

Title page for the Commonwealth's Hospital Quality and Equity Initiative Implementation Plan

State	Massachusetts
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Section 1. Overview of Massachusetts' Statewide Approach to Advance Healthcare Quality and Equity

A. Overview

Massachusetts shifted the delivery system at scale to value-based care under the previous MassHealth section 1115 demonstration approval period, transitioning over 80 percent of eligible Medicaid members into accountable care organizations (ACOs) that are at risk to deliver better health outcomes, lower cost, and improved member experience through integrated, coordinated care.

A key goal of the Commonwealth's in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs (HRSN) and health disparities demonstrated by variation in quality performance. To support achievement of this goal, Massachusetts is centering equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

To that end, MassHealth will implement aligned quality and equity initiatives across delivery system settings:

1. MassHealth's Accountable Care Organizations (ACOs) and acute hospitals will be accountable to annual performance on a comprehensive set of quality performance metrics.
 - a. ACO quality performance will be incentivized through quality incentive programs proposed for implementation under managed care authority.
 - b. Acute hospital quality performance will be incentivized through the "Clinical Quality Incentive Program," proposed for implementation under State Plan authority (and described for reference in Appendix B).
2. MassHealth's ACOs and acute hospitals will also be accountable to annual performance on a comprehensive set of quality performance metrics that advance health equity.
 - a. ACO quality and equity performance will be incentivized through an equity incentive program proposed for implementation under managed care authority.
 - b. Acute hospital quality and equity performance will be incentivized through the Hospital Quality and Equity Initiative (HQEI), authorized under MassHealth Medicaid and CHIP Section 1115 Demonstration authority as described in the Demonstration's Special Terms and Conditions (STCs).

Together, this constellation of coordinated quality and equity initiatives will support Massachusetts in achieving its demonstration goal to improve quality of care and advance health equity.

B. Scope of this Implementation Plan

In accordance with STC 14 and as set forth in this document, the Commonwealth may allocate expenditure authority for the HQEI, which includes two components of Massachusetts's statewide strategy to advance health quality and equity, specifically the health quality and equity incentive programs for private acute hospitals and the sole non-state-owned public hospital,

Cambridge Health Alliance. These two incentive programs will be implemented by the Commonwealth and referred to herein as the “Hospital Quality and Equity Incentive Program (HQEIP)” and the “Cambridge Health Alliance Hospital Quality and Equity Incentive Program (CHA-HQEIP),” respectively.

This Implementation Plan provides additional detail related to implementation of the Commonwealth’s HQEI, beyond those set forth in the MassHealth Medicaid and CHIP Section 1115 Demonstration Special Terms and Conditions (STCs). The HQEI Implementation Plan for Performance Year 1 applies during the first performance year in the Demonstration Approval Period (October 1, 2022 – December 31, 2023); the HQEI Implementation Plan for Performance Years 2-5 (January 1, 2024 – December 31, 2027) in the Demonstration Approval Period will be described in a subsequent addendum to this Implementation Plan.

This Implementation Plan is specific to quality and equity incentive programming in the acute hospital setting being implemented under 1115 Demonstration authority; importantly, this Implementation Plan does not describe ACO or acute hospital quality and equity initiatives implemented under separate federal authorities. Those are described in more detail in vehicles relevant to each authority. Further, the main body of the Implementation Plan pertains to the HQEIP for private acute hospitals; the CHA-HQEIP is described separately in Appendix C.

Section 2. Hospital Quality and Equity Incentive Program (HQEIP)

Domains and Goals

A. Overview of Targeted Domains for Improvement in the HQEIP

For the HQEIP, the Commonwealth and participating private acute hospitals will be incentivized to pursue performance improvements in the domains specified in STC 14.2 and summarized in Table 1.

Table 1. Overview of Targeted Domains for Improvement for the HQEIP

Domain 1: Demographic and Health-Related Social Needs Data	Massachusetts and its participating hospitals will be assessed on the completeness of beneficiary-reported demographic and health-related social needs data submitted in accordance with the Commonwealth’s data requirements as described in the HQEI Implementation Plan. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, primary language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be assessed separately for each data element.
Domain 2: Equitable Quality and Access	Massachusetts and its participating hospitals will be assessed on performance and demonstrated improvements on access and quality metrics, including associated reductions in disparities. Metrics will focus on overall access; access for individuals with disabilities and/or limited English proficiency; preventive,

	perinatal, and pediatric care services; care for chronic diseases and behavioral health; and care coordination.
Domain 3: Capacity and Collaboration	Massachusetts and its participating hospitals will be assessed on improvements in metrics such as provider and workforce capacity and collaboration between health system partners to improve quality and reduce health care disparities.

B. Goals for each Domain of the HQEIP

Goals for MassHealth and participating hospitals for each HQEIP domain are specified in STC 14.3-14.5 and summarized below:

1. **Demographic and Health-Related Social Needs (HRSN) Data Collection Domain Goals**
 - a. MassHealth will submit to CMS an assessment of beneficiary-reported demographic and HRSN data adequacy and completeness for purposes of the HQEI by July 1, 2023.
 - b. MassHealth and its participating hospitals will be incentivized through annual milestones to meet an interim goal of 80 percent data completeness for self-reported race and ethnicity data for MassHealth members¹ by the end of Performance Year (PY) 3 (DY 30).
 - c. MassHealth and its participating hospitals will be incentivized through annual milestones to achieve at least 80 percent data completeness for beneficiary-reported other demographic data (including at least primary language, disability status, sexual orientation, and gender identity) for MassHealth members¹ by the end of PY 5 (DY 32).
 - d. MassHealth and its participating hospitals will be incentivized to meaningfully improve rates of HRSN screenings from the baseline period by the end of PY 5 (DY 32). “Meaningful improvement” will be further defined in the Implementation Plan for PYs 2-5. To meet this goal, hospitals must not only conduct screenings of beneficiaries, but establish the capacity to track and report on screenings and referrals.
2. **Equitable Quality and Access Domain Goals**
 - a. MassHealth and its participating hospitals will be incentivized for performance on metrics such as those related to access to care (including for individuals with limited English proficiency and/or disability), preventive, perinatal, and pediatric care, care for chronic diseases, behavioral health, care coordination, and/or patient experience. Subject to CMS approval and informed by the Needs Assessments, the Commonwealth will select a subset of metrics from the following priority areas (maternal health, care coordination, care for acute and/or chronic conditions, patient experience of and/or access to care), at least three relevant measures from “CMS’ Health Equity Measure Slate” for hospital performance and at least seven for statewide performance;

¹ Includes members under 65 years of age with MassHealth as their primary insurance, including those with MassHealth Standard, CommonHealth, CarePlus, and Family Assistance coverage types; excludes members with Medicare or another payer as primary payer.

- b. Metric performance expectations shall include, at a minimum:
 - i. Reporting on access and quality metric performance, including stratified by demographic factors (such as race, ethnicity, language, disability, sexual orientation, and gender identity); health-related social needs; and/or defined by other individual- or community-level markers or indices of social risk;
 - ii. Developing and implementing interventions aimed at improving quality and reducing observed disparities on metrics that account for clinical and social risk factors found through analysis to be associated with lower performance on such metrics and/or other appropriate individual/community-level markers or indices of social vulnerability;
 - iii. Improving quality and/or closing disparities as measured through performance on a subset of access and quality metrics.
 - c. For up to the first 3 performance years, performance will be based on expectations described in 2(b)(i) and 2(b)(ii), above. For at least the last two performance years, performance will also be based on expectations described in 2(b)(iii), above.
3. Capacity and Collaboration Domain Goals
- a. MassHealth and its participating hospitals will be incentivized to improve service capacity, workforce development, and health system collaboration to improve quality and reduce disparities. The metrics that assess improvement in this domain may relate to provider cultural competence and achievement of externally validated equity standards.
 - b. MassHealth and its participating hospitals will be expected to meet a target of 80 percent of hospitals achieving rigorous standards regarding service capacity, access, and delivery of culturally and linguistically appropriate care by the end of PY 3 (DY 30), as established by a national quality or accreditation organization.

