Community Behavioral Health Center (CBHC) Incentive Program Performance Years 1-5 Implementation Plan

Performance Years (PY) 1–5 (Calendar Years 2024 –– 2028)

CBHC Incentive Program: Clinical Quality Incentive (CQI) and Quality and Equity Incentive Program (QEIP)

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Section 1. Overview and Scope of the Community Behavioral Health Centers (CBHC) Incentive Program

1.1 Overview of the CBHC Incentive Program

Since the launch of the Community Behavioral Health Centers (CBHCs) in January of 2023 as part of the Roadmap for Behavioral Health Reform, CBHCs play an integral role in the state's health care system by providing front-door access to care for individuals experiencing behavioral health (BH) crises in the community. EOHHS is implementing a CBHC Incentive Program with two components: a quality component, the CBHC Clinical Quality Incentive (CCQI) and a health equity component, the CBHC Quality and Equity Incentive Program (CQEIP) for the CBHC provider network. These incentives are part of larger efforts at EOHHS to center equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

1.2 Scope of this CBHC Incentive Program PY 1-5 Implementation Plan

This CBHC Incentive Program PY1-5 Implementation Plan provides additional detail related to implementation of MassHealth's CBHC Incentive Program, inclusive of the quality component (CCQI) and the health equity component (CQEIP) for Performance Years 1-5 (January 1, 2024 – December 31, 2028).

The total eligible incentive payment for PY1 share total no more than $17 million attributed to the CCQI. Total annual eligible incentive payment for PY2-5 shall total no more than $17 million, with $8.5 million total eligible incentive payment possible in the CCQI and $8.5 million total eligible incentive payment possible in the CQEIP.

Incentive payments will be determined by the performance of each CBHC's Tax Identification Number (TIN)-billing entity (see Appendix 1). Each CBHC's TIN-billing entity, whether operating one or more CBHC sites, is eligible to earn one incentive payment based on the performance of all CBHC sites operated by that TIN-billing entity. For the purposes of this document, references to "CBHC" refer to both a single CBHC site operating under a TIN- billing entity and multiple CBHC sites operating under one TIN-billing entity.

Section 2. Qualifications for Participation in the CBHC Incentive Program

Subject to any necessary legislative authorization, compliance with applicable federal and state statutes, regulations, state plan provisions, the availability of funds, and full federal financial participation, qualifying CBHCs may earn CCQI and CQEIP incentive payments regarding their respective completion of requirements and performance in PY1-5. In order to qualify for payments, CBHCs must meet the following criteria:

1. Be an MCE-contracted CBHC in good standing, as determined by EOHHS;
2. Submit a timely and complete CBHC Incentive Program Participation Attestation annually by **April 15th of the Performance Year (e.g., April 15, 2025 for PY2)** in which each CBHC attests that it intends to participate in the CCQI and CQEIP and maintains the following activities:
    a. Establish and maintain a Health Quality and Equity Committee (HQEC).
        i. The HQEC shall have representation from various stakeholders, including but not limited to:
            a. CBHC clinical staff;
            b. CBHC non-clinical staff; and
            c. At least two MassHealth members or family members of MassHealth members.
        ii. Responsibilities of the HQEC must include but are not limited to:
            a. Developing and steering implementation of the CBHC's QEIP strategy;
            b. Monitoring progress towards addressing inequities;

c. Developing Health Equity reporting;
d. Sharing all relevant information with the CBHC's Community Accountability Board

b. Establish and maintain a Community Accountability Board (CAB).
    i. Duties of the CAB must include, but are not limited to:
        a. Providing regular feedback to the governing board on issues of care and services;
        b. Identifying and advocating for preventive care practices to be utilized by the CBHC;
        c. Being involved with the development and updating of cultural and linguistic policies and procedures, including those related to Quality Improvement, education, and operational and cultural competency issues affecting groups who speak a primary language other than English;
        d. Advising on the cultural appropriateness and member-centeredness of necessary member or provider targeted services, programs, and trainings; marketing materials and campaigns; and partnerships; and
        e. Providing input and advice on member experience survey results and other appropriate data and assessments.
    ii. The CAB shall be exclusively made up of MassHealth members and family members of MassHealth members.
    iii. The composition of the CAB shall, to the extent possible, reflect the diversity of the MassHealth population, with a membership that:
        a. Considers cultural, linguistic, racial, disability, sexual orientation, and gender identities, among others; and
        b. Includes representatives from parents or guardians of pediatric members.
    iv. The CBHC shall ensure:
        a. Reasonable accommodations, including interpreter services, as well as other resources are provided as may be needed to support participation by members and their family members in the CAB; and
        b. That the process and opportunity for joining the CAB is publicized such that any member (or family members as applicable) may have the opportunity to apply or otherwise participate.
c. Provide complete and accurate data per the CCQI and CQEIP Technical Specifications for quarterly VDDF (ASDF and DDF) submissions to meet Access Standards and Equity measure reporting requirements.

