



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

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

Version: June 2026

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A. RELD SOGI Data Completeness

i. Race Data Completeness

OVERVIEW

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|----------------------------------|--|
| 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: PY3-5 | Pay-for-Performance (P4P) |

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 | In PY3, the percentage of ACO attributed members with self-reported race data that was collected or verified by an ACO in the measurement year In PY4 and PY5, the percentage of ACO attributed members with self-reported race data that was collected or verified by an ACO within the past 3 years. |
| Numerator | In PY3, ACO attributed members with self-reported race data that was collected or verified by an ACO during the measurement year. |

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|--------------------|---|
| | In PY4-5, ACO attributed members with self-reported race data that was collected or verified by an ACO within the past 3 years. |
| Denominator | The eligible population |

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 31 st of the measurement year |
| Event/Diagnosis | None |

DEFINITIONS

| | |
|---------------------------|---|
| Complete Race Data | <p>Complete race data is defined as:</p> <p>At least one (1) valid race value (valid race values are listed in Attachment 1).</p> <ul style="list-style-type: none"> • If value is “UNK” it will <u>not</u> count toward the numerator. • If value is “ASKU,” it will count toward the numerator. • If value is “DONTKNOW,” it will count toward the numerator. <p>Each value must be self-reported.</p> |
| Measurement Year | Measurement Years 1-5 correspond to AQEIP Performance Years 1-5. |

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|--|--|
| <p>Member File</p> | <p>Model A ACOs</p> <p>File Name: ACOA Member File</p> <p>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.</p> <p>Model B ACOs</p> <p>File Name: ACOB Member File</p> <p>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.</p> |
| <p>Rate of Race Data Completeness</p> | <p>$(\text{Numerator Population} / \text{Eligible Population}) * 100$</p> |
| <p>Self-Reported data</p> | <p>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).</p> <p>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”</p> |

since the value of Samoan is not a valid value in Attachment 1.

ADMINISTRATIVE SPECIFICATION

| | |
|--------------------|--|
| Denominator | The eligible population |
| Numerator | <p>For members in the denominator, identify those with complete race data, defined as:</p> <p>At least one (1) valid race value (valid race values are listed in Attachment 1).</p> <ul style="list-style-type: none"> • If value is “UNK,” it will <u>not</u> count toward the numerator. • If value is “ASKU,” it will count toward the numerator. • If value is “DONTKNOW,” it will count toward the numerator. <p>Each value must be self-reported.</p> |
| Exclusions | If value is UTC, the member is excluded from the denominator. |

ADDITIONAL MEASURE INFORMATION

| | |
|---------------------------|--|
| Required Reporting | <p>The following information is required:</p> <ul style="list-style-type: none"> • A valid MassHealth Member ID <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification • At least one (1) race value, as defined under “Complete Race Data” above <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification |
|---------------------------|--|

| | |
|----------------------------------|---|
| Data Collection | <p>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.</p> <p>Self-reported race data may be collected:</p> <ul style="list-style-type: none"> • 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 | <p>Completeness is calculated for: each individual ACO.</p> |

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 |

| Description | Valid Values | Notes |
|---|--------------|--|
| | | 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 (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: PY3-5 | Pay-for-Performance (P4P) |

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 | In PY3, the percentage of ACO attributed members with self-reported Hispanic ethnicity data that was collected or verified by an ACO in the measurement year. In PY4-5, the percentage of ACO attributed members with self-reported Hispanic ethnicity data that was collected or verified by an ACO within the past 3 years. |
| Numerator | In PY3, ACO attributed members with self-reported Hispanic ethnicity data that was collected or verified by an ACO during the measurement year. In PY4-5, ACO attributed members with self-reported Hispanic ethnicity data that was collected or verified by an ACO within the past 3 years. |

| | |
|--------------------|-------------------------|
| Denominator | The eligible population |
|--------------------|-------------------------|

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 31 st of the measurement year |
| Event/Diagnosis | None |

DEFINITIONS

| | |
|---|--|
| Complete Hispanic ethnicity Data | <p>Complete Hispanic ethnicity data is defined as:</p> <p>One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2).</p> <ul style="list-style-type: none"> • If value is “UNK,” it will <u>not</u> count toward the numerator. • If value is “ASKU it will count toward the numerator. • If value is “DONTKNOW” it will count toward the numerator. <p>Each value must be self-reported.</p> |
| Measurement Year | Measurement Years 1-5 correspond to AQEIP Performance Years 1-5. |
| Member File | <p>Model A ACOs</p> <p>File Name: ACOA Member File</p> <p>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</p> |

| | |
|---|---|
| | <p>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.</p> <p>Model B ACOs</p> <p>File Name: ACOB Member File</p> <p>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.</p> |
| Rate of Hispanic Ethnicity Data Completeness | $(\text{Numerator Population} / \text{Eligible Population}) * 100$ |
| Self-Reported data | <p>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).</p> <p>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.</p> |

ADMINISTRATIVE SPECIFICATION

| | |
|--------------------|---|
| Denominator | The eligible population |
| Numerator | For members in the denominator, identify those with complete Hispanic ethnicity data, defined as: |

| | |
|-------------------|--|
| | <p>One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2).</p> <ul style="list-style-type: none"> ○ If value is “UNK,” it will <u>not</u> count toward the numerator. ○ If value is “ASKU,” it will count toward the numerator. ○ If value is “DONTKNOW,” it will count toward the numerator. <p>Each value must be self-reported.</p> |
| Exclusions | If value is UTC, the member is excluded from the denominator |

ADDITIONAL MEASURE INFORMATION

| | |
|---------------------------|--|
| Required Reporting | <p>The following information is required:</p> <ul style="list-style-type: none"> • A valid MassHealth Member ID <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification • One (1) ethnicity value, as defined under “Complete Hispanic Data” above <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification |
| Data Collection | <p>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.</p> <p>Self-reported Hispanic ethnicity data may be collected:</p> <ul style="list-style-type: none"> • 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 value 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 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 |

| Description | Valid Values | Notes |
|-------------|--------------|---|
| | | answer” is a valid response, and should be assigned the value of ASKU instead of UNK. |

iii. Preferred Language Data Completeness

OVERVIEW

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|----------------------------------|--|
| 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: PY3-5 | Pay-for-Performance (P4P) |

