Performance Assessment Methodology Manual for the MassHealth ACO Quality and Equity Incentive Program (AQEIP)

Performance Years 3-5 (Calendar Years 2025-2027)

Version: March 2026

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MassHealth will hold each ACO individually accountable for its performance on the ACO Quality and Equity Incentive Program (AQEIP) performance measures and will make incentive payments based on such performance. This document describes MassHealth's AQEIP Performance Assessment Methodology (PAM) for Performance Years (PY) 3-5.

A. Individual Measure Scoring Approaches

ACO performance assessment will be based on a point scoring approach for each measure type across the AQEIP's three domains. The maximum number of points that an ACO may attain for each measure is 10 points based on thresholds, goals, and, as applicable, improvement targets. Further, bonus points may be earned for select pay-for-performance measures. Bonus points will be applied to the respective measure domain score.

There are two types of performance status:

1. **Pay-for-reporting (P4R) measures.** P4R measures will be assessed on a complete/incomplete basis for which the ACOs that successfully submit timely, complete, and responsive information based on each measure's technical specifications will earn 10 points for the measure. ACOs whose submissions were not timely, complete, and responsive will earn 0 points for the measure. In other words, an ACO will receive either 0 or 10 points for P4R measures; MassHealth will not award partial credit for P4R measures.

2. **Pay-for-performance (P4P) measures.** Each ACO may receive 0-10 points depending on each measure's performance compared to set performance thresholds, goals, and/or improvement targets for the individual measures. If the measure performance goal is exceeded, bonus points (which are applied to domain score) may be earned for select P4P measures.

Performance thresholds, goals, and improvement targets will be monitored and may be adjusted as needed.

Table 1, below, lists the performance status by measure.

Table 1. PY3-5 AQEIP Measures & Performance Status

Measure	Measure Component(s)/ Sub-measures	PY3 2025	PY4 2026	PY5 2027
Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity (RELDSOGI) Data Completeness	1. Race 2. Ethnicity 3. Language 4. Disability 5. Sexual Orientation 6. Gender Identity	P4P	P4P	P4P

Measure	Measure Component(s)/ Sub-measures	PY3 2025	PY4 2026	PY5 2027

Health-Related Social Needs (HRSN) Screening	1. HRSN Screening Rate
	2. HRSN Screen Positive Rate
	  a. Food Insecurity
	  b. Housing Instability
	  c. Transportation Needs
	  d. Utility Difficulties
		P4P (HRSN Screening Rate)
		
		P4R (Screen Positive Rate)
			P4P
			
			P4R
				P4P
				
				P4R

Quality Performance Disparities Reduction	1. Quality Measure 1 2. Quality Measure 2 3. Quality Measure 3 (Measures to be selected by ACOs)	P4R	P4P	P4P
Equity Improvement Interventions	1. Performance Improvement Project (PIP) 1 2. PIP 2	P4P	P4P	P4P
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English ("Language Access")	1. Language Access Self-Assessment Survey (PY2-PY3 only) 2. Addressing Language Access Needs	P4R (Language Access Self-Assessment Survey) P4P (Addressing Language Access Needs)	P4P	P4P
Disability Competent Care	1. Staff Training Rate	P4P	P4P	P4P
Disability Accommodation Needs	1. Accommodation Needs Screening Rate 2. Accommodation Needs Documentation Rate	P4R	P4P	P4P
Achievement of External Standards for Health Equity	1. External Standards for Health Equity Report	P4P	P4R	P4R
Member Experience: Communication, Courtesy, & Respect	1. Member Experience Survey Questions Related to Adult Communication (averaged to generate Composite 1) 2. Member Experience Survey Questions Related to Child Communication (averaged to generate Composite 2)	P4P	P4R	P4P

B. Performance Assessment Methodology

i. **RELDSOGI Data Completeness, HRSN Screening, Language Access, Disability Competent Care, Disability Accommodation Needs, and Member Experience: Communication, Courtesy, and Respect**

a. Measure Assessment Overview and Scoring

As stated above, for P4R measures, the ACO may achieve 10 points for timely, complete, and responsive submissions, or 0 points for untimely, incomplete, or unresponsive submissions. For P4P measures, each ACO's performance on measures will be assessed based on meeting a minimum attainment threshold and towards meeting a performance goal to determine points. In addition to reaching the performance goal, submissions must be complete, timely, and responsive in order to earn the full 10 points. If the performance goal is not reached, partial credit may be earned (outlined below). Improvement points may also be earned by reaching improvement targets, whether the ACO reaches the attainment threshold or not. An ACO will earn 0 points if it does not complete the required submission(s).