EOHHS anticipates monitoring the progress of these activities in the Health Quality and Equity Strategic Plan.

2.1. Health Quality and Equity Strategic Plan Qualification for Participation Reporting Requirement

In order to qualify for CBHC CQI incentive payments in PY1 and CQEIP incentive payments in PY2-5, each Performance Year, CBHCs must submit a timely, complete, and responsive Health Quality and Equity Strategic Plan to EOHHS due by **December 31 of the Performance Year** (e.g. December 31, 2025 for PY2).

Section 3. CBHC Clinical Quality Incentive (CCQI)

3.1 Overview of the Measures in the CCQI

The CCQI measure slate consists of three clinical quality incentive measures outlined in *Table 1. Overview of Measure Slate in the CCQI*. Further detail on these measures is provided in the *PY1-5 CBHC Clinical Quality Incentive (CCQI) Technical Specifications* document.

Table 1. Overview of Measure Slate in the CCQI

Measure Name	Measure Description
CCQI-1: Access Standards	This measure assesses timely access to behavioral health services for members experiencing a behavioral health crisis with an urgent or immediate care need by looking at the percentage of new patients (new to qualifying visits) that received an appointment for a qualifying CBHC visit within a specified timeframe.
CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	This measure assesses the proportion of qualifying hospital encounters that result in a qualifying CBHC visit within 7 days of discharge that occur at each CBHC.
CCQI-3: Readmission to Acute Behavioral Health Care	This measure assesses the percentage of patients who have a qualifying encounter and who have a qualifying CBHC visit within 7 days of discharge from the qualifying encounter who subsequently readmit within 30 days of discharge from the qualifying encounter.

3.2 CCQI Measures and Payment Status for PY1-5

The payment status for the CCQI-2 and CCQI-3 measures will be in Pay-for-Performance (P4P) throughout PY1-5, while the payment status for the CCQI-1 measure will be in P4P throughout PY2-5 only. *Table 2. CCQI Measures and their Payment Status in PY1-5* outlines the payment status for each of the CCQI measures.

Table 2. CCQI Measures Payment Status in PY1-5

Measure Name	PY1 (2024)	PY2 (2025)	PY3 (2026)	PY4 (2027)	PY5 (2028)
CCQI-1: Access Standards	N/A	P4P	P4P	P4P	P4P

CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	P4P	P4P	P4P	P4P	P4P
CCQI-3: Readmission to Acute Behavioral Health Care	P4P	P4P	P4P	P4P	P4P

3.2.1 Reporting Requirements for PY1-5

For PY1, as a condition of participation for the CCQI-1 Access Standards measure, CBHCs are required to submit an accurate test-file successfully with time-stamped data in the specified format with data fields.

For PY2-5 CBHCs are required to submit the Access Standards Data File (ASDF) on a quarterly basis for the CCQI-1 Access Standards measure. CBHCs must complete the annual CBHC Incentive Program Attestation Form to confirm whether they can meet the ASDF reporting requirements prior to the following performance year *(e.g. CBHCs confirm they can submit ASDF data for PY3 by the end of PY2)*. Additional information on the CCQI-1 measurement requirements and guidance on ASDF quarterly submissions can be found in the latest versions of the *PY1-5 CBHC Clinical Quality Incentive (CCQI) Technical Specifications* and the *VDDF Production-level Submission Guide*. Reporting requirements for the Access Standards measure are outlined below in *Table 3. CCQI Reporting Requirements for PY2-5*.

There are no reporting requirements for CBHCs on the CCQI-2 and the CCQI-3 claims-based measures to date. EOHHS's Comprehensive Quality Measurement Vendor (CQMV) will review paid claims and encounter data to assess CBHC performance on these two measures for PY1-5. Please note that reporting requirements are subject to change at any given point during a performance year. CBHCs that do not meet CCQI reporting requirements are subject to receiving a lower performance score.