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 | <p>In PY3, the percentage of ACO attributed members with self-reported language data that was collected or verified by an ACO in the measurement year.</p> <p>In PY4-5, the percentage of ACO attributed members with self-reported language ethnicity data that was collected or verified by an ACO within the past 3 years.</p> |
|--------------------|---|

| | |
|--------------------|--|
| | Rates are calculated separately for preferred spoken language and preferred written language. |
| Numerator | In PY3, ACO attributed members with self-reported preferred written and spoken language data that was collected or verified by an ACO during the measurement year. In PY4-5, ACO attributed members with self-reported preferred written and spoken language data that was collected or verified by an ACO within the past 3 years. |
| Denominator | The eligible population |

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 31 st of the measurement year |
| Event/Diagnosis | None |

DEFINITIONS

| | |
|---|---|
| Complete Preferred Written Language Data | <p>Complete Preferred Written Language (PWL) data is defined as:</p> <p>One (1) valid Preferred Written Language value (valid Preferred Written Language values are listed in Attachment 3).</p> <ul style="list-style-type: none"> ○ 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 | <p>Complete Preferred Spoken Language (PSL) data is defined as:</p> <p>One (1) valid Preferred Spoken Language value (valid Preferred Spoken Language values are listed in Attachment 3).</p> <ul style="list-style-type: none"> ○ 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. <p>Each value must be self-reported.</p> |
| Measurement Year | Measurement Years 1-5 correspond to AQEIP Performance Years 1-5 |
| Member File | <p>Model A ACOs</p> <p>File Name: ACOA Member File</p> <p>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.</p> <p>Model B ACOs</p> <p>File Name: ACOB Member File</p> <p>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.</p> |
| Rate of Preferred Written and Spoken Language Data Completeness | <p>There will be two rates reported for this measure, defined as:</p> <p>Rate 1: (Numerator (PWL) Population / Denominator Population) * 100</p> |

| | |
|---------------------------|--|
| | 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 | <p>Identify members with complete language data, (defined above under “Complete Preferred Written Language Data” and “Complete Preferred Spoken Language Data”) for each question below:</p> <ul style="list-style-type: none"> • 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

| | |
|---|--|
| <p>Required Reporting</p> | <p>The following information is required:</p> <ul style="list-style-type: none"> • A valid MassHealth Member ID <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> • Format: Refer to MassHealth Member File Specification |
| <p>Data Collection</p> | <p>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.</p> <p>Self-reported Preferred Written and Spoken Language_data may be collected:</p> <ul style="list-style-type: none"> • 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 value in Attachment 3 <ul style="list-style-type: none"> ○ 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) |
| <p>Completeness Calculations</p> | <p>Completeness is calculated per language question per denominator population per ACO and overall, as described below:</p> <p><i>For each individual ACO:</i></p> <p>For ACO x, the percentage of members with self-reported preferred written language data <u>for question 1</u> that was collected or verified by ACO x in the measurement year for PY3 and within the past 3 years for PY4-5. For ACO x, the percentage of members with self-reported preferred spoken language data <u>for question 2</u> that was collected or</p> |

verified by ACO x in the measurement year for PY3 and within the past 3 years for PY4-5.

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 | |
| 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 <u>MassHealth Member File Specification</u> , 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.” |

| Description | Valid Values | Notes |
|---|--------------|--|
| 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 (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 | UTC | Unable to collect this information on member due to lack of clinical capacity of member to respond. |

| | | |
|---|-----|--|
| condition that alters consciousness) | | |
| Unknown | UNK | <p>The Preferred Spoken Language of the member is unknown since either:</p> <p>(a) the member was not asked to provide their Preferred Spoken Language, or</p> <p>(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.</p> |

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: PY3-5 | Pay-for-Performance (P4P) |

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 | <p>In PY3, the percentage of ACO attributed members with self-reported disability data that was collected or verified by an ACO in the measurement year.</p> <p>In PY4-5, the percentage of ACO attributed members with self-reported disability data that was collected or verified by an ACO within the past 3 years.</p> <p>Rates are calculated separately for 6 disability questions.</p> |
| Numerator | <p>In PY3, ACO attributed members with self-reported disability data that was collected or verified by an ACO during the measurement year.</p> <p>In PY4-5, ACO attributed members with self-reported disability data that was collected or verified by an ACO within the past 3 years.</p> |

| | |
|--------------------|-------------------------|
| Denominator | The eligible population |
|--------------------|-------------------------|

ELIGIBLE POPULATION

| | |
|------------------------------|---|
| Age | <p>Age varies by disability question:</p> <ul style="list-style-type: none"> 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 31 st of the measurement year |
| Event/Diagnosis | None |

DEFINITIONS

| | |
|---------------------------------|---|
| Complete Disability Data | <p>Complete Disability data is defined as:</p> <p>One (1) valid disability value for each Disability Question (listed in Attachment 4).</p> <ul style="list-style-type: none"> If value is “UNK,” it will <u>not</u> 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 | <p>Model A ACOs</p> <p>File Name: ACOA Member File</p> <p>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.</p> <p>Model B ACOs</p> <p>File Name: ACOB Member File</p> <p>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.</p> |
| Rate of Disability Data Completeness | $(\text{Numerator Population} / \text{Eligible Population}) * 100$ |
| 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 | <p>For members in the denominator, identify those with complete disability data, (defined above under “Complete Disability Data”) for each question below:</p> <p>Disability Q1 (age 0-64): Are you deaf or do you have serious difficulty hearing?</p> <p>Disability Q2 (age 0-64): Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p>Disability Q3 (age 6-64): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p>Disability Q4 (age 6-64): Do you have serious difficulty walking or climbing stairs?</p> <p>Disability Q5 (age 6-64): Do you have difficulty dressing or bathing?</p> <p>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?</p> <ul style="list-style-type: none"> ○ If value is “UNK,” it will <u>not</u> count toward the numerator. ○ If value is “ASKU,” it will count toward the numerator. ○ If value is “DONTKNOW,” it will count toward the numerator. <p>Each value must be self-reported.</p> |
| Exclusions | <p>If value is UTC, the member is excluded from the denominator.</p> |