ACOs must meet the minimum denominator of at least 30 cases in the PY to be eligible for scoring on each measure or submeasure (when applicable). If ACOs do not meet the minimum denominator, the weighting of the measure or submeasure will be redistributed equally to the remaining eligible performance measures or submeasures in the domain.

For the measures listed in Table 2, three types of benchmarks have been established:

1. **Attainment Threshold:** The attainment threshold represents the minimum level of performance that must be attained on each individual measure to earn between 1-10 points.

2. **Performance Goal:** The performance goal represents the level of performance on each individual measure an ACO must attain to score the maximum 10 points.

3. **Improvement Target:** The Improvement Target represents a specified percentage point improvement for each applicable measure where an ACO may earn improvement points. Improvement Targets are established by taking the difference between the attainment threshold and the PY5 performance goal divided by the number of program years (5 years):

$$\text{Improvement Target} = \frac{\text{(PY5 Performance Goal – PY3-5 Attainment Threshold)}}{\text{\# of program years}}$$

Unless otherwise specified, the baseline period for all measures is the first full year of complete data in which the ACO also meets the minimum denominator threshold for the measure. The Disability Competent Care measure will use PY2 data as the baseline period. The Language Access measure

will use PY3 data as the baseline period. The potential for improvement points takes effect the first year following the baseline year for the measure. Specifically:

- Effective beginning PY3, improvement points may be earned for RELDSOGI Data Completeness, Disability Competent Care, and Member Experience, if the minimum denominator is met and
- Effective beginning PY4, improvement points may be earned for HRSN Screening, Language Access, and Disability Accommodation Needs, if the minimum denominator is met.

The comparison year for improvement points is initially the baseline year for the measure. If the improvement target is reached, the comparison year then becomes the most recent highest-performing year (the year the improvement points were earned).

b. Member Experience: Communication, Courtesy, and Respect

The member experience measure utilizes the same attainment threshold, performance goal, and improvement target as above with the following modifications:
1. The improvement target is a 0.01 improvement for each ACO composite score (adult communication and child communication).

Table 2, below, details the attainment thresholds, performance goals, and improvement targets for select P4P measures.

Table 2. PY3-5 Benchmarks by Measure

Measure	Attainment Threshold	Performance Goal			Improvement Target	Bonus Points	Additional Measure Requirement
		PY3 (2025)	PY4 (2026)	PY5 (2027)			
RELDSOGI Data Completeness¥	R: 40% E: 40% L: 15% D: 15% SO: 15% GI: 15%	R: 80% E: 80% L: 30% D: 30% SO: 30% GI: 30%	R: 80% E: 80% L: 50% D: 50% SO: 50% GI: 50%	R: 80% E: 80% L: 80% D: 80% SO: 80% GI: 80%	R: 8% E: 8% L: 13% D: 13% SO: 13% GI: 13%	+1 point if exceed goal on any 3 of 6 sub-measures; +2 points if exceed goal on all sub-measures	Entities must submit and pass mapping and verification tool for PAM to be applied; Failure to pass mapping and verification on a data element/category will result in a 0 score for the applicable sub-measure(s). In PY5 Date Updated and/or Date Verified must be submitted in the Member Data Monthly Submission File for each data element, but will not be used for data completeness calculations.
HRSN Screening	10%	30%	45%	60%	10% pts	+1 point if exceed PY performance goals	Entities will report Screen Positive rates, which will be P4R. Entities may be required to pass an audit� of their data; failure to pass the

Measure	Attainment Threshold	Performance Goal			Improvement Target	Bonus Points	Additional Measure Requirement
							audit will result in a 0 score for the P4P component of the measure and impact improvement point eligibility in the following year.
Language Access	25%	50% (Jul 1 – Dec 31, 2025)	75%	85%	12% pts	+1 point if exceed PY performance goals	Entities must submit Language Access Self-Assessment Survey (PY3: P4R; PY4 & 5: N/A). Entities may be required to pass an audit$^\Omega$ of their data; failure to pass the audit will result in a 0 score for the P4P component of the measure and impact improvement point eligibility in the following year.
Disability Competent Care	10%	20%	35%	50%	8% pts	+1 point if exceed PY performance goal	N/A
Disability Accommodation Needs*	**Rate 1:** 25% **Rate 2:** 25%	**Rate 1:** N/A **Rate 2:** N/A	**Rate 1:** 45% **Rate 2:** 50%	**Rate 1:** 65% **Rate 2:** 75%	**Rate 1:** 8% pts **Rate 2:** 10% pts	+1 point if exceed PY performance goals (Rate 1 and Rate)	Entities may be required to pass an audit$^\Omega$ of their data; failure to pass the audit will result in a 0 score for the P4P