Section 3. HQEIP Conceptual Framework and Performance Year (PY) 1 Metrics

A. Conceptual Framework

To meet domain goals for the HQEIP, it is anticipated that a wide range of acute hospital initiatives will be necessary. Representative initiatives expected to be undertaken by hospitals using earned incentive payments under the HQEIP are described further in the Conceptual Framework for the HQEIP described in Figure 1, and in the three domain-specific logic models provided in Figures 2-4.

Figure 1. Overview of Conceptual Framework for the HQEIP

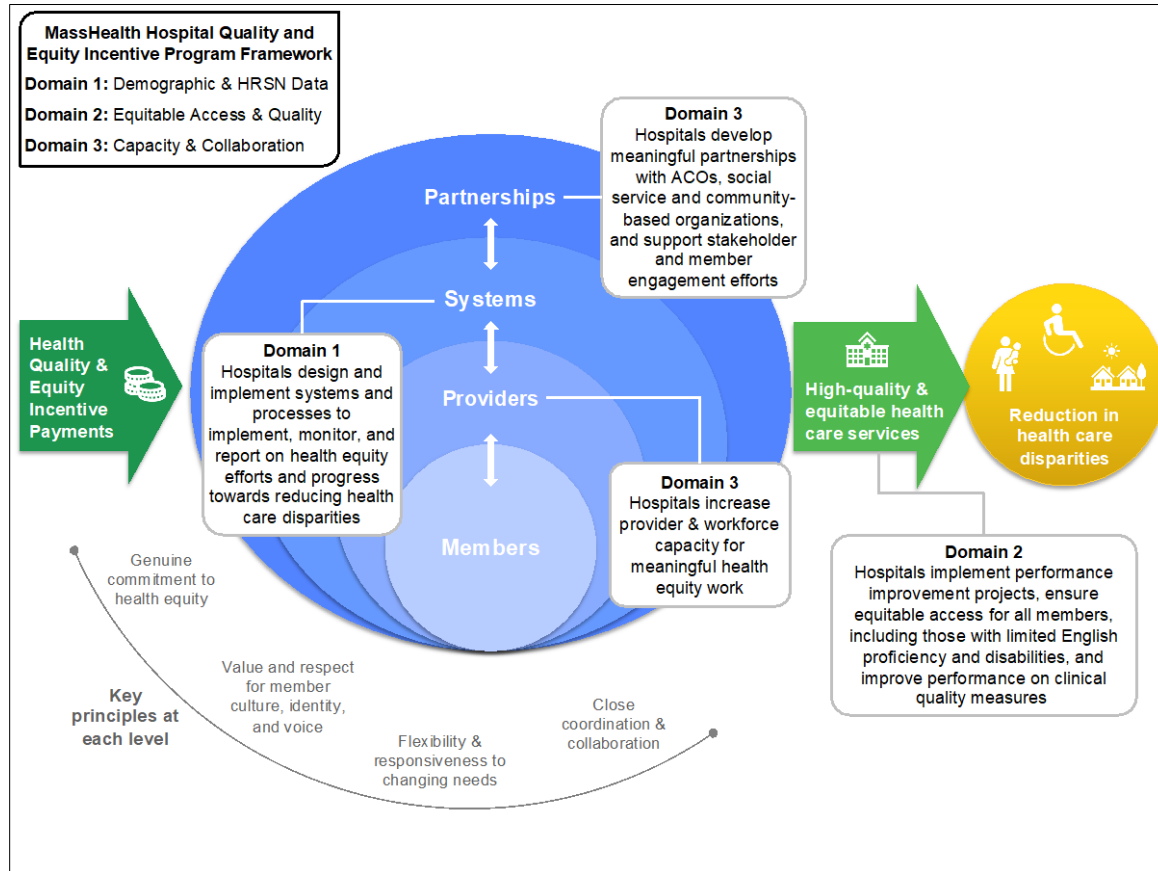


Figure 2. Domain 1 Logic Model: Demographic & HRSN Data

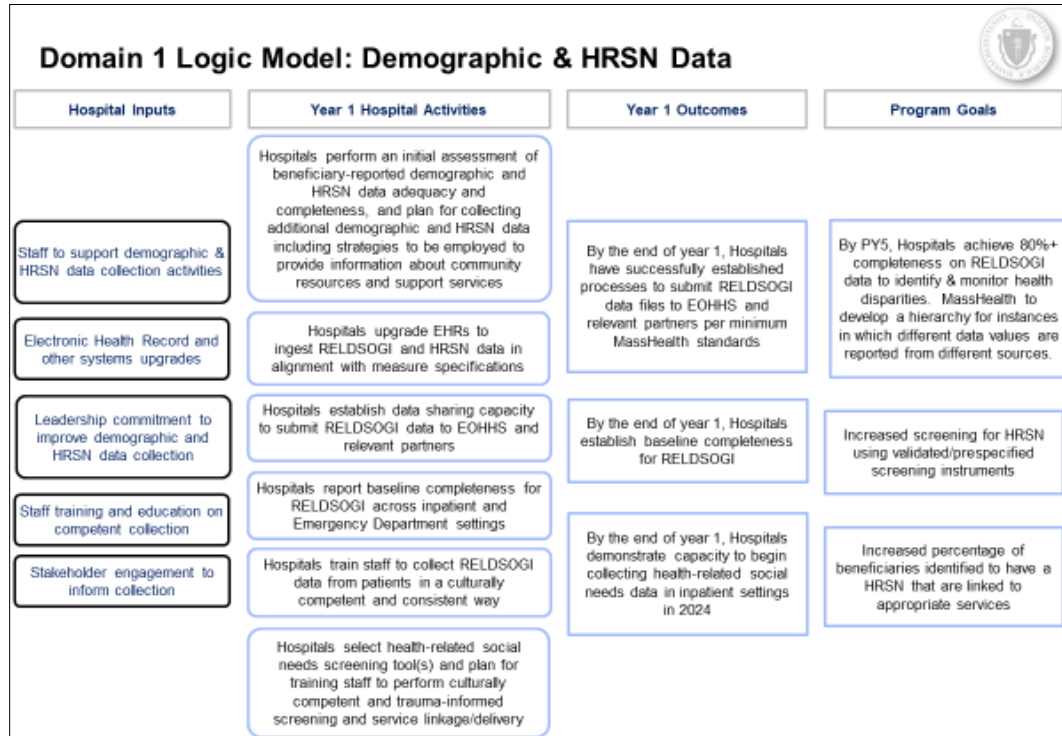


Figure 3. Domain 2 Logic Model: Equitable Quality and Access

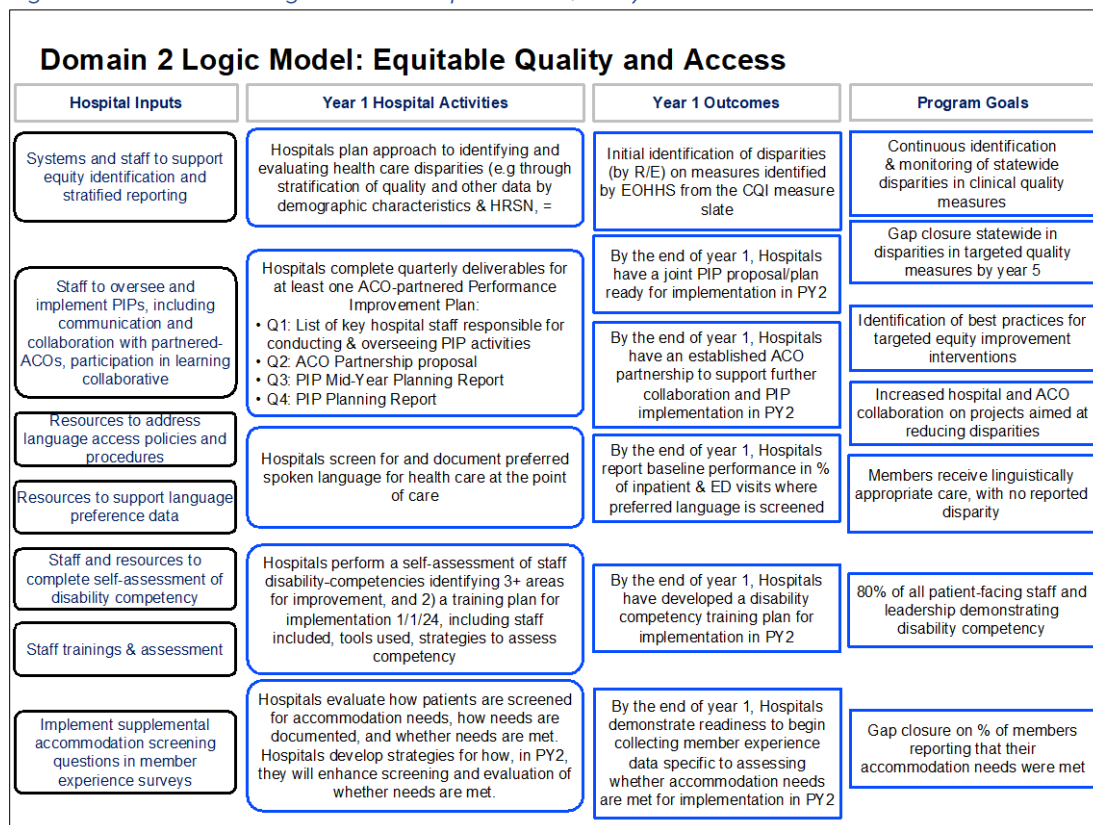
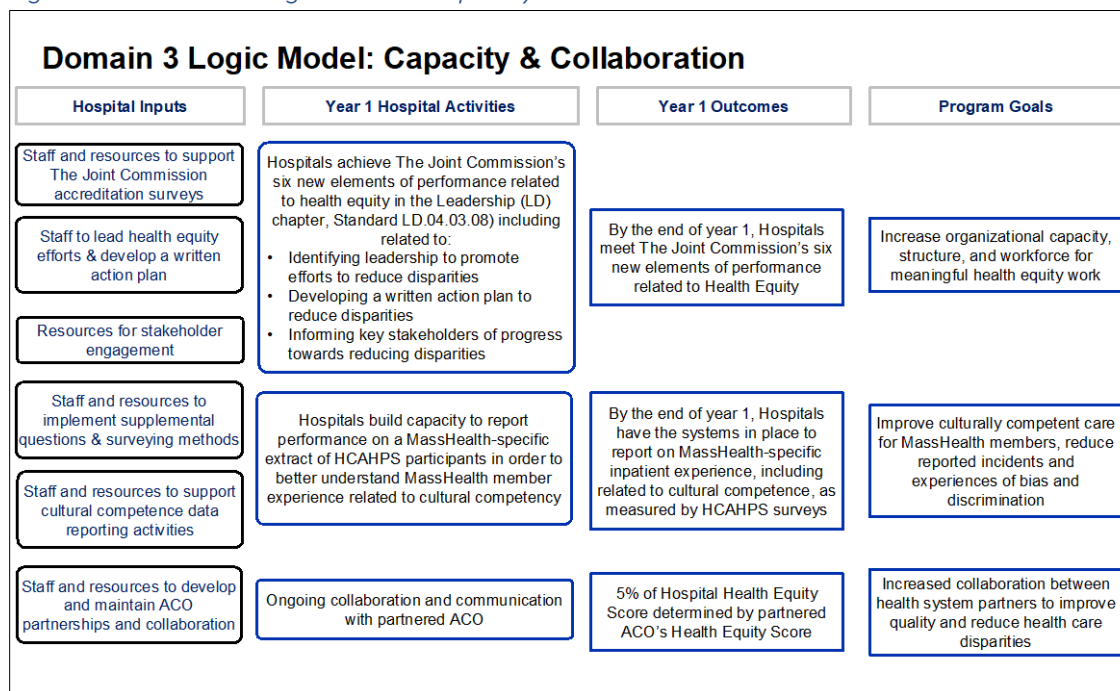


Figure 4. Domain 3 Logic Model: Capacity & Collaboration



B. HQEIP Metrics and Reporting Requirements for PY 1

To establish a robust foundation for quality and equity improvement and to begin making progress towards five-year HQEI domain goals, the first performance year of the HQEIP will hold private acute hospitals accountable to metrics (listed in Table 2) evaluating contributory health system level interventions in each HQEIP domain. These metrics and associated reporting and performance expectations (described in Table 3) were developed with input from health systems and providers through requests for information and comment, public meetings, and ongoing stakeholder engagement.

Table 2. HQEIP PY 1 Metrics

	Metric (Steward)	PY 1 Status*
Domain 1. Demographic and Health-Related Social Needs Data		
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	Pay for Reporting (P4R)
Health-Related Social Needs Screening	Screening for Social Drivers of Health (<i>CMS</i>): Preparing for Reporting Beginning in PY 2	P4R
Domain 2. Equitable Quality and Access		