ADDITIONAL MEASURE INFORMATION

| | |
|---|--|
| <p>Required Reporting</p> | <p>For a given disability question, the following information is required:</p> <ul style="list-style-type: none"> • A valid MassHealth Member ID <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification • One (1) valid disability value per question, as defined under “Complete Disability Data” above <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification |
| <p>Data Collection</p> | <p>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.</p> <p>Self-reported disability data may be collected:</p> <ul style="list-style-type: none"> • 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 value in Attachment 4 |
| <p>Completeness Calculations</p> | <p>Completeness is calculated per disability question per ACO and overall, as described below for questions 1 and 2, as an example:</p> <p>For each individual ACO:</p> <p>Example 1: For ACO x, the percentage of members with self-reported disability data <u>for question 1</u> that was collected or verified by ACO x in the measurement year in PY3 and within the past 3 years in PY4-5.</p> <p>Example 2: For ACO x, the percentage of members with self-reported disability data <u>for question 2</u> that was collected or verified by ACO x in the measurement year in PY3 and within the past 3 years in PY4-5.</p> |

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 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 |

| Description | Valid Values | Notes |
|-------------|--------------|--|
| | | 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, 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: |

| Description | Valid Values | Notes |
|-------------|--------------|--|
| | | <p>(a) the member was not asked whether they are blind or have difficulty seeing, or</p> <p>(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.</p> |

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, |

| Description | Valid Values | Notes |
|---|--------------|---|
| | | 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 | <p>Whether the member has difficulty concentrating, remembering or making decisions is unknown since either:</p> <p>(a) the member was not asked whether they have difficulty concentrating, remembering or making decisions, or</p> <p>(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.</p> |

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

| Description | Valid Values | Notes |
|-------------|--------------|-------|
| Yes | LA33-6 | |
| No | LA32-8 | |

| Description | Valid Values | Notes |
|---|--------------|--|
| 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. |
| 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. |
| 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”. |
| 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 |

| Description | Valid Values | Notes |
|-------------|--------------|---|
| | | 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: PY3-5 | Pay-for-Performance (P4P) |

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 | In PY3, the percentage of ACO attributed members with self-reported sexual orientation data that was collected or verified by an ACO in the measurement year. In PY4-5, the percentage of ACO attributed members with self-reported sexual orientation data that was collected or verified by an ACO within the past 3 years. |
|--------------------|--|

| | |
|--------------------|---|
| Numerator | <p>In PY3, ACO attributed members with self-reported sexual orientation data that was collected or verified by an ACO during the measurement year.</p> <p>In PY4-5, ACO attributed members with self-reported sexual orientation data that was collected or verified by an ACO within the past 3 years.</p> |
| Denominator | The eligible population |

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 31 st of the measurement year |
| Event/Diagnosis | None |

DEFINITIONS

| | |
|---|---|
| Complete Sexual Orientation Data | <p>Complete sexual orientation data is defined as:</p> <p>At least one (1) valid sexual orientation value (listed in Attachment 5).</p> <ul style="list-style-type: none"> ○ If value is “UNK,” it will <u>not</u> count toward the numerator. ○ If value is “ASKU,” it will count toward the numerator. ○ If value is “DONTKNOW,” it will count toward the numerator. <p>Each value must be self-reported</p> |
|---|---|

| | |
|---|--|
| Measurement Year | Measurement Years 1-5 correspond to AQEIP Performance Years 1-5. |
| Member File | <p>Model A ACOs</p> <p>File Name: ACOA Member File</p> <p>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.</p> <p>Model B ACOs</p> <p>File Name: ACOB Member File</p> <p>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.</p> |
| Rate of Sexual Orientation Data Completeness | $(\text{Numerator Population} / \text{Eligible Population}) * 100$ |
| 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: |

| | |
|-------------------|---|
| | <p>At least one (1) valid sexual orientation value (valid sexual orientation values are listed in Attachment 5).</p> <ul style="list-style-type: none"> ○ If value is “UNK,” it will <u>not</u> count toward the numerator. ○ If value is “ASKU,” it will count toward the numerator. ○ If value is “DONTKNOW,” it will count toward the numerator. <p>Each value must be self-reported.</p> |
| Exclusions | If value is UTC, the member is excluded from the denominator. |

ADDITIONAL MEASURE INFORMATION

| | |
|---------------------------|--|
| Required Reporting | <p>The following information is required:</p> <ul style="list-style-type: none"> • A valid MassHealth Member ID <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification • At least one (1) valid sexual orientation value, as defined under “Complete Sexual Orientation Data” above <ul style="list-style-type: none"> • Format: Refer to MassHealth Member File Specification |
| Data Collection | <p>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.</p> <p>Self-reported sexual orientation data may be collected:</p> <ul style="list-style-type: none"> • 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.); |

| | |
|----------------------------------|---|
| | <ul style="list-style-type: none"> • 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. |

| Description | Valid Values | Notes |
|-------------|--------------|--|
| 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: PY3-5 | Pay-for-Performance (P4P) |

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 | <p>In PY3, the percentage of ACO attributed members with self-reported gender identity data that was collected or verified by an ACO in the measurement year.</p> <p>In PY4-5, the percentage of ACO attributed members with self-reported gender identity data that was collected or verified by an ACO within the past 3 years.</p> |
| Numerator | <p>In PY3, ACO attributed members with self-reported gender identity data that was collected or verified by an ACO during the measurement year.</p> <p>In PY4-5, ACO attributed members with self-reported gender identity data that was collected or verified by an ACO within the past 3 years.</p> |
| Denominator | The eligible population |

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 31 st of the measurement year |
| Event/Diagnosis | None |