Measure	Attainment Threshold	Performance Goal			Improvement Target	Bonus Points	Additional Measure Requirement
							component (Rate 1 and Rate 2 only) of the measure and impact improvement point eligibility in the following year.
Member Experience: Communication, Courtesy, and Respect	0.50 (for each sub-measure)	**Composite 1:** 0.92 **Composite 2:** 0.92	**N/A (P4R)**	**To be determined**	**Composite 1:** 0.01 improvement in composite score **Composite 2:** 0.01 improvement in composite score	N/A	N/A

¥ R=Race; E=Ethnicity; L=Language; D=Disability; SO=Sexual Orientation; GI=Gender Identity

*Rate 1: Disability Accommodation Needs Screening; Rate 2: Disability Accommodation Needs Documentation

Ω Reference the QEIP User Guide on the ACO Quality and Equity Incentive Program (AQEIP) webpage under the CQMV Portal Reporting System section for more information on audit.

Measure performance rates achieved by the ACOs will be rounded to the nearest whole number. For example, an ethnicity data completeness rate of 74.3% will be rounded to 74%, and an ethnicity data completeness rate of 74.5% will be rounded to 75%. This rule will apply to all rounding for the AQEIP PAM.

c. Interaction of Attainment Threshold, Performance Goal, and Improvement Threshold

In PY3-5, if ACOs do not reach performance goal(s), they may earn partial credit by the following opportunities:

    a. If attainment threshold is met:
- attainment points will be earned, which is calculated as: % of PY Performance Goal * 10;
- and if improvement target is also met, 7 improvement points will be earned in addition to attainment points. The maximum number of points an ACO can earn on a measure is capped at 10 points.

OR

    b. If attainment threshold is not met but improvement target is met, 7 improvement points will be earned.

OR

    c. If both attainment threshold and improvement target are not met, partial improvement points proportional to the improvement target may be earned [see Example 1 in Appendix B: Scoring Examples].

Partial improvement points may not be earned in PYs 3 or 4 if the attainment threshold is met. However, a stepwise approach is used so that if the improvement target is met (e.g., cumulatively over multiple performance periods), the full 7 points are earned in the performance period in which the improvement target is attained.

In PY5 only, if attainment threshold is met, ACOs who improve but do not reach the improvement target may earn partial improvement points. These points are proportional to the improvement target, with the maximum points available being the difference between the ACO's measure score and 10. To illustrate the application of partial improvement points in PY5, see Example 2 in Appendix B: Scoring Examples.

The flowchart in **Appendix A** illustrates how points may be earned for a performance measure score in PY3-5.

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d. Measure Component Weights

Table 3 summarizes each measure's sub-measure and component weights.

Table 3. Measure Weights for Sub-measures (as applicable)

Measure	PY3 (2025)	PY4 (2026)	PY5 (2027)
RELDSOGI Data Completeness	<u>Sub-measure weights:</u> • Race (~16.7%) • Ethnicity (~16.7%) • Language [with two equal sub-components of written and spoken – averaged] (~16.7%) • Disability [with 6 equal sub-components – averaged] (~16.7%) • Sexual Orientation (~16.7%) • Gender Identity (~16.7%)	<u>Sub-measure weights:</u> • Race (~16.7%) • Ethnicity (~16.7%) • Language [with two equal sub-components of written and spoken – averaged] (~16.7%) • Disability [with 6 equal sub-components – averaged] (~16.7%) • Sexual Orientation (~16.7%) • Gender Identity (~16.7%)	<u>Sub-measure weights:</u> • Race (~16.7%) • Ethnicity (~16.7%) • Language [with two equal sub-components of written and spoken – averaged] (~16.7%) • Disability [with 6 equal sub-components – averaged] (~16.7%) • Sexual Orientation (~16.7%) • Gender Identity (~16.7%)
HRSN Screening	<u>Sub-measure weights:</u> • HRSN Screening Rate (75%) • HRSN Screen Positive Rate (25%)	<u>Sub-measure weights:</u> • HRSN Screening Rate (75%) • HRSN Screen Positive Rate (25%)	<u>Sub-measure weights:</u> • HRSN Screening Rate (75%) • HRSN Screen Positive Rate (25%)
Language Access	<u>Sub-measure weights:</u> • Language Access Self-Assessment Survey (25%)	<u>Sub-measure weights:</u> • Provision of Interpreter Services (100%)	<u>Sub-measure weights:</u> • Provision of Interpreter Services (100%)

Measure	PY3 (2025)	PY4 (2026)	PY5 (2027)
	• Provision of Interpreter Services (75%)		
Disability Competent Care	N/A	N/A	N/A
Disability Accommodation Needs*	<ins>Sub-measure weights:</ins> • Rate 1 (50%) • Rate 2 (50%)	<ins>Sub-measure weights:</ins> • Rate 1 (50%) • Rate 2 (50%)	<ins>Sub-measure weights:</ins> • Rate 1 (50%) • Rate 2 (50%)
Member Experience: Communication, Courtesy & Respect	<ins>Sub-measure weights:</ins> • Adult Composite (50%) • Child Composite (50%)	<ins>Sub-measure weights:</ins> • N/A	• To be determined.