Equity Reporting	Stratified Reporting of Quality Data (<i>EOHHS</i>)	P4R
Equity Improvement	Equity Improvement Interventions (<i>EOHHS</i>)	P4R
Access	Meaningful Access to Healthcare Services for Persons with Limited English Proficiency (Oregon Health Authority)	P4R
	Disability Competencies (<i>EOHHS</i>)	P4R
	Accommodation Needs Met (<i>EOHHS</i>)	P4R
Domain 3. Capacity and Collaboration		
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	P4R
	(HCAHPS): Items Related to Cultural Competency (<i>AHRQ</i>)	P4R
Collaboration	Joint Accountability for Partnered ACO Performance (<i>EOHHS</i>)	n/a

*Reporting requirements for each measure described in relevant technical specifications.

Recognizing that taking on accountability for equity is new for most acute hospitals serving MassHealth members, all metrics are in pay-for-reporting status in PY 1. Interim and annual reporting requirements for PY 1 are designed to promote essential foundational capacity and readiness to assume progressive risk for health quality and equity performance in PY 2 through PY 5. PY 1 measure status and summarized reporting requirements are described in Table 3.

Approved technical specifications for the HQEIP PY 1 metrics will be made available through the Commonwealth's website and describe measure requirements in more detail.

Table 3. Summary of HQEIP PY 1 Reporting/Performance Requirements

Metric	Reporting/Performance Requirements for PY 1 & Anticipated Due Dates
Domain 1. Demographic and Health-Related Social Needs Data	
Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	Timely (anticipated by December 31, 2023 , or a later date as specified by Massachusetts) submission to the Massachusetts Center for Health Informatics and Analysis of the “ <i>Enhanced Demographics Data File</i> ,” defined as the file including member-level demographic (including race, ethnicity, language, disability, sexual orientation, and gender identity) data collected