DEFINITIONS

| | |
|--------------------------------------|--|
| Complete Gender Identity Data | Complete gender identity data is defined as: |
|--------------------------------------|--|

| | |
|--|--|
| | <p>At least one (1) valid gender identity value (listed in Attachment 6).</p> <ul style="list-style-type: none"> ○ If value is “UNK,” it will <u>not</u> count toward the numerator. ○ If value is “ASKU,” it will count toward the numerator. ○ If value is “DONTKNOW,” it will count toward the numerator. <p>Each value must be self-reported.</p> |
| Measurement Year | Measurement Years 1-5 correspond to AQEIP Performance Years 1-5. |
| Member File | <p>Model A ACOs</p> <p>File Name: ACOA Member File</p> <p>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.</p> <p>Model B ACOs</p> <p>File Name: ACOB Member File</p> <p>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.</p> |
| Rate of Gender Identity Data Completeness | $(\text{Numerator Population} / \text{Eligible Population}) * 100$ |
| 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 | <p>For members in the denominator, identify those with complete gender identity data, defined as:</p> <p>At least one (1) valid gender identity value (valid gender identity values are listed in Attachment 6).</p> <ul style="list-style-type: none"> ○ If value is “UNK,” it will <u>not</u> count toward the numerator. ○ If value is “ASKU,” it will count toward the numerator. ○ If value is “DONTKNOW,” it will count toward the numerator. <p>Each value must be self-reported.</p> |
| Exclusions | If value is UTC, the member is excluded from the denominator. |

ADDITIONAL MEASURE INFORMATION

| | |
|---------------------------|--|
| Required Reporting | <p>The following information is required:</p> <ul style="list-style-type: none"> ● A valid MassHealth Member ID <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification ● At least one (1) valid gender identity value, as defined under “Complete Gender Identity Data” above <ul style="list-style-type: none"> ○ Format: Refer to MassHealth Member File Specification |
|---------------------------|--|

| | |
|----------------------------------|---|
| Data Collection | <p>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.</p> <p>Self-reported gender identity data may be collected:</p> <ul style="list-style-type: none"> • 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 | <p>Completeness is calculated for: each individual ACO.</p> |

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 | |

| Description | Valid Values | Notes |
|---|--------------|---|
| 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 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)

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

| | |
|---|---|
| <p>Performance Requirements: PY3-4</p> | <ol style="list-style-type: none"> 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).” <ol style="list-style-type: none"> a. Within the data file submission, the date the value is updated (“<RELDSOGI field> Date Updated”) or verified (“<RELDSOGI field> Date Verified”) associated with each RELDSOGI data element may be submitted but is not required. 2) Timely, complete, and responsive submission to MassHealth, by September 1 of the performance year (e.g., September 1, 2026 for PY4), 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. |
| <p>Performance Requirements: PY5</p> | <ol style="list-style-type: none"> 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).” <ol style="list-style-type: none"> a. Within the data file submission, the date the value is updated (“<RELDSOGI field> Date Updated”) and/or verified (“<RELDSOGI field> Date Verified”) associated with each RELDSOGI data element must be submitted. 2) Timely, complete, and responsive submission to MassHealth by September 1, 2027, 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. |
| <p>Performance Assessment</p> | <p>See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual.</p> |

B. Health-Related Social Needs Screening

Aligned with CMS’ Screening for Social Drivers of Health Measure for the Merit-based Incentive Payment System (MIPS) Program¹

| 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: PY3-5 | Rate 1: Pay-for-Performance (P4P) Rate 2: 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 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 \(cms.gov\)](https://www.cms.gov/medicare/medicaid-services/medicare-and-medicicaid-services-measures-inventory-tool)

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.
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 | Performance Year 3: January 1 – December 31, 2025 Performance Year 4: January 1 – December 31, 2026 Performance Year 5: January 1 – December 31, 2027 |
| 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 |

| | |
|---|--|
| | <p>mental health care, safety from violence, education and employment, and social connection.</p> |
| <p>Standardized HRSN Screening Instruments</p> | <p>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.</p> <p>Examples of eligible screening tools include, but are not limited to:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> |
| <p>Supplemental Data</p> | <p>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).</p> <p>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).</p> |

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 | <p>Number of members screened at least once during the measurement year using a standardized screening instrument for food, housing, transportation, and/or utility needs.</p> <ul style="list-style-type: none">• Includes members where documentation indicates that:<ul style="list-style-type: none">○ 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. <p>Notes:</p> <ul style="list-style-type: none">• 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 | <p>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.</p> <p>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.</p> |
| Exclusions | <ul style="list-style-type: none"> • Member died during the measurement period. • Members in hospice (identified using the <u>Hospice Value Set</u>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 the numerator for Rate 1. 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 [<i>and interpersonal safety</i> ³]. |
| HCPCS | M1208 | Member not screened for food insecurity, housing instability, transportation needs, utility difficulties [<i>and interpersonal safety</i> ³]. |
| HCPCS | M1237 | Member reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, [<i>and interpersonal safety</i> ³] (e.g., member declined or other member reasons) |

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.

| | | |
|--------------|--------------------|--|
| HCPCS | G0136 ⁴ | 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 |

⁴ Code no longer applicable beginning January 1, 2026.

| | |
|----------------|--|
| 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 |
|---|----------------------------------|
| Z58.6 | Inadequate drinking-water supply |
| 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).
[Note: code G0136 will no longer be applicable beginning January 1, 2026.]
 - 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 member 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).

PY3-5 PERFORMANCE REQUIREMENTS & 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 5pm on June 30 following the measurement year** (e.g., PY3 data is due by June 30, 2026), in a form and format to be further specified by MassHealth.

MassHealth anticipates auditing the data submitted by the ACO, per the methodology outlined in the QEIP Portal User Guide.

**Performance
Assessment**

See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual.

C. Quality Performance Disparities Reduction

OVERVIEW

| | |
|----------------------------------|---|
| Measure Name | Quality Performance Disparities Reduction |
| Steward | MassHealth |
| NQF Number | N/A |
| Data Source | Administrative, Supplemental |
| Performance Status: PY3 | Pay-for-Reporting (P4R) |
| Performance Status: PY4-5 | Pay-for-Performance (P4P) |

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 performance on reducing disparities on targeted quality performance measures associated with race, ethnicity, and/or other demographic or social risk factors.

Quality performance measures targeted for disparities reduction for the purpose of this measure are from the MassHealth Quality Incentive Program and are listed in Table 1. Alternative standard quality measures may be approved by MassHealth on an individual ACO basis.

Targeted quality measures have been selected by MassHealth because they are disparities-sensitive measures in the topic areas of maternal health, care coordination, and/or care for acute & chronic conditions.