*Rate 1: Disability Accommodation Needs Screening; Rate 2: Disability Accommodation Needs Documentation

ii. Quality Performance Disparities Reduction

ACOs will be assessed on the *three measures*, which ACOs selected in the PY3 AQEIP Measure Assessment Report informed by entity-level baseline data stratified using the Golden Table. Table 4 lists the eligible measures and respective baseline year(s); please note for some measures 2023 and 2024 data are combined (i.e., pooled) as indicated in the table. ACOs will have selected measures from this slate for which race or ethnicity gap is significant or approaching significance within baseline data. A minimum denominator of 30 members per race and ethnic categories must be met.

Table 4. Eligible AQEIP Quality Measures and Respective Baseline Year(s)

Eligible Measures	Baseline Data (Calendar Year)
OHSU: Developmental Screening in the First Three Years of Life	2023/2024 combined
NCQA: Immunizations for Adolescents	Only 2024
NCQA: Childhood Immunization Status	Only 2024
NCQA: Prenatal and Postpartum Care	2023/2024 combined
NCQA: Follow-Up After Emergency Department Visit for Mental Illness (FUM; 7 day follow–up)	2023/2024 combined
NCQA: Follow-Up After Emergency Department Visit for Substance Use (FUA; 7 day follow-up)	2023/2024 combined
NCQA: Follow-Up After Hospitalization for Mental Illness (FUH; 7 day follow-up)	2023/2024 combined
NCQA: Initiation of Engagement of Alcohol and Other Drug Abuse or Dependence (IET)	2023/2024 combined
NCQA: Controlling High Blood Pressure	Only 2024

NCQA: Comprehensive Diabetes Care: HBA1c Poor Control	Only 2024

ACOs will earn points based on the *highest performing selected measure in PY4* (CY2026) and on the *two highest performing selected measures in PY5* (CY2027). Fisher Exact test at the $p < 0.5$ significance level will be utilized for each selected measure (three total) to determine if racial and/or ethnic disparity gap is detected. Table 5 outlines the number of measures assessed, total eligible points, and possible points earned based on disparity gap detected for each selected measure in PY26 and PY27.

Table 5. Measure Performance Assessment and Scoring by PYs

PY	Number of Measures Assessed	Total Eligible Points	Points Earned

PY4 (CY2026)	Highest performing selected measure (dropping performance of the lowest performing selected measures)	10 points
		
		(if both race and ethnicity gaps detected, then 5 points each)
			• No disparity gap = 10 points
			• Disparity gap
			   o Lessened and significant = 10 points
			   o Lessened but <u>not</u> significant and meets minimum improvement target* = 5 points
			
			*Minimum improvement target = Baseline gap (2023&2024 or 2023) ÷ 5

PY5 (CY2027)	2 highest performing selected measures	20 points
		
		(10 points per selected measure; if both race and ethnicity gaps detected, then 5 points each)
			For each measure:
			• No disparity gap = 10 points per measure
			• Disparity gap
			   o Lessened and significant = 10 points per measure
			   o Lessened but <u>not</u> significant and meets minimum improvement target*

			= 5 points per measure
			*Minimum improvement target = Baseline gap (2023&2024 or 2023) ÷ 5

MassHealth will use a stepwise approach, described below, to determine Quality Performance Disparity Reduction at the ACO level (i.e., contract level).

PY26 and PY27 Stepwise Calculation:

Step 1	a. As applicable, pooling of 2023 & 2024 data (pooling used to boost statistical power to detect differences)
	b. Examine highest to lowest gaps (race <u>and</u> ethnicity) to detect disparity
	c. If disparity is present (race <u>or</u> ethnicity), then race or ethnicity becomes **Focus Category** for PY26 & PY27, thereby making measure an eligible measure in PY2026-27
	a. If race <u>and</u> ethnicity gap is detected, then both become **Focus Category** in PY2026-27
	b. If only one is detected (i.e., race or ethnicity), then it becomes the **Focus Category** in PY2026-27, and one (e.g., race) will be analyzed and the other (e.g., ethnicity) is excluded from the reduction analysis
Step 2	a. Test **Focus Category**
	➢ If no disparity is detected, then full points are awarded
	➢ If disparity is detected, then test PY2026 (or PY2027, as applicable) vs pooled 2023 & 2024
	➢ If disparity has lessened and is significant then full points are awarded
	➢ If disparity has lessened and is not significant and meets **Minimum Improvement Target** then half points are awarded

Please see Appendix C for scoring examples.

iii. Equity Improvement Interventions

For each Performance Improvement Project (PIP), there are three required reports.