	by hospitals from MassHealth members during inpatient stays and/or emergency department visits during the Performance Year.
Screening for Social Drivers of Health (CMS): Preparing for Reporting Beginning in PY 2	Complete and timely (anticipated by September 30, 2023) submission of a report to EOHHS describing: <ol style="list-style-type: none"> 1) One or more HRSN screening tool(s) selected by the hospital for intended use in screening patients beginning in PY 2; the selected tool(s) must meet requirements for screening tools for the “Screening for Social Drivers of Health” metric; and 2) A plan to begin screening for HRSN in inpatient settings in Q1 CY 2024 in order to have capacity to report on the “Screening for Social Drivers of Health” metric beginning in PY 2.
Domain 2. Equitable Quality and Access	
Stratified Reporting of Quality Data (EOHHS)	Complete and timely (anticipated by a date following December 31, 2023 , to be determined by EOHHS) submission to EOHHS of performance data including member-level race and ethnicity for clinical measures selected by EOHHS for stratification from the Clinical Quality Incentive (CQI) measure slate.
Equity Improvement Interventions (EOHHS)	Complete and timely submission of quarterly deliverables for at least one ACO-partnered Performance Improvement Plan (PIP) as follows: <ul style="list-style-type: none"> • Q1: Complete and timely (anticipated by March 31, 2023) submission to EOHHS of Hospital Key Personnel/Institutional Resources Document • Q2: Complete and timely (anticipated by June 30, 2023) submission to EOHHS of the PIP Partnership Form • Complete and timely (anticipated by September 30, 2023) submission to EOHHS of the ACO Key Contact Form and the Mid-Year Planning Report • Complete and timely (anticipated by December 31, 2023) submission to EOHHS of the PIP Planning/Baseline Report, a comprehensive plan that incorporates information about PIP goals and objectives, baseline data, proposed interventions, and tracking measures. The PIP Planning/Baseline Report will serve as the blueprint for PIP Implementation in PY2.
Meaningful Access to Healthcare Services for Persons with Limited	Complete and timely (anticipated by December 31, 2023 or an earlier date specified by EOHHS) reporting of an organizational

English Proficiency (Oregon Health Authority)	self-assessment of capacity related to providing access to high quality language services to patients.
Disability Competencies (EOHHS)	<p>Complete and timely (anticipated by August 11, 2023) submission to EOHHS of the following: The Hospital's DCC Team's completed Resources for Integrated Care (RIC) <i>Disability-Competent Care Self-Assessment Tool (DCCAT)</i>¹ report that includes the following:</p> <ol style="list-style-type: none"> 1) The members that composed your DCC Team. The members included on the Hospital's Disability Competent Care (DCC) Team can be decided by the hospital and which should represent a reasonable mix of clinical and non-clinical patient-facing staff from different clinical departments. Further, we strongly recommend including individuals with disability on the Hospital's DCC Team. 2) The results from the Hospital DCC Team's DCCAT-Hospital tool 2 exercise. Hospitals will have freedom to further modify the 'base' DCCAT-Hospital Tool, e.g. remove, change or add new questions so long as the hospital submits documentation of (as part of their report) the modifications made along with the reason(s) for the modification(s). 3) Informed by the results of the DCCAT-Hospital tool exercise above, hospitals will identify at least three (of seven) Disability Competent Care (DCC) Model Pillars that the hospital plans to target for improvement beginning in PY 2, based on interpretation of the results from this exercise. 4) Lessons learned in narrative form by the hospital by creating this team and completing this DCCAT self-assessment exercise. <p>Complete and timely (anticipated by December 1, 2023) submission to EOHHS of a plan for improving competency in targeted competency areas during PY 2, including:</p> <ol style="list-style-type: none"> 1) selected training tools and/or educational resources, 2) which staff that will be assessed (including self-assessed) for post-educational/training competency, and 3) approaches that will be used to assess post-education/training organizational and staff competency. <p>This plan must describe how the hospital will be prepared to begin reporting performance in PY 2 on a process measure (in development by EOHHS) beginning in PY 2 that assesses the percent of patient-facing staff demonstrating competency in targeted competency areas for improvement.</p>

Accommodation Needs Met (EOHHS)	<p>Complete and timely (anticipated by December 1, 2023) submission to EOHHS of a report describing the hospital's current practice and future plans for the following:</p> <ol style="list-style-type: none"> 1) screening patients for accommodation needs* before or at the start of a patient encounter, and how the results of this screening is documented 2) other methods, if any, for documenting accommodation needs 3) asking patients, at or after the end of a patient encounter, if they felt that their accommodation needs were met 4) analyses that are performed at the organizational level to understand whether accommodation needs have been met. <p><i>* For this report, accommodation needs are regarded to be needs related to a disability, including disabilities as a result of a physical, intellectual or behavioral health condition. For this report, this does not include needs for language interpreters, but does include accommodation needs for vision impairments (e.g., Braille) or hearing impairments (e.g., ASL interpreters).</i></p>
Domain 3. Capacity and Collaboration	
Achievement of External Standards for Health Equity (EOHHS)	<p>Complete and timely (anticipated by December 31, 2023) submission to EOHHS of an attestation that the hospital has completed The Joint Commission (TJC) surveys for health equity accreditation standards (specifically, 6 new elements of performance in the Leadership (LD) chapter, Standard LD.04.03.08.)</p>
HCAHPS: Items Related to Cultural Competency (AHRQ)	<p>Complete and timely (anticipated by a date following December 31, 2023 to be determined by EOHHS) submission to EOHHS of HCAHPS survey results for any MassHealth members participating in the hospital's HCAHPS survey sample during PY 1.</p>
Joint Accountability for ACO Performance (EOHHS)	<p>In order to promote collaboration and coordinated interventions to promote health equity across health system settings and across the spectrum of ambulatory and inpatient care, acute hospitals will be required to partner with at least one and no more than two ACO(s) (identified as "Partnered ACO(s)") serving a shared population in order to augment impact on health equity. To incentivize shared investment and goals across ACO and hospital entities, hospitals' performance in this subdomain for PY 1 will equal its Partnered ACO's Health Equity Score; if the hospital has more than one ACO Partner then its subdomain score will equal the average of each Partnered ACO's Health Equity Score.</p>

	<p>Partnered ACOs will be held accountable for health equity performance in the same domains as their Partnered Hospitals, tailored to the ACO setting:</p> <ul style="list-style-type: none"> • Demographic data completion • HRSN screening and referrals • Stratified Reporting of Quality Data • Equity Improvement Interventions • Language Access • Disability Access and Accommodation • Achievement of External Standards for Health Equity • Member Experience: Cultural Competency <p>Each of these accountability components will contribute to the ACO's Health Equity Score.</p>
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In the event that a measure is retired by a measure steward for any reason, Massachusetts will replace the impacted measure, choosing from a CMS-approved measure that is already widely adopted within Massachusetts (or for which reliable data to establish a valid benchmark and performance changes are readily available) and supported by the findings from analysis and/or Needs Assessment.

C. Additional Detail on Identification of HRSN Screening and Referrals

1. Identification of HRSN

Participating hospitals will begin collecting HRSN data beginning in PY 2 (CY 2024) according to the technical specifications for the Screening for Social Drivers of Health measure. The Screening for Social Drivers of Health measure, will assess whether a hospital implements screening for patients for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety.

MassHealth members with a documented medical need, and for whom HRSN services are determined to be medically appropriate for the documented need, are eligible for receipt of HRSN services. HRSN services that may be covered by the Commonwealth are described in STC 15.3 and include:

1. Housing supports, including:
 - a. Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention.
 - b. Housing transition navigation services.
 - c. One-time transition and moving costs (e.g., security deposit, first-month's rent, utilities activation fees and payments in arrears, movers, relocation expenses, pest eradication, pantry stocking, and the purchase of household goods and furniture).
 - d. Housing deposits to secure housing, including application and inspection fees and fees to secure needed identification.

- e. Medically necessary air conditioners, humidifiers, air filtration devices and asthma remediation, and refrigeration units as needed for medical treatment.
 - f. Medically necessary home modifications and remediation services such as accessibility ramps, handrails, grab bars, repairing or improving ventilation systems, and mold/pest remediation.
2. Case management, outreach, and education including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees. This category includes the services authorized in the Community Support Program for justice involved individuals.
3. Nutrition Supports
 - a. Nutrition counseling and education, including on healthy meal preparation.
 - b. Up to 3 meals a day delivered in the home, or private residence, for up to 6 months. Additional meal support is permitted when provided to the household of a child identified as high risk or pregnant individual, as defined in the risk and needs-based criteria, and in accordance with the Flexible Service Program requirements.
 - c. Medically-tailored or nutritionally-appropriate food prescriptions (e.g., fruit and vegetable prescriptions, protein box), delivered in various forms such as nutrition vouchers and food boxes, for up to 6 months.
 - d. Cooking supplies that are necessary for meal preparation and nutritional welfare of a beneficiary when not available through other programs (e.g., pots and pans, utensils, refrigerator).
 - e. Transportation to HRSN services for tenancy supports as described in 15.3(a) above and nutrition supports as described in 15.3(c) above.