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

| | |
|----------------------------|--|
| Measurement Year | Measurement Years 1-5 correspond to AQEIP Performance Years 1-5. |
| Applicable Measures | Measures drawn from the MassHealth ACO Quality Incentive Program slate that are included in Table 1 of this specification. |

ADMINISTRATIVE SPECIFICATION

In PY3, ACOs must complete and submit a PY3 “Measure Assessment Report.” The report must be submitted in a form and format specified by MassHealth, and must include:

- An assessment of the opportunity for disparities reduction on the full list of measures specified by MassHealth, including how each measure does or doesn’t represent an opportunity for the ACO with regards to disparities reduction based on race/ethnicity.
- The measure(s) the ACO proposes to focus on for disparities reduction in PY3-5, as well as a description of what is known about the ACO’s historical aggregate performance on the selected measure(s), including performance stratified by race and ethnicity, and other evidence demonstrating the opportunity for improvement.

In PY4-5, ACOs will be assessed on disparities reduction for a subset of the measures in Table 1, as specified by MassHealth in its approvals of the individual ACOs’ PY3 “Measure Assessment Report.” Claims-based and chart-based measures will be calculated by MassHealth.

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.

Table 1: MassHealth Quality Incentive Program Measures Identified for Inclusion in this AQEIP “Quality Performance Disparities Reduction” Measure for PY3-5

| Domain | Measure |
|--|--|
| Preventative & 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 |
| | CMS: Screening for Depression and Follow-Up Plan |
| 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 |

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

| | |
|--------------------------------------|---|
| Performance Requirements: PY3 | By a date to be further specified by MassHealth, timely, complete, and responsive submission to MassHealth of a PY3 |
|--------------------------------------|---|

| | |
|--|--|
| | “Measure Assessment Report.” Submissions must be in a form and format specified by MassHealth. |
| Performance Requirements: PY4-5 | Submission requirements will vary by targeted disparities reduction measure; ACOs must submit measure data, as applicable, in a form and format specified by MassHealth. |
| Performance Assessment: PY3 | ACOs will earn credit for performance on this measure only through: <ul style="list-style-type: none"> • Timely, complete, and responsive submission to MassHealth of the PY3 “Measure Assessment Report.” All required questions must be answered or submission will not be considered complete. |
| Performance Assessment: PY4-5 | See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology Manual. |

D. Equity Improvement Interventions

OVERVIEW

| | |
|--------------------------------------|----------------------------------|
| Measure Name | Equity Improvement Interventions |
| Steward | MassHealth |
| NQF Number | N/A |
| Data Source | Supplemental Data |
| Performance Status: PY3-5 | 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.

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

Performance Requirements

Timely, complete, and responsive submission to MassHealth of required reports in PY as listed below.. Submission dates for PIP1 and PIP2 reports are specified below:

PIP1 and PIP2 Report Submission Dates by Performance Year (PY)

Performance Year 3:

- PIP1: Remeasurement 1 Report
 - Submission due date: 8/29/2025
- PIP2: Remeasurement 1 Report
 - Submission due date: 10/19/2026

Performance Year 4:

- PIP1: Closure Report
 - Submission due date: 7/31/2026
- PIP2: Remeasurement 2 Report
 - Submission due date: 10/1/2027

Performance Year 5:

- PIP2: Closure Report
 - Submission due date: 8/1/2028

Remeasurement 1 and 2 Report Sections & Weights

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 and Sustainability Section (25%):

- Discussion [Discussion and Validity of Reported Improvement] (15 pts)

| | |
|-------------------------------|--|
| | <ul style="list-style-type: none"> • Sustainability (10 pts) <i>Only scored in Closure Report</i> <p>Total = 90 pts</p> <p>Closure Reports Sections & Weights</p> <p><u>Abstract:</u> N/A, not scored</p> <p><u>Planning Section (25%):</u></p> <ul style="list-style-type: none"> • Project Topic/Equity Statement [Topic/Rationale/ Shared Equity Statement] (15 pts) • Aim [Vision, Aim Statement(s), and Goal(s)] (10 pts) <p><u>Implementation Section (50%):</u></p> <ul style="list-style-type: none"> • Methodology (10 pts) • Barrier Analysis, Interventions, and Monitoring (update) (10 pts) • Intervention (15 pts) • Results (15 pts) <p><u>Validity & Sustainability Section (25%):</u></p> <ul style="list-style-type: none"> • Discussion [Discussion and Validity of Reported Improvement] (15 pts) • Next Steps [Sustainability] (10 pts) <p>Total = 100 pts</p> <p>ACOs will be permitted one opportunity to revise and re-submit each deliverable following receipt of feedback from the EQRO.</p> |
| Performance Assessment | See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual. |

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: PY3 | Component 1: Pay-for-Reporting (P4R) Component 2: Pay-for-Performance (P4P) |
| Performance Status: PY4-5 | Component 1: N/A Component 2: Pay-for-Performance (P4P) |

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:

- Language Access Self-Assessment Survey:** Self-assessment of language access services.
- 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 | Performance Year 3: July 1 – December 31, 2025 Performance Year 4: January 1 – December 31, 2026 Performance Year 5: January 1 – December 31, 2027 |
| Event/diagnosis | <p>A two-step process must be used to identify eligible outpatient visits:</p> <p>Step 1. Identify eligible outpatient visits occurring at an ACO's Primary Care Entity during the measurement period:</p> <ul style="list-style-type: none"> • To identify eligible outpatient visits: <ul style="list-style-type: none"> ○ Identify all outpatient visits (Outpatient Value Set)⁵ ○ 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). <p>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</p> |

⁵ HEDIS® Value Set used with permission from NCQA

| | |
|--|--|
| | <p>in the medical record or language services documentation system (e.g., vendor logs).</p> <ul style="list-style-type: none"> Note: it is acceptable for an ACO to use the preferred spoken language data within the ACO’s own electronic 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 | <p>For the purposes of the AQEIP:</p> <ul style="list-style-type: none"> Language assistance services are defined⁶ 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 prefers 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 |

⁶ Adapted from the Centers for Medicare and Medicaid Services’ *Nondiscrimination in Health Programs and Activities* rule. [2024-08711.pdf \(govinfo.gov\)](https://www.govinfo.gov/laws/cfr/title-42/chapter-I/subchapter-B/part-401/subpart-401.101/section-401.101-6)

| | |
|----------------------------------|--|
| | <p>languages regarding the specialized terms (e.g., medical terminology) and concepts relevant to clinical and non-clinical encounters.</p> <ul style="list-style-type: none"> • 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 3. The Language Access Self-Assessment Survey will not be a component of the measure in PY4-5.