The required reports will be scored as follows:

1. The **Remeasurement 1 and 2 Reports** will be scored as follows:
   Planning Section (25%):
   - Project Topic/Equity Statement [Topic/Rationale/ Shared Equity Statement] (15 pts)
   - Aim [Vision, Aim Statement(s), and Goal(s)] (10 pts)

   Implementation Section (50%):
   - Methodology (10 pts)
   - Barrier Analysis, Interventions, and Monitoring (update) (10 pts)
   - Interventions (15 pts)
   - Results (15 pts)

   Validity and Sustainability (25%)
   - Discussion [Discussion and Validity of Reported Improvement] (15 pts)
   - Sustainability (10 pts) *Only scored in Closure Report*

   Total = 90 pts
   Overall Rating = Actual Weighted Score/ Max Possible Weighted Score

2. The **Closure Reports** will be scored as follows:
   Abstract: N/A, not scored
   Planning Section (25%):
   - Project Topic/Equity Statement [Topic/Rationale/ Shared Equity Statement] (15 pts)
   - Aim [Vision, Aim Statement(s), and Goal(s)] (10 pts)

   Implementation Section (50%):
   - Methodology (10 pts)
   - Barrier Analysis, Interventions, and Monitoring (update) (10 pts)
   - Intervention (15 pts)
   - Results (15 pts)

   Validity & Sustainability Section (25%):
   - Discussion [Discussion and Validity of Reported Improvement] (15 pts)
   - Next Steps [Sustainability] (10 pts)

   Total = 100 pts
   Overall Rating = Actual Weighted Score/ Max Possible Weighted Score

Measure Points
- **Overall Rating of >= 85%** meets the goal score for the report and will earn 10 points.
- 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 earn 0 points.

Note: one re-submission is permitted, and the re-submitted report will be re-scored. The revised report score will be used to calculate the measure score. Report score will be rounded to the nearest whole number.

In PY3 and PY4, two reports are due in each PY, and the two Overall Ratings will equally contribute to the measure score (50% each). In PY5, one report is due for the PY, and the single Overall Rating will constitute the measure score. Table 6 below outlines the measure weighting for the PIP reports.

Table 6. Measure Weighting for PIP Reports by PY

	PY3 (2025)	PY4 (2026)	PY5 (2027)
PIP1 Reporting	Remeasurement 1 Report	Closure Report	None
PIP2 Reporting	Remeasurement 1 Report	Remeasurement 2 Report	Closure Report
Weighting & Points Scoring	PIP1 (50% weight) PIP2 (50% weight) **Points = (PIP1 Overall Rating + PIP2 Overall Rating)/2**	PIP1 (50% weight) PIP2 (50% weight) **Points = (PIP1 Overall Rating + PIP2 Overall Rating)/2**	PIP2 (100% weight) **Points = 10 * PIP2 Overall Rating**

iv. Achievement of External Standards for Health Equity

The goal for this measure is for Health Plans (i.e., the MassHealth Contractor), to achieve the National Committee for Quality Assurance's (NCQA) Health Equity Accreditation (HEA)[1] by the end of PY3, for the ACO to achieve and maintain the Health Policy Commission's (HPC) ACO Certification ("ACO LEAP") for two cycles, and for the ACO's partnered-Hospitals (per the Hospital QEIP Joint Accountability measure) to achieve The Joint Commission's (TJC) Health Care Equity (HCE)[2] Certification by the end of PY3 and achieve re-certification by the end of PY5. At minimum (threshold), Hospital is to achieve TJC's HCE[2] by end of PY5. If HEA[1], ACO LEAP, and TJC's HCE[2] Certification is not achieved by end of PY3 (e.g., in PY4 or PY5), ACOs may earn partial credit for progress towards initial certification/accreditation. Details on points scoring for this measure in PY3-5 are listed below; PY4 and PY5 are pay-for-reporting-only.