Table 3. CCQI Reporting Requirements for PY2-5

Measure Name	**Reporting Expectations for PY2-5 (to be further specified by EOHHS)**	**Due Date**
CCQI-1: Access Standards	Quarterly Submission of the Access Standards Data File (ASDF), as detailed in the Visit and Demographic Data File (VDDF) Submission Guide	On a quarterly basis each performance year. Please refer to the *VDDF Submission Guide* for the Submission Schedule.
CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	N/A – Paid claims and encounter data analysis will be completed by the EOHHS Comprehensive Quality Measurement Vendor (CQMV).	N/A

Measure Name	Reporting Expectations for PY2-5 (to be further specified by EOHHS)	Due Date
CCQI-3: Readmission to Acute Behavioral Health Care	N/A – Paid claims and encounter data analysis will be completed by the EOHHS Comprehensive Quality Measurement Vendor (CQMV).	N/A

3.3. CCQI PY1-5 Payment Methodology and Schedule

3.3.1 Payment Methodology

The total incentive payment pool for the CCQI claims-based measures in P4P across all CBHCs is $17 million in PY1, and $8.5 million each performance year for all CCQI measures in PY2-5. Of the $8.5 million in PY2-5, each CBHC TIN-billing entity's **individual maximum eligible incentive amount** will be based on the relative proportion of unique MassHealth members served in the previous performance year (e.g., each CBHC TIN-billing entity's maximum eligible incentive amount for PY2 is based on their relative proportion of unique MassHealth members served between 01/01/24 to 12/31/24). Each CBHC's TIN-billing entity may earn their respective maximum eligible incentive amount based on their overall quality score (as described in Section 3.4). Please note that if the reporting requirements for the Access Standards measure are not adequately met where complete and accurate data is not provided for a performance period, EOHHS would not be able to calculate a quality score for this measure, which may result in a reduced amount of the total earned incentive.

3.3.2 Payment Schedule and Performance Review Process

CCQI Performance Year 1-5 Payment Schedule

For the CCQI measures, CBHCs will receive a one-time earned incentive payment based on the overall quality score and the maximum eligible incentive amount for each performance year. CBHCs will have 30 days to review their overall performance scores and earned payment amount with the option to meet with MassHealth and discuss any potential questions or concerns before final payment is distributed. If MassHealth determines that the initial incentive payment was incorrect, MassHealth will issue a corrected and final scorecard and payment notice to the CBHC prior to issuing payment. Please note that once the 30-day review period ends, in order to avoid unnecessary delays in payment across all CBHCs, there will not be an extended or secondary review period. Updates to performance scores and the earned amount will be considered as final, with payment distributed to all CBHCs at one time following the 30-day review period. In addition, while MassHealth aims to administer payment for both the CCQI and CQEIP at one time, based on the availability of CBHC performance for each program component, incentive distribution may be staggered or delayed. MassHealth will notify and update CBHCs of the payment timeline for each performance year.

3.4. CCQI Performance Assessment Methodology Overview for PY1-5

The CCQI Performance Assessment Methodology (PAM) will be used to calculate the overall performance score on the CCQI measures to determine the incentive amount earned by each CBHC. This scoring method is outlined in section 3.4. The Performance Assessment Methodology is subject to change in subsequent performance years. The complete PAM process can be found in the *PY1-5 CCQI Performance Assessment Methodology Manual.*

3.4.1 CCQI Benchmarking for Performance Years 1-5

Benchmarks for each CCQI measure will be determined based on market performance during the baseline year. For the CCQI-1 and CCQI-3 performance measures, the attainment threshold is set within the 25th percentile, with goal benchmark set at the 25th percentile starting in PY2 2025. Between PY2-5, the attainment threshold will be set at the 25th percentile of market performance, with goal benchmark increasing to the 50th percentile in PY3 2026, then to the 90th percentile in PY4 and PY5 (2027-28). For the CCQI-2 utilization measure, benchmarks will be set against market performance to determine the attainment threshold and goal benchmark. Please note that benchmarks are subject to change under unique circumstances (e.g. all CBHCs exceed the set goal benchmark or fall below the attainment threshold in a given performance year.) Please see the benchmarking methodology outlined in *Table 5. CCQI Performance Benchmarking Methodology for Performance Years 1-5*.