Covered populations for HRSN services are described in STC 15.5. HRSN services may be delivered through the Flexible Services Program or Specialized Community Support Programs (CSPs) (i.e., CSP for Homeless Individuals, CSP for Individuals with Justice Involvement, and CSP Tenancy Preservation Program).

2. HRSN Referrals

Acute hospitals will be accountable for establishing approaches to link members to HRSN services and other resources to address identified HRSN. In PY 1, hospitals will be expected to prepare for HRSN data collection by:

- Completing and reporting to MassHealth an initial assessment of beneficiary-reported HRSN 1) data adequacy and completeness across hospital settings, and 2) strategies employed to provide information about community resources and support services;
- Selecting HRSN screening tool(s);
- Adapting systems to capture and exchange HRSN data electronically;
- Training staff to competently collect HRSN data using culturally competent and trauma informed approaches; and

- Developing strategies to respond to identified HRSN that address any gaps revealed in the self-assessment, including services provided by other state agencies that address members' HRSN.

The Commonwealth intends to ensure that HRSN data collection mechanisms to support participation in the Hospital Quality and Equity Initiative include explanatory text setting forth the anticipated uses of the collected data and that members generally have the option to decline to respond to questions (e.g., “choose not to answer”). Furthermore, hospitals are required to comply with applicable privacy and security laws as covered entities and through contractual obligations.

Section 4. Hospital Quality and Equity Initiative (HQEI) Payment and Corrective Action Plan

A. HQEIP Payment

The HQEI section 1115 expenditure authority will support the launch and maintenance of the HQEIP and the CHA-HQEIP to improve health care quality and equity within the Commonwealth. Payment for the CHA HQEIP is described separately in Appendix C. In PY 1, Massachusetts will set the maximum budgeted incentive amount for HQEIP at \$350M, below the maximum authority of \$400M. Table 4 shows budgeted amounts of funding for the HQEIP, as well as the percentage of funding distributed to each HQEIP domain in accordance with STC 14.7(a).

Table 4. PY 1 Budget Allocation for the HQEIP (in millions)

Demonstration Year(s)	DY 27-28
Performance Year	October 1, 2022 - December 31, 2023
Domain 1 (25%)	\$87.5M
Domain 2 (50%)	\$175M
Domain 3 (25%)	\$87.5M
TOTAL (100%)	\$350M

PY 1 funding for the HQEIP is divided into three provider-specific tiers. Provider-specific tiers are defined by hospital safety net designation, with funding distributed between tiers as described in Table 5.

For a provider to be in tier 1 or tier 2, it must be a safety net provider. As defined in the 1115 waiver STC's and Attachment N, safety net providers are acute hospitals that meet certain payer

mix criteria (must have a Medicaid payer mix greater than 20% and a Commercial payer mix less than 50%) and are not identified as Massachusetts essential hospitals or Massachusetts critical access hospitals with fewer than 30 beds. To be in tier 1, a safety net provider must have historical involvement in the delivery system transformation initiative; specifically, the safety net provider must have received delivery system transformation initiative payments in 2015-2017. All other safety net providers are allocated to tier 2, and all other non-safety net providers (private acute hospitals) are allocated to tier 3.

Table 5. PY 1 Funding by Safety Net Group Tier (in millions)

Tier	Tier Definition	Funding Amount
Tier 1	Safety Net Group 1 Providers	\$129M
Tier 2	Safety Net Group 2 Providers	\$101M
Tier 3	All Other Private Hospitals	\$120M
TOTAL		\$350M

For hospitals in Tiers 2 and 3, each hospital's maximum incentive payment will be equal to their pro-rata share of tier funding, determined by dividing each hospital's FY 19 Medicaid Gross Patient Service Revenues by all FY 19 Medicaid Gross Patient Service Revenues within the respective tier. For hospitals in Tier 1, each hospital's maximum incentive payment will be equal to \$1M, plus their pro-rata share of remaining tier funding, determined by dividing each hospital's FY 19 Medicaid Gross Patient Service Revenues by all FY 19 Medicaid Gross Patient Service Revenues within the tier. Massachusetts intends for the relative share of funding for each Tier to remain the same for Performance Years 2-5. An individual hospital's final incentive payment will be equal to their maximum incentive payment multiplied by their hospital health quality and equity score, of which 25% will be determined based on performance related to Domain 1, 50% related to Domain 2, and 25% related to Domain 3.

In HQEIP PY 1, Massachusetts intends to make four interim payments and one reconciliation payment to acute hospitals. In order to receive interim payments, hospitals must meet key milestones ("gates") determined by Massachusetts to be foundational to successful performance in the HQEIP; these "gates" are a form of "pay-for-reporting" where timely and complete submission of gate deliverables will be required for interim payments to be made. Across these interim payments, Massachusetts will withhold 10% of each hospital's maximum annual incentive payment. As appropriate, the remaining 10% will be paid out as a reconciliation payment in Q2 CY24, based on the hospitals' final PY 1 health equity performance determined by performance on the HQEIP metric slate and successfully meeting payment gate reporting deliverables; if at the conclusion of PY 1 a hospital's HQEIP performance results in earning less than 90% of its allocated incentive amount, funds will be recouped in the reconciliation payment

process to ensure hospitals are paid only what they earn on the basis of their HQEIP performance for PY 1. The Health Quality and Equity Independent Assessor is not required to review relevant submissions (as described in Section 6.C) before interim payments are made. If the Independent Assessor's review finds that gating deliverables were not complete, then reconciliation payment may be withheld until they are re-submitted and complete.

Table 6. HQEIP Payment Gates

Gated Payment	Gate Description	Anticipated Gate Deliverable Due Date
Q4 CY 2022 Payment	Participation Attestation – Timely and complete submission to Massachusetts of an attestation to participate in the HQEIP for PY 1, including an attestation to collaborate with a Model A or B ACO (or a request for exemption from the ACO collaboration requirement).	Dec. 19, 2022
Q1 CY 2023 Payment	Qualified Interpreters Attestation – Complete and timely submission to Massachusetts of an attestation that, by December 31, 2023, the hospital will implement a process for qualifying language interpreters.	March 31, 2023
Q2 CY 2023 Payment	Race, Ethnicity, Language, Disability status (RELD) Sexual Orientation, Gender Identity (SOGI) Assessment – Timely and complete submission to Massachusetts of an initial assessment of 1) beneficiary-reported demographic data adequacy and completeness, and 2) a proposed plan for collecting demographic data including data sources. MassHealth anticipates collecting additional information about data submission plans in advance of the submission of the Enhanced Demographic Data File. Health-Related Social Needs (HRSN) Assessment – Timely and complete submission to Massachusetts of an initial assessment of 1) beneficiary-reported HRSN data adequacy and completeness, and 2) strategies employed to provide information about referrals including to community resources and support services	June 2, 2023
Q3 CY 2023 Payment	Disability Competency Self-Assessment – Timely and complete submission to Massachusetts of a report on the results of the disability competencies self-assessment, including identified disability competencies targeted for improvement in PY 2.	August 11, 2023

PY 1 Reconciliation Payment	Health Equity Strategic Plan: Timely and complete submission to Massachusetts of a Health Equity Strategic Plan required in the Rate Year 2023 contract agreement between MassHealth and acute hospital providers.	Dec. 31, 2023
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B. HQEI Corrective Action Plan

Given the importance of establishing foundational capacity for health equity accountability in the first performance year of the HQEIP and in order to set hospitals up for success in subsequent performance years, the Commonwealth will actively manage performance of participating acute hospitals to optimize performance. The Commonwealth will rigorously evaluate interim and annual deliverables to identify providers that are not on track to meet program objectives and to support concurrent corrective action for successful achievement of expectations.