Points Scoring for Achievement of External Health Equity Standards in PY3:

- Health Plans achieve NCQA HEA[1], ACOs achieve/maintain HPC ACO LEAP, and at least 50% of Partnered-Hospitals achieve TJC HCE[2] Certification = **10 points**

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[1] Effective January 15, 2026, per the NCQA, the Health Equity Accreditation is renamed Health Outcomes Accreditation
[2] Currently named Excellent Health Outcomes for All Certification

OR

- 2 of the 3 performance requirements met = **7 points**

  OR

- 1 of the 3 performance requirements met = **3 points**

  OR

- 0 of the 3 performance requirements met = **0 points**

  OR

- All 3 performance requirements met <u>and</u> at least 50% of partnered-Hospitals achieved HCE[2] Certification in PY2 <u>or</u> Health Plan Achieved HEA[1] in PY1 or PY2 = 10 points **+ 1 bonus point**

If the ACO is not partnered with any Hospitals under the HQEIP Joint Accountability partnerships, they are exempt from that performance requirement and PY3 will be scored as follows:

- Health Plans achieve NCQA HEA[1] and ACOs achieve/maintain HPC ACO LEAP = **10 points**

  OR

- 1 of the 2 performance requirements met =**7 points**

  OR

- 0 of the 2 performance requirements met = **0 points**

  OR

- Both performance requirements met <u>and</u> Health Plan achieved HEA in PY1 or PY2 = 10 points **+ 1 bonus point**

Alternatively, Model A ACOs (Accountable Care Partnership Plan (ACPP) ACOs) have the option for both the Health Plan and ACO Partner to achieve NCQA HEA[1] to receive full credit for this measure. If the Model A ACO pursues this option, PY3 will be scored as follows:

- Health Plan and ACO Partner achieve NCQA HEA[1] = **10 points**

  OR

- 1 of the 2 performance requirements met = **7 points**

  OR

- 0 of the 2 performance requirements met = **0 points**

  OR

- Both performance requirements met <u>and</u> Health Plan or ACO Partner achieved HEA[1] in PY1 or PY2 = 10 points **+ 1 bonus point**

- 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" indicating that its met performance requirements for each of the three required components.
    - If an ACO report indicates it met performance requirements for fewer than three components, earned points attributed to this measure will be decreased proportionally (e.g. if an entity meets two out of three components, it will earn 67% of points attributed to this measure.)
    - Alternatively, for ACPPs only, the ACO will earn 100% of the points attributed to this measure if it submits documentation of achievement of NCQA Health Equity Accreditation[1] for both the Health Plan and ACO Partner to MassHealth by December 31st of the PY.
- 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[1] for both the Health Plan and ACO Partner submission is not timely, complete, and responsive.

C. Performance Measure, Domain, and Health Equity Scoring

i. Measure Scoring

Performance measure scores for each measure will be defined as a ratio between 0-1. The score will be calculated as follows:

> *Performance Measure Score = Points earned for each measure / Maximum number of points allowable for the measure.*

Some performance measures have sub-measures for which sub-measure performance scores will be calculated in the same manner. The sub-measures will be weighted as stated in Table 3 and Table 4 to calculate a composite performance measure score between 0-1. For sub-measures the score is calculated as follows:

> *Performance Measure Score = Sum of each (Sub-measure Score * Sub-measure Weighting).*

ii. Domain Scoring

A domain score will be calculated by taking each performance measure score in the domain and calculating the sum of each performance measure score multiplied by its respective measure weight:

> *Domain Score = Sum of each (Performance Measure Score * Performance Measure Weight*100)*

Table 7, below, specifies measure weights by performance year. If an ACO is not eligible for a measure (e.g., does not meet the denominator criteria or minimum volume), the weighting will be redistributed

equally to the other eligible performance measures in the domain. Any bonus points earned for a measure will be added to the Domain score and will not exceed the maximum eligible Domain points. For example, Domain score for Domain 1 (DHRSN) will be capped at 25 points as the maximum eligible points for Domain 1 (DHRSN) is 25 points.

Table 7. PY 3-5 AQEIP Measure Weights

Domain*	Measure Name	Measure Weight (%) by Performance Year			Domain Weight (%)
		PY3 (2025)	PY4 (2026)	PY5 (2027)	
DHRSN	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness	10	15	15	25
	Health-Related Social Needs (HRSN) Screening	15	10	10	
EQA	Quality Performance Disparities Reduction	10	20	20	50
	Equity Improvement Interventions	10	5	5	
	Meaningful Access to Healthcare Services for Persons with a preferred language other than English	10	10	10	
	Disability Competent Care	10	5	5	
	Disability Accommodation Needs	10	10	10	
CC	Achievement of External Standards for Health Equity	15	10	10	25
	Member Experience: Communication, Courtesy and Respect	10	15	15	
TOTAL					100

*DHRSN=Demographic and Health-Related Social Needs Data; EQA=Equitable Quality and Access; CC=Capacity and Collaboration

iii. Health Equity Scoring

A health equity score will be calculated by taking each domain score and calculating the sum of each domain score:

Health Equity Score = Sum of each Domain Score

The final Health Equity Score will be used to calculate the ACO's earned incentive payment and will not exceed 100%. The Health Equity Score will be rounded to the nearest hundredth. The final Health Equity Score will be used to calculate the ACO's earned incentive payment.

