieve Accreditation by the end of PY3.

2. Documentation of achievement of the HPC ACO Certification (ACO LEAP)
3. TJC Health Care Equity Certification Report
    a. List of Partnered Hospitals (per HQEIP Joint Accountability partnership attestations to MassHealth) and each hospital's status in meeting HQEIP "Achievement of External Standards for Health Equity" Performance Requirements for PY2

Alternatively, ACPPs may submit both of the following in place of the "External Standards for Health Equity Report":

1. Documentation of achievement of NCQA Health Equity Accreditation for the Health Plan
2. Documentation of achievement of NCQA Health Equity Accreditation for the ACO Partner

ADDITIONAL MEASURE INFORMATION

ACOs without partnered-Hospitals or in-network Hospitals are exempt from the third component of this measure, the requirement that the ACO's Partnered-Hospital achieves TJC Health Care Equity Certification.

PY2 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements	**By January 31, 2025**, the ACO must submit: 1) An "External Standards for Health Equity Report" or, for ACPPs only, documentation of achievement of NCQA Health Equity Accreditation for both the Health Plan and ACO Partner in a form and format to be further specified by MassHealth;

Performance Assessment	• The ACO will earn 100% of the points attributed to this measure if it submits a timely, complete, and responsive "External Standards for Health Equity Report" or, for ACPPs only, documentation of achievement of NCQA Health Equity Accreditation for both the Health Plan and ACO Partner to MassHealth by January 31, 2025. • The ACO will earn 0% of the points attributed to the measure if the "External Standards for Health Equity Report" or, for ACPPs only, documentation of achievement of NCQA Health Equity Accreditation for both the Health Plan and ACO Partner submission is not timely, complete, and responsive.

PERFORMANCE REQUIREMENTS AND ASSESSMENT FOR PY3-5 TO BE FINALIZED PRIOR TO THE START OF PY3

I. Member Experience: Communication, Courtesy, and Respect

OVERVIEW

Measure Name	Member Experience: Communication, Courtesy, and Respect
Steward	MassHealth
NQF Number	N/A
Data Source	Survey
Performance Status: PY2	Pay-for-Reporting (P4R)

POPULATION HEALTH IMPACT

Using patient-reported experience, organizations can assess the extent to which patients are receiving culturally competent care that is respectful of and responsive to their individual preferences, needs, and values. Key components include effective communication, courtesy, and respect.

MEASURE SUMMARY

The *Member Experience: Communication, Courtesy, and Respect* measure evaluates MassHealth member perceptions of their primary care experience. The MassHealth Patient Experience Survey is administered annually to eligible MassHealth members enrolled in ACOs. The survey is adapted from the *Massachusetts Health Quality Partners (MHQP) Patient Experience Survey (PES).* The MHQP PES is based on CAHPS® Clinician & Group Visit Survey 4.0 (beta version).

The survey is administered annually and is available in 9 languages including English. The adult survey population is members 18 years of age and older. The child survey is administered to members (or their caregivers) 0-17 years of age.

The *Member Experience: Communication, Courtesy, and Respect* measure is comprised of two composites (one each for Adult and Child), involving selected survey questions.

ELIGIBLE POPULATION

Product Line	Individuals enrolled in a MassHealth ACO including: Model A ACO and Model B ACO
Age	Child and Adult members (0-17, 18+ years of age)
Event/Diagnosis	Child and Adult members (0-17, 18+ years of age) with a primary care visit within the last six months of the measurement period.
Continuous Enrollment/allowable gap	None
Anchor date	Member as of December 31 of the measurement year

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO

ADMINISTRATIVE SPECIFICATIONS

The following composites and questions within each composite are described below.

Adult Composite 1: Communication

1) During your most recent visit, did this provider explain things in a way that was easy to understand?
2) During your most recent visit, did this provider listen carefully to you?
3) During you most recent visit, did this provider show respect for what you had to say?
4) During your most recent visit, did this provider spend enough time with you?

Child Composite 2: Communication

1) During your child's most recent visit, did this provider explain things about your child's health in a way that was easy to understand?
2) During your child's most recent visit, did this provider listen carefully to you?
3) During your child's most recent visit, did this provider show respect for what you had to say?
4) During your child's most recent visit, did this provider spend enough time with your child?
5) Thinking about your child's most recent visit, did the front office staff at this provider's office treat you with courtesy and respect?

ADDITIONAL MEASURE INFORMATION

For PY2, the measure will be Pay-for-Reporting.

Survey Administration	• Administered Q1 or Q2 following the measurement year.
	• Target 400 adult and 400 child survey completes per ACO.
	• Survey modes: Mail, email invitation to take survey on-line, phone (LTSS only).
	• Survey available in 9 languages including English.
	  ○ Mail and e-mail cover letters include an invitation to access surveys in all languages on-line.
	  ○ Mail surveys include an English and Spanish version.
	• Child surveys are addressed to parents/guardians.

Other Information	MassHealth fields the survey, collects survey data and reports composite score performance to ACOs, to include stratification of score demographic variables, e.g., race and ethnicity. Other data may be provided: Statewide (overall ACO) level composites, calculated/stratified by demographics/non-scoring patient reported elements (e.g., race, ethnicity, etc.) to support additional opportunities to identify opportunities to reduce disparities among the overall MassHealth population.

PY2 PERFORMANCE REQUIREMENTS AND ASSESSMENT	
Performance Requirements	Timely, complete, and responsive review and assessment of PY1 measure results, anticipated by March 31, 2025. Includes: **Submission of a Member Experience Assessment Report inclusive of the following:** 1) Assessment of individual ACO PY1 baseline survey results anticipated to be available late PY2. Specifically, submit to MassHealth a review of individual and statewide performance to identify opportunities and interventions to reduce disparities in a form and format to be further specified by MassHealth.
Performance Assessment	**Pay-for-Reporting** • An ACO will earn 100% of the points attributed to the measure if a timely, complete, and responsive Member Experience Assessment Report is submitted to MassHealth by March 31, 2025. • An ACO will earn 0% of the points attributed to the measure if the Member Experience Assessment Report is not timely, complete, and responsive.
PERFORMANCE REQUIREMENTS AND ASSESSMENT FOR PY3-5 TO BE FINALIZED PRIOR TO THE START OF PY3	