Underperforming participating hospitals will be notified by the Commonwealth on a periodic basis and will be supported to achieve performance year objectives.

Performance management of acute hospitals for the HQEIP will be multilayered:

- MassHealth program teams will be working closely with the hospitals to clearly communicate expectations of the HQEIP, maintaining an open dialogue with hospitals to respond to questions and requests for support. As part of this effort, MassHealth intends to coordinate bi-monthly educational meetings with the hospitals and providers to discuss topics including related to HQEIP performance, with at least two educational sessions per year dedicated to the HQEIP. Additional sessions and conferences between acute hospitals and EOHHS to support performance may be convened with each hospital individually at the hospital's request or at the request of the Commonwealth. Further, MassHealth will also hold regular office hours with acute hospitals to assist in program implementation.
- The Commonwealth will use its established and contracted quality performance vendors who support current quality and equity measurement initiatives to assist in the monitoring, reporting and evaluation of acute hospital performance on HQEIP metrics.
- MassHealth will be supported in monitoring HQEIP performance by its "Health Quality and Equity Program Management Vendor." This vendor will support assessment of HQEIP documentation and deliverables and will support hospitals to meet program requirements. This vendor will also provide additional support as directed by EOHHS, such as thought leadership, help developing tools to assess deliverables, and development of materials to support public-facing reports.
- The quarterly payment strategy employed by MassHealth will provide a strong incentive to make steady progress towards PY 1 goals; missing key milestones will have immediate, tangible impacts on interim incentive payments.

Together these activities will allow the Commonwealth to recognize and intervene on deficits in acute hospital performance to optimize performance. Hospital accountability to the state is further detailed in Section 5; hospitals will not be eligible to earn back unearned funds in PY 1.

Section 5. HQEI Accountability Framework (State Accountability to CMS; Acute Hospital Accountability to the State) for PY 1

A. State Accountability to CMS for the HQEI

The State has structured an accountability framework for the HQEI under which MassHealth is accountable to CMS for statewide achievement of HQEI goals. MassHealth's failure to achieve the standards set for these goals may result in the loss of HQEI expenditure authority according to the at-risk schedule set forth in STC 14.9 and included in Table 7 below. Any lost expenditure authority will result in parallel reduced HQEI expenditures by the State.

Table 7. Statewide funding At-Risk by Demonstration Year

Demonstration Year	DY 27-28	DY 29	DY 30	DY 31	DY 32
Performance Year	Q4 2022-Q4 2023 (PY 1)	CY 2024 (PY 2)	CY 2025 (PY 3)	CY 2026 (PY 4)	CY 2027 (PY 5)
Funding at-risk for statewide achievement	5 percent	15 percent	20 percent	25 percent	25 percent

STC 14.9(a)(i) establishes the components of statewide accountability calculations. Consistent with STC 14.9, the statewide accountability in the first performance year is described in Table 8 below. Each domain will be assigned a weight for PY 1. The State will calculate the Statewide Accountability Score by multiplying the Score for each State HQEI domain by the associated weight and then summing the totals together. For example, PY Statewide Accountability Score = Domain 1 Score * 20% + Domain 2 Score * 20% + Domain 3 Score * 20% + Statewide Reporting of CMS Health Equity Measures Score * 40%. Statewide Accountability performance will be calculated as described in Table 9.

Table 8. Statewide Accountability to CMS for HQEI Performance in PY 1

Percent of At-risk funding for PY 1	Statewide Performance Component
Achievement of or improvement toward performance goals on the following measures across participating hospitals (drawn from STC 14.3, 14.4, and 14.5)	
25%	1) Domain 1: a. 80% of participating hospitals reporting baseline RELDSOGI rates. b. 80% of participating hospitals reporting baseline HRSN rates
25%	2) Domain 2: Massachusetts reporting to CMS on historical hospital quality data stratified by race and ethnicity as well as by pediatric and adult populations to contribute to informing selection of targeted areas for disparities reduction in subsequent program years

Percent of At-risk funding for PY 1	Statewide Performance Component
25%	3) Domain 3: 80% of participating hospitals achieve new and revised requirements to reduce health care disparities, specifically, the new standards in The Joint Commission (TJC) Accreditation Leadership (LD) chapter with 6 new elements of performance (EPs). Standard LD.04.03.08 will be effective January 1, 2023.
Statewide reporting on a selection of metrics agreed upon by CMS and the Commonwealth from the draft CMS Health Equity Measure Slate for DY27 and DY28	
25%	4) Statewide Reporting for PY 1 on: <ul style="list-style-type: none"> • Childhood Immunization Status (CIS-CH) • Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) • Controlling High Blood Pressure (CBP-AD) • Timeliness of Prenatal Care (PPC-CH) • Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD and FUA-CH)* • Follow-up after Hospitalization for Mental Illness (FUH-AD) • Unnecessary C-Section (TJC PC02)
N/A	5) Maternal Morbidity Measure (to be specified by CMS)

Table 9. Statewide Accountability: Performance Calculations for PY 1

Statewide Performance Component	PY 1 Performance Calculation
1) Domain 1: <ol style="list-style-type: none"> 80% of hospitals reporting baseline RELDSOGI rates. 80% of hospitals reporting baseline HRSN rates. 	<p>Domain 1 performance will be weighted equally across subcomponents a and b, calculated as described below:</p> <p>a. RELDSOGI baseline reporting performance calculation</p> <p>Massachusetts will calculate the percentage of participating hospitals reporting to EOHHS complete baseline RELDSOGI rates for PY1.</p> <ul style="list-style-type: none"> • If the Commonwealth meets or surpasses the target of 80% for PY 1, the State will earn a 100% score for this component for PY1. • If at least 40% of participating hospitals reporting to EOHHS complete and timely baseline RELDSOGI rates, the State will earn a proportionate score of $((\text{completeness \%} / 80 \%) * 100)$ for this component for PY 1. • If less than 40% of participating hospitals and report to EOHHS complete and timely baseline RELDSOGI rates,

Statewide Performance Component	PY 1 Performance Calculation
	<p>the State will earn a score of 0% for this component for PY 1.</p> <p>b. HRSN baseline reporting calculation</p> <p>Massachusetts will calculate the percentage of participating hospitals reporting to EOHHS complete baseline HRSN rates for PY1.</p> <ul style="list-style-type: none"> • If the Commonwealth meets or surpasses the target of 80% for PY 1, the State will earn a 100% score for this component for PY1. • If at least 40% of participating hospitals reporting to EOHHS complete and timely baseline HRSN rates, the State will earn a proportionate score of $((\text{completeness \%} / 80 \%) * 100)$ for this component for PY 1. • If less than 40% of participating hospitals and report to EOHHS complete and timely baseline HRSN rates, the State will earn a score of 0% for this component for PY 1.
<p>2) Domain 2: EOHHS reporting to CMS on historical hospital quality data stratified by race and ethnicity to contribute to informing targeted areas for disparities reduction</p>	<p>Massachusetts will report to CMS on historical hospital quality data stratified by race and ethnicity (self-reported and/or imputed) to inform targeted areas for disparities reduction by December 31, 2023. Specifically, the Commonwealth will report stratified performance data at the hospital level for clinical quality metrics that were used in MassHealth quality incentive programs in the three most recent performance years for which data are available for analysis (CY 2019-CY 2021).</p> <ul style="list-style-type: none"> • If the Commonwealth submits a complete report to CMS by December 31, 2023, the Commonwealth will earn a score of 100% for this component for PY 1.
<p>3) Domain 3: 80% of participating hospitals achieve new and revised requirements to reduce health care disparities, specifically, the new standards in the Leadership (LD) chapter with 6 new elements of performance (EPs). Standard LD.04.03.08 will be effective January 1, 2023.</p>	<p>Massachusetts will calculate the percentage of participating hospitals achieving new and revised Joint Commission accreditation requirements (specifically, the new standards in the Leadership (LD) chapter with 6 new elements of performance, Standard LD.04.03.08.)</p> <ul style="list-style-type: none"> • If the Commonwealth meets or surpasses the target of 80% for PY 1, the State will earn a 100% score for this component for PY 1. • If at least 40% of participating hospitals achieve the requirements, the Commonwealth will earn a score of $((\text{completeness \%} / 80 \%) * 100)$ for this component for PY 1. • If less than 40% of participating hospitals achieve the requirements, the Commonwealth will earn a score of 0% for this component for PY 1.