D. Appendix A: Performance Measure Score Point Flowchart
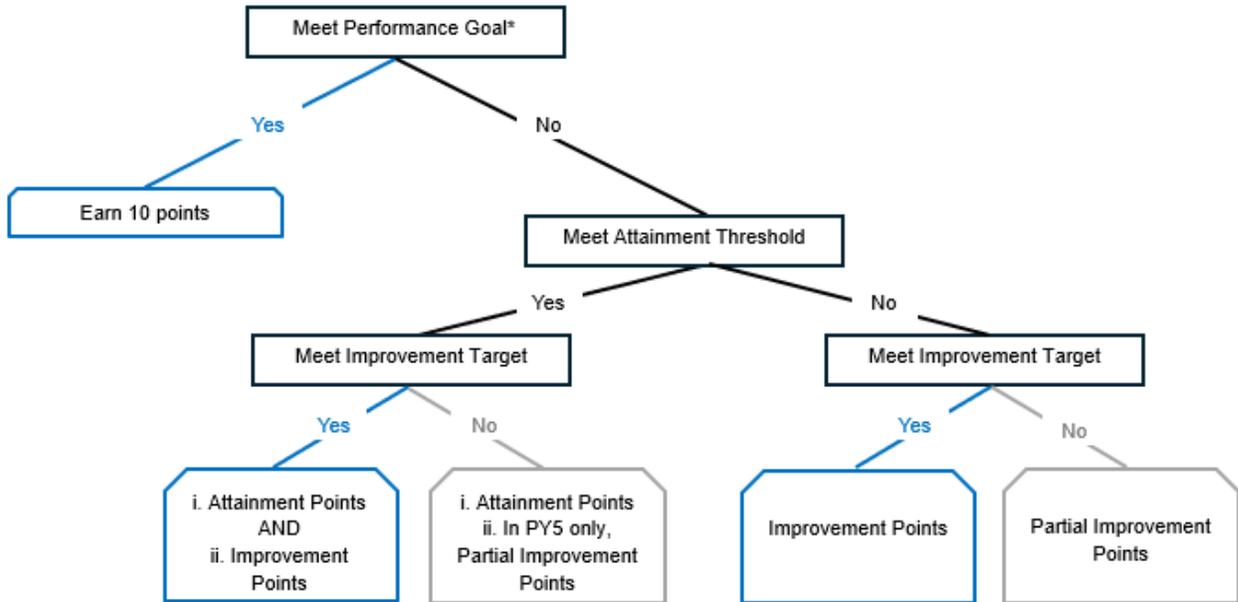
*If the ACO exceeds the Performance Goal, bonus point(s), as applicable to the measure, are added to the Domain Score

Attainment Points = % of PY Performance Goal * 10

Improvement Points = 7 points

Partial Improvement Points (proportion to improvement target) = (Current ACO PY rate – Previous ACO PY rate) / Improvement Target

E. Appendix B: Scoring Examples

Example 1. PY4 – Disability Competent Care: Not Meet Attainment Threshold and Not Meet Improvement Target

The ACO reported a 5% Training Rate in PY3 and an 8% Training Rate in PY4.

Disability Competent Care Measure Benchmarks:

Attainment Threshold	Performance Goal – PY3	Performance Goal – PY4	Improvement Target
10%	20%	35%	8%

Steps for *Calculating Improvement Points*
1. Partial improvement = (Current ACO PY rate – Previous ACO PY rate) / Improvement target = (8% - 5%) / 8% = 0.38
2. Maximum eligible improvement points = 7 points
3. Improvement points = Eligible improvement * Partial improvement = 7 * 0.38 = 2.66 points

Example 2. PY5 – Disability Competent Care: Meet Attainment Threshold and Not Meet Improvement Target

The ACO had a 32% Training Rate in PY4 and a 38% Training Rate in PY5.

Disability Competent Care Measure Benchmarks:

Attainment Threshold	Performance Goal – PY4	Performance Goal – PY5	Improvement Target
10%	35%	50%	8%

In this example, in PY5, the ACO's Disability Competent Care measure would be calculated as follows:

- Earned attainment points = % of Performance Goal * 10 = (38 / 50) * 10 = 7.60 points
- Maximum eligible improvement = Maximum measure points – Earned attainment points = 10.0 – 7.6 = 2.40 points
- Partial improvement (proportion to improvement target) = (Current ACO PY rate – Previous ACO PY rate) / Improvement Target = (38% - 32%) / 8% = 0.75
- Improvement points = Maximum eligible improvement * Partial improvement = 2.40 * 0.75 = 1.80 points

Total PY5 Performance Measure Score = Attainment points + Improvement points = 7.60 + 1.80 = **9.40 points**

Example 3. PY3 – Achievement of External Standards for Health Equity

The ACO reported to MassHealth in PY3 that two of the three performance requirements were met.