Table 5. CCQI Performance Benchmarking Methodology for Performance Years 1-5

Measure Name	PY1 (2024)	PY2 (2025)	PY3 (2026)	PY4 (2027)	PY5 (2028)
CCQI-1: Access Standards	NA	AT: Within the 25th percentile of market performance GB: At the 25th percentile of market performance	AT: At the 25th percentile of market performance GB: At the 50th percentile of market performance	AT: At the 25th percentile of market performance GB: At the 90th percentile of market performance	AT: At the 25th percentile of market performance GB: At the 90th percentile of market performance
CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	Benchmarked against market performance	Benchmarked against market performance	Benchmarked against market performance	Benchmarked against market performance	Benchmarked against market performance

CCQI-3: Readmission to Acute Behavioral Health Care	AT: Within the 25th percentile of market performance GB: At the 25th percentile of market performance	AT: Within the 25th percentile of market performance GB: At the 25th percentile of market performance	AT: At the 25th percentile of market performance GB: At the 50th percentile of market performance	AT: At the 25th percentile of market performance GB: At the 90th percentile of market performance	AT: At the 25th percentile of market performance GB: At the 90th percentile of market performance

3.4.2 CCQI Measure Weights for Performance Years 1-5

Each CCQI measure will be weighted equally for each quality score in PY1-5. The measure weights are outlined in *Table 4. CCQI Measure Weights for Performance Years 1-5*.

Table 4. CCQI Measure Weights for Performance Years 1-5

Measure Name	Measure Weight (%) PY1 (2024)	Measure Weight (%) PY2 (2025)	Measure Weight (%) PY3 (2026)	Measure Weight (%) PY4 (2027)	Measure Weight (%) PY5 (2028)
CCQI-1: Access Standards	N/A	33.33	33.33	33.33	33.33
CCQI-2: Follow-up After Acute Behavioral Health Episode of Care	50	33.33	33.33	33.33	33.33
CCQI-3: Readmission to Acute Behavioral Health Care	50	33.33	33.33	33.33	33.33
Total	**100**	**100**	**100**	**100**	**100**

Note: Measure weights are presented as a percentage rounded to the nearest hundredth in this table.

3.4.3 CCQI Scoring for Performance Years 1-5

Attainment Targets

Once benchmarks are established and attainment targets are met, CBHCs can earn attainment points to produce an overall quality score across all CCQI measures. Attainment targets include the attainment threshold at which CBHCs can start to earn points, and the goal benchmark to earn the maximum number of points to produce an overall quality score based on CBHC performance within each measurement year. CBHCs can earn up to a maximum of 10 points per measure, with a total of 30 points across all 3 measures as part of their overall quality score.

Improvement Targets

CBHCs can also meet improvement targets, thereby earning improvement points. The improvement target is based on the gap between the goal benchmark and the attainment threshold out of the total number of performance years in the current CBHC program (i.e., (Goal Benchmark – Attainment Threshold)/5 Years). CBHCs can earn improvement points when current performance year rates (at the measure level) meet or exceed that measure's improvement target as compared to the previous highest performing year. Improvement points may still be earned in such cases where a CBHC fails to meet the attainment threshold or exceed the goal benchmark.

Quality Scores

To determine the individual quality score for each measure, attainment and improvement points are added together and divided by the maximum number of points that can be earned. The individual quality score is then weighted and summed to produce the overall quality score, which would then be calculated against the maximum eligible incentive amount to determine the final earned payment for a given performance year. Additional details on the scoring and calculation process can be found in the *PY1-5 CCQI Performance Assessment Methodology Manual*.

Section 4. CBHC Quality and Equity Incentive Program (CQEIP)

4.1. Overview of the Domains and Measures in the CQEIP

The CQEIP measure slate consists of seven measures across three targeted domains. The following *Table 5. Overview of Domains and Measures in the CQEIP* provides an overview of the targeted domains and its measures for CBHCs to pursue improvement in the CBHC Quality and Equity Incentive Program (CQEIP). Further detail on the measures is provided in the *PY2-5 CBHC QEIP Technical Specifications* document.