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 | <p>Eligible events where:</p> <ul style="list-style-type: none"> • There is documentation in the medical record that member (or their caregiver, as applicable) refused interpreter services and/or in-language services. • There is 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. • In contrast to the ACO’s own electronic medical record, there is documentation in the practice or sites’ medical record that member reported English as their preferred spoken language at the outpatient visit. |

REPORTING METHOD

Component 1: Language Access Self-Assessment Survey

PY3 Only: 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.

PY3-5 PERFORMANCE REQUIREMENTS & ASSESSMENT

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|---|---|
| <p>Performance Requirements: PY3</p> | <p>Component 1: Language Access Self-Assessment Survey</p> <p>By March 31, 2026, ACOs must submit the completed Language Access Self-Assessment Survey in the form and format specified by MassHealth.</p> <p>Component 2: Addressing Language Access Needs in Outpatient Settings</p> <p>By 5pm on June 30 following the measurement year (e.g., PY3 data is due June 30, 2026), 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.</p> <p>MassHealth anticipates auditing the data submitted by the ACO, per the methodology outlined in the QEIP Portal User Guide.</p> |
| <p>Performance Requirements: PY4-5</p> | <p>Component 1: N/A</p> <p>Component 2: Addressing Language Access Needs in Outpatient Settings</p> <p>By 5pm on June 30 following the measurement year (e.g., PY4 data is due June 30, 2027), ACOs must report to MassHealth data using either a member sample or the full eligible population methodology, as</p> |

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| | <p>specified in “Reporting Method” above. ACOs must submit data in a form and format to be further specified by MassHealth.</p> <p>MassHealth anticipates auditing the data submitted by the ACO, per the methodology outlined in the QEIP Portal User Guide.</p> |
| <p>Performance Assessment: PY3</p> | <p>Component 1: Language Access Self-Assessment Survey (PY3 Only) (50% of measure score)</p> <ul style="list-style-type: none"> 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, 2026. 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, 2026. <p>Component 2: Addressing Language Access Needs in Outpatient Settings (50% of measure score)</p> <p>See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual.</p> |
| <p>Performance Assessment: PY4-5</p> | <p>Component 1: N/A</p> <p>Component 2: Addressing Language Access Needs in Outpatient Settings (100% of measure score)</p> <p>See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual.</p> |

F. Disability Competent Care

OVERVIEW

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|----------------------------------|---------------------------|
| Measure Name | Disability Competent Care |
| Steward | MassHealth |
| NQF Number | N/A |
| Data Source | Supplemental data |
| Performance Status: PY3-5 | 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:

- 1) 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 targeted for each disability competency training area in their DCC Training Plan report, which must be approved by MassHealth in PY2.

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

DEFINITIONS

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| <p>Patient-facing Staff</p> | <p>For the purpose of this DCC measure, patient-facing staff are employed Network Primary Care Entity (PCE) or Participating PCE (per Appendix L of the ACPP contracts and Appendix J of the PCACO contracts, respectively) staff whose role requires regular interaction with patients (and/or patients’ caregivers).</p> <p>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.).</p> <p>Contracted providers or staff are not included in this definition of patient-facing staff.</p> <p>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.</p> |
| <p>Demonstrated competency</p> | <p>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.</p> <p>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.</p> |
| <p>Measurement Year</p> | <p>Measurement Years 1-5 correspond to AQEIP Performance Years 1-5.</p> |

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| Supplemental Data | ACO data drawn from organizational databases or otherwise related to staff training. |
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ADMINISTRATIVE SPECIFICATIONS

Rate 1: The percent of all 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 Report and 2) demonstrated competency in the relevant disability competency training area(s).

Rate 1 will be calculated as follows for ACOs that have selected three training areas (for ACOs that select more or less than three training areas, the rate will be calculated by equally distributing performance credit across the total number of training areas):

$$\text{Rate 1} = 100 * (\# \text{ of patient-facing staff with demonstrated competency in training area 1} + \# \text{ of patient-facing staff with demonstrated competency in training area 2} + \# \text{ of patient-facing staff with demonstrated competency in training area 3}) / (\text{Eligible population for training area 1} + \text{Eligible population for training area 2} + \text{Eligible population for training area 3})$$

Note: the eligible population for the measure is all patient-facing staff at the ACO’s Primary Care Entities.

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| Anchor Date | December 31 st of the measurement year |
| Measurement Years | Performance Year 3: January 1 – December 31, 2025 Performance Year 4: January 1 – December 31, 2026 Performance Year 5: January 1 – December 31, 2027 |
| 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. |
| Other | If an ACO wishes to change their targeted DCC training area from their approved DCC Training Plan in PY2, 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.

PY3-5 PERFORMANCE REQUIREMENTS & ASSESSMENT

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| <p>Performance Requirements</p> | <p>Rate 1 will be calculated by MassHealth using results submitted by ACOs to MassHealth, in a form and format specified by MassHealth, by March 31 following the measurement year (e.g., PY3 report is due March 31, 2026).</p> <p>Specific Reporting Requirements include:</p> <p>A. DCC Training Report: For each disability competency training area, report to MassHealth:</p> <ol style="list-style-type: none"> i. If applicable, changes to the DCC training plan, including an overview of the approved selected trainings, the number and description of the targeted “applicable” patient-facing staff. ii. The total number of patient-facing staff at the ACO’s Primary Care Entities; iii. The number of patient-facing staff who completed the applicable training and demonstrated competency. |
| <p>Performance Assessment</p> | <p>See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual.</p> |

G. Disability Accommodation Needs

OVERVIEW

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| Measure Name | Disability Accommodation Needs |
| Steward | MassHealth |
| NQF Number | N/A |
| Data Source | Supplemental data |
| Performance Status: PY3 | Pay-for-Reporting (P4R) |
| Performance Status: PY4-5 | Pay-for-Performance (P4P) |

POPULATION HEALTH IMPACT

Patients with disabilities continue to experience health care disparities related to lack of 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