Statewide Performance Component	PY 1 Performance Calculation
4) Statewide Reporting for Performance Year 1 (metrics specified in Table 8)	Massachusetts will report statewide performance on specified metrics to CMS by December 31, 2024. <ul style="list-style-type: none"> If the Commonwealth submits a complete report of performance on the specified metrics to CMS by December 31, 2024 (allowing for claims runout and processing), the State will earn a score of 100% for this component for PY 1.
5) Maternal Morbidity Measure (to be specified by CMS)	Not applicable

B. Acute Hospital Accountability to the State for the HQEIP

Regardless of MassHealth’s performance with respect to its accountability to CMS, MassHealth will separately hold each participating acute hospital individually accountable for its performance on the HQEIP performance measures.

Total incentive amounts for each hospital for PY 1 will be distributed according to the weighting described in Table 10. Performance expectations for each metric are summarized in Table 4 above and detailed further in relevant technical specifications.

Table 10. PY 1 HQEIP Metric Weights

Subdomain	Hospital Quality and Equity Initiative Program Metric (<i>Steward</i>)	PY 1 Weight (%)
Domain 1. Demographic and Health-Related Social Needs Data		25
Demographic Data Collection	Race, Ethnicity, Language, Disability, Sexual Orientation, & Gender Identity Data Completeness (<i>EOHHS</i>)	15
Health-Related Social Needs Screening	Screening for Social Drivers of Health (<i>CMS</i>)	10
Domain 2. Equitable Quality and Access		50
Equity Reporting	Stratified Reporting of Quality Data (<i>EOHHS</i>)	10
Equity Improvement	Equity Improvement Interventions (<i>EOHHS</i>)	10

Access	Meaningful Access to Healthcare Services for Individuals with Limited English Proficiency (<i>OHA</i>)	10
	Disability Competencies (<i>EOHHS</i>)	10
	Accommodation Needs Met (<i>EOHHS</i>)	10
Domain 3. Capacity and Collaboration		25
Capacity	Achievement of External Standards for Health Equity (<i>EOHHS</i>)	10
	HCAHPS: Items Related to Cultural Competency (<i>AHRQ</i>)	10
Collaboration	Joint Accountability for ACO Performance (<i>EOHHS</i>)	5

Section 6. Analysis & Needs Assessment and Advisory Functions

A. Analysis & Needs Assessment

To inform development of the Hospital Quality and Equity Initiative, including areas for prioritization and improvement, Massachusetts engaged in a robust assessment of needs. Initial program design took into account: 1) an understanding of the population served by the acute hospital program; 2) member and community and other stakeholder quality and equity priorities for the acute hospital program; 3) an assessment of significant health needs amongst the served acute hospital population; 4) an investigation of the acute hospital resources potentially available to address the significant health needs; 5) an evaluation of the impact of historical and current MassHealth programs on quality and equity; and 6) a review of relevant guidance and literature related to promoting quality and health equity in Medicaid programs and within health systems.

Avenues for input included:

1. Strategic planning process to identify MassHealth health equity priorities and member needs
2. Robust review of data, including:
 - a. Historical acute hospital quality performance data, including stratified by available social risk factors
 - b. Acute hospital utilization data (inpatient and emergency department)
 - c. Equity data from the Massachusetts Department of Public Health
3. Literature review
4. A public request for information related to introducing health equity as a component of value-based care
5. A public request for information related to strengthening member engagement including to inform health equity programming

6. Data from surveyed hospitals and health plans related to health equity data collection and use
7. Recommendations from the EOHHS Quality Measure Alignment Task Force related to health equity data and principles for health equity accountability
8. Numerous public meetings
9. Regular engagement with acute hospital stakeholders, directly and through professional society and other advocacy groups

Massachusetts anticipates updating its statewide assessment of needs on an annual basis to inform ongoing program priorities and target areas for performance improvement. In addition to inputs used to inform initial program development, the Commonwealth will also consider, at a minimum:

10. HQEIP interim and annual performance data
11. Findings from HQEIP Needs Assessments conducted by participating hospitals. This Needs Assessment may build on requirements for Community Health Needs Assessments (CHNAs) required to be conducted by non-profit acute hospitals by the Massachusetts Office of the Attorney General. CHNAs include numerous elements, including importantly, identification of health disparities and particular types of health differences that are closely linked with economic, social, or environmental disadvantage as part of their assessment of significant health needs of the community.
12. Ongoing stakeholder engagement, including provider, health system, member, and community engagement.

The hospital-level and statewide needs assessments will inform all aspects of the program, but in particular will inform selection of quality and access metrics for improvement and/or disparities reduction entering into performance in later years of the program.

B. HQEI Advisory Committee

MassHealth will establish a Hospital Quality and Equity Initiative Advisory Committee (the “HQEIA Committee”) that will serve as an advisory group offering expertise in health care quality and equity measurement, quality and equity improvement, and clinical, demographic, and HRSN data used in performance improvement initiatives, and best practices, as set forth in STC 14.23. Final decision-making authority over the demonstration will be retained by MassHealth (with CMS approval, as applicable), although MassHealth will consider all HQEIA Committee recommendations.

As part MassHealth’s larger stakeholder engagement strategy, the HQEIA Committee will be part of a group scoped to discuss broader topics including, but not limited to, behavioral health integration, primary care sub-capitation, and care coordination. As such, this HQEIA Committee will bring a variety of stakeholders with broad perspective together, which will support the mission of improving clinical performance of HQEI activities. The HQEIA Committee may be comprised of stakeholders including, but not limited to:

- Advocacy groups
- Providers and provider associations
- Hospitals

- ACOs and Health Plans
- Social Service and Community Partner organizations
- MassHealth members
- Community representative or something similar

At least 30% of HQEIA Committee members will be required to have significant expertise or experience in health quality and equity, including but not limited to full-time employment in health quality and equity in government service, at managed care plans, at health systems, from companies providing health quality and equity services to above listed provider types and managed care plans, and/or lived experience. The state will work to minimize possible conflicts of interest.

C. Independent Assessor

MassHealth will identify an Independent Assessor with expertise in delivery system improvement to assist with Hospital Quality and Equity Initiative administration, oversight, and monitoring. Broadly over the course of this waiver, the Independent Assessor, in collaboration with other entities identified by MassHealth as needed (e.g., health quality and equity program management vendor), will review proposals, progress reports and other related documents, to ensure compliance with the approved STCs, this Hospital Quality and Equity Initiative Implementation Plan, and any applicable Protocols. In PY1 specifically, the Independent Assessor will review the following three planning deliverables: the health quality and equity strategic plans, the RELD SOGI and HRSN Assessments, and self-assessments of staff disability competencies. The Independent Assessor shall make recommendations to MassHealth for program improvement. Final decision-making authority regarding program improvement recommendations rests with MassHealth. However, MassHealth will carefully consider the Independent Assessor's recommendations. The State has the authority to change Independent Assessors at the State's discretion.