Table 5. Overview of Domains and Measures in the CQEIP

Domains and Measure Name	Domain and Measure Description
Domain 1. Demographic and Health-Related Social Needs Data	CBHCs will be assessed on the collection of beneficiary-reported demographic and health-related social needs data submitted in accordance with EOHHS specifications. Demographic and health-related social needs data will include at least the following categories: race, ethnicity, language, disability status, sexual orientation, gender identity, and health-related social needs. Data completeness will be calculated separately for each data element.
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELDSOGI) Data Completeness	This measure promotes increasing the percent of MassHealth members with self-reported demographic data (RELDSOGI) that was collected by a CBHC in the measurement year.
Health-Related Social Needs Screening	This measure assesses the percentage of encounters during the measurement period where patients were screened for health-related social needs (HRSNs). Two rates are reported: HRSN Screening Rate and HRSN Screen Positive Rate.
Domain 2: Equitable Quality and Access	CBHCs will be assessed on performance and demonstrated improvements on access and quality metrics, including

Domains and Measure Name	Domain and Measure Description
	associated reductions in disparities. Metrics will focus on overall access, access for individuals with disabilities, and access for individuals with a preferred language other than English.
Equity Improvement Interventions	This measure promotes project design and implementation of a health equity-focused performance improvement project (PIP).
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	This measure promotes increasing the percentage of encounters for patients who report a preferred spoken language other than English during which language assistance services were utilized.
Disability Competent Care	This measure promotes increasing the percent of applicable patient-facing staff who, in the past 24 months, completed disability competency training to address Disability Competent Care (DCC) pillars selected by the CBHC in its DCC Training Plan Report and demonstrated competency in the relevant disability competency training area(s).
Disability Accommodation Needs	This measure assesses the percentage of encounters where 1) patients were screened for accommodation needs related to a disability and 2) for those patients screening positive for accommodation needs related to a disability, a corresponding patient-reported accommodation need was documented.
Domain 3: Capacity and Collaboration	CBHCs will be engaged in assessing and improving provider cultural competence as evidenced by patient experience of courtesy, communication, and respect.
Patient Experience: Communication, Courtesy, and Respect	This measure promotes and builds on CBHC's patient experience survey practices.

4.2. CQEIP Measures and Their Performance Status

The status of the CQEIP measures may be:

- **Pay-for-performance:** CBHCs may earn an incentive on their performance for the measure, based on the scoring of the measure and applying a performance assessment methodology.
- **Condition of Participation:** CBHCs must report on measure reporting requirements for the measure in a timely, complete, and responsive manner to be eligible to qualify for CBHC Incentive Program payments in PY1 and CQEIP incentive payments in PY2-5.

Technical specifications for the CQEIP PY2-5 measures, which may be updated annually or more frequently as necessary, will be made available. A summary of the CQEIP measures and anticipated payment status in PY1-5 are provided in *Table 6. CQEIP Measures and their Measure Status in PY1-5.*

Table 6. CQEIP Measures and their Measure Status in PY1-5

Domains and Measure Name	Performance Status: PY1*	Anticipated Performance Status: PY2*	Anticipated Performance Status: PY3*	Anticipated Performance Status: PY4*	Anticipated Performance Status: PY5*
Domain 1. Demographic and Health-Related Social Needs Data					
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELDSOGI) Data Completeness	CoP	CoP	CoP	CoP	CoP
Health-Related Social Needs Screening	CoP	P4P	P4P	P4P	P4P
Domain 2: Equitable Quality and Access					
Equity Improvement Interventions	CoP	CoP	CoP	CoP	CoP
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	CoP	P4P	P4P	P4P	P4P
Disability Competent Care	CoP	CoP	CoP	CoP	CoP
Disability Accommodation Needs	CoP	P4P	P4P	P4P	P4P
Domain 3: Capacity and Collaboration					
Patient Experience: Communication,	CoP	CoP	CoP	CoP	CoP

Courtesy, and Respect					

**P4P = Pay for Performance; CoP = Condition of Participation. Specific performance trajectories are subject to change. Reporting/performance requirements for each measure described in forthcoming measure technical specifications.*

If a CBHC TIN-Billing Entity anticipates not being able to meet the technical requirements for a measure during a performance year due to extenuating circumstances, the CBHC must provide a written request for exemption to MassHealth with rationale. Exemptions will be considered on a case-by-case basis at the discretion of MassHealth and will only be granted under extenuating circumstances. If a CBHC is approved to be exempted from a Pay for Performance measure, the measure weight would be re-distributed equally across the other P4P measures. If a CBHC is approved to be exempted from a Condition of Participation measure, the CBHC is not accountable to the CoP reporting requirements for that measure.