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| Description | <p>The percentage of eligible outpatient visits where 1) members were screened for accommodation needs related to a disability and 2) for those members screening positive for accommodation needs related to a disability, a corresponding member-reported accommodation need was documented.</p> <p>Two rates are calculated:</p> <p>Rate 1: Accommodation Needs Screening: Percentage of outpatient visits where members with disability were screened for accommodation needs related to a disability and the results of the</p> |
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| | <p>screen were documented electronically in the ACO or ACO Partner’s medical record.</p> <p>Rate 2: Accommodation Needs Documented: Percentage of eligible outpatient visits where members screened positive for accommodation needs related to a disability and for which member-requested accommodation(s) related to a disability were documented electronically in the ACO or ACO Partner’s medical record.</p> |
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ELIGIBLE POPULATION

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| Members | Individuals enrolled in MassHealth including: Model A ACO, Model B ACO |
| Ages | At least 6 years of age on the date of visit |
| Continuous enrollment/ allowable gap | None |
| Anchor date | Date of Qualifying Outpatient Visit |
| Measurement Years | Performance Year 3: January 1, 2025 – December 31, 2025 Performance Year 4: January 1, 2026 – December 31, 2026 Performance Year 5: January 1, 2027 – December 31, 2027 |
| Event | <p>A two-step process will identify eligible events:</p> <p>Step 1. Identify eligible outpatient visits occurring at an ACO’s Primary Care Entity in the measurement period:</p> <ul style="list-style-type: none"> • To identify eligible outpatient visits: <ul style="list-style-type: none"> ○ Identify all outpatient visits (Outpatient Value Set)⁷ ○ Identify outpatient visits that occurred at an ACO’s Primary Care Entity (per Appendix L of the ACPD contracts and Appendix J of the PCACO contracts). <p>Step 2. For eligible visits identified in Step 1, identify those where a member has a self-reported disability (see definition for “Patient with Self-reported Disability” below). Note: ACOs must identify members with a self-reported disability using their own entity-collected self-reported disability data and/or</p> |

⁷ HEDIS® Value Set used with permission from NCQA

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| | self-reported disability data for their members from the Golden Table to complete Step 2 of identifying eligible visits. |
| Exclusions | <p>Eligible events where:</p> <ul style="list-style-type: none"> The member was not screened because member was unable to complete the screening and had no caregiver able to do so on their behalf. This should be documented in the medical record. |

DEFINITIONS

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| Measurement Year | Measurement Years 1-5 correspond to AQEIP Performance Years 1-5. |
| Members with self-reported disability | <p>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:</p> <ul style="list-style-type: none"> Disability Q1 (age 0-64 as of December 31 of the measurement year): Are you deaf or do you have serious difficulty hearing? Disability Q2 (age 0-64 as of December 31 of the measurement year): Are you blind or do you have serious difficulty seeing, even when wearing glasses? Disability Q3 (age 6-64 as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? Disability Q4 (age 6-64 as of December 31 of the measurement year): Do you have serious difficulty walking or climbing stairs? Disability Q5 (age 6-64 as of December 31 of the measurement year): Do you have difficulty dressing or bathing? Disability Q6 (age 16-64 as of December 31 of the measurement year): 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. |

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| | Medical record documentation of member-requested accommodation needs for the purpose of calculating Rate 2 may be specific (e.g. member requests American Sign Language Interpreter) or categorical (e.g. member requests communication accommodations) at the discretion of the ACO. |
| Accommodation Needs Screening | <p>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.</p> <ul style="list-style-type: none"> • 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

RATE 1: Accommodation Needs Screening

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| Denominator | The eligible population |
| Numerator | <p>Number of eligible events where, as documented in the medical record:</p> <ul style="list-style-type: none"> • The member was offered accommodation needs screening and responded; <ul style="list-style-type: none"> ○ To meet this requirement, the member may instead actively validate that ongoing accommodation need(s) as documented in the medical record continue to be sufficient; Or • The member was offered accommodation needs screening and actively opted out of screening (i.e., chose not to answer any questions). |

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| | <p>If the member responded to the accommodation needs screening, documentation must include the result of the screening, including at a minimum the following results:</p> <ul style="list-style-type: none"> • Positive: the member indicated a need for accommodation related to a disability. • Negative: the member did not indicate any accommodation need related to a disability. <p>Screening may be rendered by any ACO or ACO Partner/Network provider or staff.</p> |
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RATE 2: Accommodation Needs Documented

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| Denominator | Cases in the eligible population with a positive accommodation needs screen. |
| Numerator | <p>Denominator event where documentation in the medical record describes:</p> <ul style="list-style-type: none"> • Member-requested accommodation(s) related to a disability documented either as a specific accommodation (e.g., member requests American Sign Language Interpreter) or categorical (e.g., member requests communication accommodations) at the discretion of the ACO. |

REPORTING METHOD

Reporting Element 1: Report to MassHealth a narrative description of the accommodation needs screening question(s) and tool(s) used and how member-requested accommodation needs are documented in the medical record.

Reporting Element 2: Report to MassHealth on all outpatient visits identified in Step 1 of the process to identify eligible events. ACOs must report data in a form and format to be further specified by MassHealth.

MassHealth anticipates auditing the data submitted by the ACO for Reporting Element 2, per the methodology outlined in the QEIP Portal User Guide. These audits are anticipated to be used for informational purposes in PY3 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.