Appendix A. List of MassHealth Acute Hospitals by Safety Net Group Tier

Hospital	Tier
Boston Medical Center	Tier 1
Holyoke Medical Center	Tier 1
Lawrence General Hospital	Tier 1
Mercy Medical Center	Tier 1
Signature Healthcare Brockton Hospital	Tier 1
Steward Carney Hospital Inc.	Tier 1
Baystate Franklin Medical Center	Tier 2
Baystate Medical Center	Tier 2
Baystate Wing Hospital	Tier 2
Berkshire Medical Center	Tier 2
Heywood Hospital	Tier 2
Lowell General Hospital	Tier 2
Martha's Vineyard Hospital	Tier 2
MetroWest Medical Center	Tier 2
Morton Hospital - A Steward Family Hospital Inc.	Tier 2
Noble Hospital	Tier 2
North Shore Medical Center	Tier 2
Shriners Hospitals for Children Boston	Tier 2
Shriners Hospitals for Children Springfield	Tier 2
Southcoast Hospitals Group	Tier 2
Steward Good Samaritan Medical Center	Tier 2
Steward Holy Family Hospital Inc.	Tier 2
Tufts Medical Center	Tier 2
Anna Jaques Hospital	Tier 3
Athol Memorial Hospital	Tier 3
Beth Israel Deaconess Hospital - Milton	Tier 3
Beth Israel Deaconess Hospital - Needham	Tier 3
Beth Israel Deaconess Hospital - Plymouth	Tier 3
Beth Israel Deaconess Medical Center	Tier 3
Boston Children's Hospital	Tier 3
Brigham and Women's Faulkner Hospital	Tier 3
Brigham and Women's Hospital	Tier 3
Cape Cod Hospital	Tier 3
Cooley Dickinson Hospital	Tier 3
Dana-Farber Cancer Institute	Tier 3
Emerson Hospital	Tier 3
Fairview Hospital	Tier 3

Attachment J
Hospital Quality and Equity Initiative Implementation Plan
Performance Year 1

Hospital	Tier
Falmouth Hospital	Tier 3
Harrington Memorial Hospital	Tier 3
HealthAlliance Hospital	Tier 3
Lahey Health - Winchester Hospital	Tier 3
Lahey Hospital and Medical Center	Tier 3
Marlborough Hospital - A member of the UMASS Memorial Health Center	Tier 3
Massachusetts Eye and Ear Infirmary	Tier 3
Massachusetts General Hospital	Tier 3
Melrose Wakefield Hospital (formerly Hallmark Health)	Tier 3
Milford Regional Medical Center	Tier 3
Mount Auburn Hospital	Tier 3
Nantucket Cottage Hospital	Tier 3
Nashoba Valley Medical Center - A Steward Family Hospital Inc.	Tier 3
New England Baptist Hospital	Tier 3
Newton-Wellesley Hospital	Tier 3
Northeast Hospital (Beverly Hospital)	Tier 3
Saint Vincent Hospital	Tier 3
South Shore Hospital	Tier 3
Steward Norwood Hospital Inc.	Tier 3
Steward Saint Anne's Hospital Inc.	Tier 3
Steward St. Elizabeth's Medical Center	Tier 3
Sturdy Memorial Hospital	Tier 3
UMass Memorial Medical Center	Tier 3
Cambridge Health Alliance	N/A

Appendix B. Overview of the MassHealth Acute Hospital Clinical Quality Incentive Program

MassHealth has had a longstanding commitment to promoting high quality care for its members spanning medical, behavioral health, and long-term services and supports. Specifically, for over a decade, MassHealth has incentivized quality performance for its private acute hospitals (including the single non-state-owned public acute hospital).

For the 1115 waiver renewal period from Calendar Year (CY) 2022 – CY 2027, MassHealth intends to continue and enhance its quality measurement program for acute hospitals, referred to as the Clinical Quality Incentive (CQI) program. The CQI will be implemented under State Plan Authority to provide opportunities for acute hospitals to earn incentives for quality reporting and performance on quality measures pertinent to MassHealth quality priorities. The incentive is designed to reward hospitals for excelling in and improving quality of care delivered to MassHealth members, and is aligned with articulated goals in MassHealth’s 2022 Comprehensive Quality Strategy²:

- 1) **Promote better care:** Promote safe and high-quality care for MassHealth members
- 2) **Promote equitable care:** Achieve measurable reductions in health and health care quality inequities related to race, ethnicity, language, disability, sexual orientation, gender identity, and other social risk factors that MassHealth members experience
- 3) **Make care more value-based:** Ensure value-based care for our members by holding providers accountable for cost and high quality of patient-centered, equitable care
- 4) **Promote person- and family- centered care:** Strengthen member and family-centered approaches to care and focus on engaging members in their health
- 5) **Improve care through better integration, communication, and coordination** across the care continuum and across care teams for our members

Measures included in the CQI are selected to be disparities-sensitive standard quality metrics aligned with MassHealth quality priorities, including related to preventive, perinatal, and pediatric care; care coordination; care for acute and chronic conditions; and member experience (see Table 1 for example measures for the Acute Hospital Clinical Quality Incentive program for CY 2023; measures to be specified through state plan amendment). Acute Hospitals will earn incentive payments based on improvement towards and achievement of performance targets specified by MassHealth.

² Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. MassHealth 2022 Comprehensive Quality Strategy. <https://www.mass.gov/doc/masshealth-2022-comprehensive-quality-strategy-2/download>

Table 1. Example Measures for the Acute Hospital Quality Clinical Quality Incentive program for CY 2023

Quality Domain	Quality Measure (Steward)
Preventive, Perinatal, and Pediatric Care	<ul style="list-style-type: none"> Cesarean Birth, Nulliparous, Singleton, Vertex (<i>TJC</i>) Unexpected Newborn Complications in Term Infants (<i>TJC</i>) Perinatal Morbidity Structural Measure (Includes a survey question that aligns with the CMS 0418 Maternal Morbidity Structural Measure) (<i>EOHHS</i>) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (<i>NCQA</i>) Pediatric All-Condition Readmissions Measure (<i>COEPQM</i>)
Care Coordination/ Integration	<ul style="list-style-type: none"> Reconciled Medication List Received by Discharged Patient (<i>CMS</i>) Transition Record with Specified Data Elements Received by Discharged Patient (<i>CMS</i>) Timely Transmission of Transition Record within 48 hours at Discharge (<i>CMS</i>) Plan All-Cause Readmissions Adult (7 day and 30 day) (<i>NCQA</i>) Follow-up After ED Visit for Mental Illness (7 day and 30 day) (<i>NCQA</i>) Follow-Up After ED Visit for Alcohol or Drug Abuse or Dependence (7 day and 30 day) (<i>NCQA</i>) Follow-up After Hospitalization for Mental Illness (7 day and 30 day) (<i>NCQA</i>)
Care for Acute and Chronic Conditions	<ul style="list-style-type: none"> Alcohol Use – Brief Intervention Provided or Offered (<i>TJC Sub-2</i>) Alcohol & Other Drug Use Disorder – Treatment Provided/Offered at Discharge (<i>TJC Sub-3</i>) Safe Use of Opioids – Concurrent Prescribing (<i>CMS</i>) Medication Continuation Following Inpatient Psychiatric Discharge (<i>CMS</i>) Screening for Metabolic Disorders (<i>CMS</i>)
Patient Safety	<ul style="list-style-type: none"> PSI-90: Patient Safety and Adverse Events Composite (<i>AHRQ</i>) HAI: CLABSI, CAUTI, MRSA, CDI, SSI (<i>CDC</i>)
Patient Experience	<ul style="list-style-type: none"> HCAHPS: Hospital Consumer Assessment of Healthcare Provider Systems Survey (<i>AHRQ</i>). Includes 7 survey dimensions: 1) nurse communication, 2) doctor communication, 3) responsiveness of hospital staff, 4) communication about medicines, 5) discharge information, 6) overall rating and 7) three item care transition.

Appendix C. Cambridge Health Alliance Hospital Quality and Equity Incentive Program (CHA-HQEIP)

[Reserved]