If a CBHC is not able to meet the technical requirements for at least 2 Pay for Performance measures and at least 2 Conditions of Participation measures during a performance year, the CBHC's participation in the CQEIP will be suspended for that performance period. The CBHC may resume participation when it is able to meet the technical requirements for at least 2 P4P measures and 2 CoP measures, provided that such participation shall begin at the start of the subsequent performance period and provided that the CBHC will be held accountable for the performance year requirements immediately following the last performance year in which the CBHC participated.

For example, if EOHHS determines that a CBHC is unable to meet minimum participation requirements for PY2 in calendar year 2025, the CBHC will not be able to participate in the CQEIP in 2025. If the CBHC is able to meet the minimum participation requirements to participate in calendar year 2026, they will resume participation in the CQEIP and will be held accountable to PY2 requirements in 2026.

4.2.1. Reporting Expectations for Performance Year 1

Recognizing that taking on accountability for equity is new for the CBHC network, interim and annual goals for PY1 are designed to promote essential foundational capacity and readiness to assume progressive risk for health equity performance in Performance Years 2-5. Summarized performance expectations are described in Table 7 below; detailed performance expectations will be described in technical specifications.

Table 7. CQEIP Reporting Expectations for PY1

Domains and Measure Names	Reporting Expectations for PY1 (to be further specified by EOHHS)	Anticipated Due Date (at EOHHS discretion)
Domain 1. Demographic and Health-Related Social Needs Data		
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELDSOGI) Data Completeness	Timely and complete submission to EOHHS of a mapping and verification deliverable which may include descriptions of member- reported demographic data collection efforts as specified by EOHHS.	September 30, 2024
Health-Related Social Needs Screening	Timely and complete submission to EOHHS of an initial assessment of 1) patient-reported HRSN data adequacy and completeness, and 2) strategies employed to provide information about referrals including to community resources and support services.	September 30, 2024
	Complete and timely submission of a report to EOHHS describing: 1) One or more health-related social needs screening tool(s) selected by the CBHC for intended use in screening members beginning in PY2; the selected tool(s) must meet requirements for screening tools for the “Health-Related Social Needs Screening” metric; and 2) An implementation plan to begin screening for health- related social needs in Q1 2025, in order to have capacity to report on the “Health-Related Social Needs Screening” metric beginning in PY2. 3) Strategies to provide information about community resources and support services available to members who screen positive for HRSNs.	December 1, 2024
Domain 2: Equitable Quality and Access		
Equity Improvement Interventions	Organizational Assessment and Quality Planning Document. Deliverable describes current capacity to conduct performance improvement projects and identifies	November 1, 2024

Domains and Measure Names	Reporting Expectations for PY1 (to be further specified by EOHHS)	Anticipated Due Date (at EOHHS discretion)
	resources and infrastructure to support future equity improvement intervention planning and implementation. Deliverable may include: 1. Identification of key CBHC personnel to support equity improvement interventions. 2. Description of CBHC resources including but not limited to, access to population and health disparities data; ability to regularly use data to measure improvement. 3. Identification of potential needs to support quality improvement efforts such as additional staff, trainings, technical assistance. 4. Descriptions of CBHC relationships with external entities, such as those involved in the care or support of a sizeable volume of CBHC patients (i.e. hospitals and community organizations) that can be leveraged or expanded to support quality improvement efforts. 5. Descriptions of current health equity goals and priorities. PY1 planning will support CBHC efforts to develop a PIP Baseline Report in PY2	
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	Complete and timely reporting of an organizational self-assessment of capacity related to providing access to high quality language services to members.	January 31, 2025
Disability Competent Care	Complete and timely submission to EOHHS of the following: 1) CBHC's completed Disability- Competent Care Self-Assessment Report (DCCSAR), and; 2) A plan for improving competency in targeted competency areas during PY 2, including: selected training tools and/or educational resources; which staff that will be assessed (including self-assessed) for post- educational/training competency; and approaches that will be used to assess post-education or post- training organizational and staff competency.	November 1, 2024 February 28, 2025