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

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| <p>Performance Requirements: PY3</p> | <p>Disability Accommodation Needs Screening</p> <p>By March 31 and by 5pm on June 30, 2026, ACOs must report data to MassHealth. ACOs must submit data in a form and format to be further specified by MassHealth. Required reporting elements will include:</p> <ul style="list-style-type: none"> • <u>Reporting Element 1, due March 31, 2026:</u> <ul style="list-style-type: none"> ○ The accommodation needs screening question(s) used by ACOs for the purpose of meeting performance requirements of this measure. ○ A description of how member-requested accommodation needs are documented in the medical record including: <ol style="list-style-type: none"> a. entry mode (free text vs. fixed-field); b. specific fixed field options (if used); and c. where accommodation needs information is displayed (e.g. top or sidebar of electronic health record, problem list, etc.) • <u>Reporting Element 2, due June 30, 2026:</u> For dates of service from January 1, 2025-December 31, 2025, data elements required to calculate Rates 1 and 2. |
| <p>Performance Requirements: PY4-5</p> | <p>By 5pm on June 30 following the PY (e.g., June 30, 2027 for PY4), ACOs must report data to MassHealth. ACOs must submit data in a form and format to be further specified by MassHealth. Required reporting elements will include:</p> <ul style="list-style-type: none"> • For dates of service in the respective PY, data elements required to calculate Rates 1 and 2 as specified in the file specifications submitted via the QEIP Portal. <p>MassHealth anticipates auditing the data submitted by the ACO to calculate Rate 1 and Rate 2, per the methodology outlined in the QEIP Portal User Guide.</p> |

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| Performance Assessment: PY3 | <ul style="list-style-type: none"> • An ACO will earn 20% of the points attributed to the measure for a timely, complete, and responsive submission of Reporting Element 1 to MassHealth by March 31, 2026. • An ACO will earn 80% of the points attributed to the measure for a timely, complete, and responsive submission of Reporting Element 2 to MassHealth by June 30, 2026. • An ACO will earn 0% of the points attributed to the measure if the ACO does not submit a timely, complete, and responsive submission of Reporting Element 1 and Reporting Element 2 to MassHealth by March 31 and June 30, 2026, respectively. |
| Performance Assessment: PY4-5 | See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual. |

H. Achievement of External Standards for Health Equity

OVERVIEW

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| 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: PY3 | Pay-for-Performance (P4P) |
| Performance Status: PY4-5 | 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 Standards⁸ 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 Certification⁹ 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 Standards⁸
2. All ACOs: Achievement/maintenance of the HPC ACO Certification (ACO LEAP) for the 2024-2025 and 2026-2027 cycles (for ACOs on a different certification timeline, achievement/maintenance of certification for the 2025-2026 and 2027-2028 cycles)
3. ACO's partnered-Hospitals (per the Joint Accountability partnerships formed in the HQEIP for the respective PY): Progress towards/achievement of TJC's Health Care Equity Certification⁹ Program

⁸ Effective January 15, 2026, per the NCQA, the Health Equity Accreditation will be renamed Health Outcomes Accreditation

⁹ Currently named Excellent Health Outcomes for All Certification

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 Accreditation⁸, the ACPP will receive full credit for this measure.

DEFINITIONS

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| 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 31st following the Performance Year (PY), complete and timely submission of the “**External Standards for Health Equity Report**” indicating that the entity has met performance requirements (described below) for each of the following three components:

1. **NCQA Health Equity Accreditation⁸ Report** (In PY3, 1a must be reported; in PY4-5, either 1a or 1b must be reported)
 - a. Documentation of achievement of NCQA Health Equity Accreditation⁸ (at the Health Plan and/or PCACO level); **or**
 - b. Progress Report related to achievement of NCQA Health Equity Accreditation⁸ (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 Equity⁸ 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 PY4 and PY5 to make progress towards achieving NCQA Health Equity Accreditation⁸.
 - iv. Description of any anticipated efforts, resources, etc. needed to achieve Accreditation by the end of CY2028.
2. Documentation of achievement of the HPC ACO Certification (ACO LEAP)
3. TJC Health Care Equity Certification⁹ 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 the applicable PY

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 Accreditation⁸ for the Health Plan
2. Documentation of achievement of NCQA Health Equity Accreditation⁸ 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 Certification⁹.

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

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| Performance Requirements | <p>By January 31st following the Performance Year (e.g., PY3 report is due January 31, 2026), the ACO must submit:</p> <p>1) An “External Standards for Health Equity Report” or, for ACPPs only, documentation of achievement of NCQA Health Equity Accreditation⁸ for both the Health Plan and ACO Partner in a form and format to be further specified by MassHealth;</p> |
| Performance Assessment | See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual. |

I. Member Experience: Communication, Courtesy, and Respect

OVERVIEW

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| Measure Name | Member Experience: Communication, Courtesy, and Respect |
| Steward | MassHealth |

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|--------------------------------|---------------------------|
| NQF Number | N/A |
| Data Source | Survey |
| Performance Status: PY3 | Pay-for-Performance (P4P) |
| Performance Status: PY4 | Pay-for-Reporting (P4R) |
| Performance Status: PY5 | Pay-for-Performance (P4P) |

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

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| Product Line | Individuals enrolled in a MassHealth ACO including: Model A ACO and Model B ACO |
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| 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

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|-------------------------|--|
| 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 composites and questions within each composite are described below.

Adult Composite: 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 your 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: 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?

ADDITIONAL MEASURE INFORMATION

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| Survey Administration | <ul style="list-style-type: none"> • Administered Q1 or Q2 following the measurement year. • Target 400 adult and 400 child survey completes. • Survey modes: Mail, email invitation to take survey on-line, phone (LTSS only). • Survey available in 9 languages including English. <ul style="list-style-type: none"> ○ 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. • Note – MassHealth will not be administering the survey for PY2026. |
| Other Information | <p>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.</p> <p>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.</p> |

PY3-5 PERFORMANCE REQUIREMENTS AND ASSESSMENT

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| Performance Requirements: PY3 | Surveys to be administered by MassHealth anticipated Q1-Q2 2026 PY3 (2025). |
| Performance Requirements: PY4 | At a date to be further specified by MassHealth, timely, complete, and responsive submission of Section 5 of the “ACO-MCO Member Experience Questionnaire” due via email to the MassHealth Quality Office. |
| Performance Requirements: PY5 | <i>[Under development]</i> |

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| Performance Assessment: PY3 | See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual. |
| Performance Assessment: PY4 | <p>Pay for Reporting</p> <ul style="list-style-type: none"> • An ACO will earn 100% of the points attributed to the measure if a timely, complete, and responsive submission of Section 5 of the “ACO-MCO Member Experience Questionnaire” is submitted to the MassHealth Quality Office by the due date to be further specified by MassHealth. • An ACO will earn 0% of the points attributed to the measure if submission of Section 5 of the “ACO-MCO Member Experience Questionnaire” is not timely, complete, and responsive. |
| Performance Assessment: PY5 | See the MassHealth ACO Quality and Equity Incentive Program (AQEIP) Performance Assessment Methodology manual. |