Steps for Health Equity Scoring

1. Measure Points	**Measure points = 7** (Measure type: P4P) Note: Referencing Section B.iv. above, *2 of the 3 performance requirements met* = 7 points.
2. Performance Measure Score	**Performance Measure Score =** $\dfrac{7}{10}$ **= 0.70**
3. Domain Score Domain 3 Measure Weights • Achievement of Ext. Stds. for HE (15%) • Member Experience (10%) •	• *Achievement of Ext. Stds. for HE = (0.7 * 0.15) * 100 = 10.50* • Member Experience = (1 * 0.1) * 100 = 10.00 **Domain 3 Score =** 10.5 + 10 = **20.50**
4. Health Equity Score	• Domain 1 Score = 20.00 • Domain 2 Score = 46.00 • *Domain 3 Score = 20.50* **Health Equity Score** = 20 + 46 + 20.5 = 86.50

Example 4. PY4 – Health-Related Social Needs (HRSN) Screening

The ACO reported to MassHealth in PY3 and PY4:

Component 1 - PY3	Component 2 - PY3	Component 1 - PY4	Component 2 – PY4
41%	Data submitted	50%	Data submitted

Benchmarks:

Component	Attainment Threshold	Performance Goal - PY4	Improvement Target	Bonus Point
Component 1±	10%	45%	10% pts	+1 point if exceed PY performance goal

Component 2*	N/A: P4R

±Component 1: HRSN screening rate
*Component 2: HRSN screen positive rates

Steps for Health Equity Scoring

1. Measure Points	*Component 1*
	 • Exceeded Performance Goal in PY4
	 • Sub-measure Score = **10.00 points**
	      ○ 10 points for reaching Performance Goal
	      ○ 1 bonus point for exceeding Performance Goal (bonus point added during domain scoring)
	 Component 2
	 • Sub-measure Score = **10.00 points**
	
	 Component Weight
	 → (10.00*0.75) + (10.00*0.25) = 10.00
	
	 Measure points = 10.00 points

2. Performance Measure Score	**Performance Measure Score** $= \dfrac{10}{10} = 1$
3. Domain Score Domain 1 Measure Weights • RELD SOGI Data Completeness (15%) • HRSN Screening (10%)	RELD SOGI Data Completeness = (0.87 * 0.15) * 100 = 13.05 [Performance Measure Score = 0.87] *HRSN Screening = (1 * 0.1) * 100 = 10.00* **Domain 1 Score** = 13.05 + 10 + 1 *bonus point* = **24.05**
4. Health Equity Score	*Domain 1 Score = 24.05* Domain 2 Score = 46.28 Domain 3 Score = 19.37 **Health Equity Score** = 24.05 + 46.28 + 19.37 = **89.70**

F. Appendix C: Disparity Reduction Detection Methodology – Stepwise Calculation Example

Pooled data from 2023 and 2024 demonstrate a statistically significant race <u>and</u> ethnicity gap on the FUH-7 measure.

Race	Ethnicity
• White = 78% • Asian = 68% *Minimum Improvement Target = (78-68)/5 = 2.0*	• Hispanic = 80% • Non-Hispanic = 70% *Minimum Improvement Target = (80-70)/5 = 2.0*
Eligible to earn 5 points (out of 10 points)	Eligible to earn 5 points (out of 10 points)

PY2026 Calculation

Focus Category	2026	2023 & 2024 to 2026	Points Earned
White to Asian	80% to 75% No gap detected (p$\geq$ .05) → Full points earned	NA	5/5
Hispanic to Non-Hispanic	80% to 73% Gap detected (p<.05) → No points earned	2023 & 2024: 80-70 = 10% 2026: 80-73 = 7% 10% to 7% = -3.0 Gap reduction not significant (p$\geq$.05) → No points earned –3.0 $\geq$ minimum improvement target (i.e., 2.0) → Half points earned	2.5/5
		Total Points Earned	7.5/10

PY2027 Calculation

Focus Category	2027	2023 & 2024 to 2027	Points Earned
White to Asian	80% to 75% No gap detected (p≥ .05) → Full points earned	NA	5/5
Hispanic to Non-Hispanic	80% to 76% Gap detected (p<.05) → No points earned	2023 & 2024: 80-70 = 10% 2027: 80-76 = 4% 10% to 4% = -6.0 Gap reduction significant (p<.05) → Full points earned	5/5
		Total Points Earned	7.5/10