Domains and Measure Names	Reporting Expectations for PY1 (to be further specified by EOHHS)	Anticipated Due Date (at EOHHS discretion)
Disability Accommodation Needs	Complete and timely submission to EOHHS of a report describing CBHC's current practice and future plans for the following:i• Screening members for accommodation needs related to a disability before or at the start of a patient encounter, and how the results of this screening are documented. • Other methods, if any, for documenting accommodation needs related to a disability. • Asking patients, at or after the end of a patient encounter, if their accommodation needs related to a disability were met. 1. • Analyses that are performed at the organizational level to understand whether accommodation needs related to a disability have been met.	September 30, 2024
Domain 3: Capacity and Collaboration		
Patient Experience: Communication, Courtesy, and Respect	Complete and timely submission to EOHHS of an initial assessment of current practices for eliciting patient experience of care with CBHC services, with a focus on equitable experience, including: • Description of how CBHC currently evaluates or plans to evaluate patient experience of care • Instruments currently in use or development, such as survey or focus group questions, and survey or group location(s) and method(s) of collection • How or whether any existing methods assess patient experience with regard to communication, courtesy, and respect; 1. • Results collected from instrument, if available, including insights garnered, and changes considered or implemented in response to results.	September 30, 2024

4.2.2. Anticipated Reporting Expectations for Performance Year 2

The anticipated reporting expectations for PY2 are summarized in *Table 8. CQEIP Reporting Expectations for PY2*; detailed reporting and performance expectations for PY2 are included in the

PY2-5 CBHC QEIP Technical Specifications. Each report outlined in Table 8 shall be submitted by the CBHC in a form, format, and frequency to be further specified by EOHHS. Additional and/or revised reporting expectations for PY3-5 will be provided prior to the start of each performance year.

Table 8. CQEIP Reporting Expectations for PY2

Domains and Measure Names	Reporting Expectations for PY2 (to be further specified by EOHHS)	Anticipated Due Date
Domain 1. Demographic and Health-Related Social Needs Data		
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELDSOGI) Data Completeness	1. Quarterly Submission of the Demographic Data File (DDF), as further specified in the Visit and Demographic Data File (VDDF) Submission Guide 2. Mapping and Verification Deliverable	1. Quarterly Submission of the Demographic Data File* 2. September 30, 2025 * *Please refer to the VDDF Submission Guide for the Submission and Resubmission Schedule.*
Health-Related Social Needs Screening	Submission of an HRSN Screening Administrative and/or Supplemental Data File	June 30, 2026
Domain 2: Equitable Quality and Access		
Equity Improvement Interventions	1. PIP Topic Selection and Planning Report 2.Disparities Reduction Narrative Report	1.October 31, 2025 2.Dec 1, 2025
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	1. Language Access Self-Assessment Survey 2. Submission of a Language Access Services Provision Supplemental Data File	1. January 31, 2026 2. June 30, 2026
Disability Competent Care	Disability Competent Care Training Report	March 31, 2026
Disability Accommodation Needs	2. Disability Accommodation Needs Report 3. Submission of a Disability Accommodation Needs Screening Supplemental Data File	1. March 31, 2026 2. June 30, 2026
Domain 3: Capacity and Collaboration		

Domains and Measure Names	Reporting Expectations for PY2 (to be further specified by EOHHS)	Anticipated Due Date
Patient Experience: Communication, Courtesy, and Respect	2. Patient Experience Survey Practices Questionnaire 3. Patient Experience Shared Learning Event	1. January 31, 2026 2. Q4 of 2025

4.3. CQEIP Payment Methodology and Schedule

4.3.1 Payment Methodology

The annual total maximum eligible incentive payment pool for the CQEIP across all CBHCs per year in PY2-5 is $8.5 million. Of the $8.5 million, each CBHC TIN-billing entity's **individual maximum eligible incentive amount** will be based on their relative proportion of unique MassHealth members served in the previous performance year. For example, for PY2 (2025), each CBHC TIN-billing entity's maximum eligible incentive amount will be based on their relative proportion of unique MassHealth members served from 01/01/24 to 12/31/24. Each CBHC's TIN-billing entity may earn their respective maximum eligible incentive amount based on their final health equity score (as described in Section 4.4) and successfully meeting Conditions of Participation reporting requirements. If the reporting requirements for any Condition of Participation requirement are not met, the CBHC is ineligible to earn their total CQEIP incentive payment.

4.3.2. Payment Schedule

CQEIP Performance Year 2 Payment Schedule

In PY2 for the CQEIP, CBHCs will receive both an interim payment and a final reconciliation payment or recoupment payment.

1. Interim Payment: Each CBHC TIN-Billing Entity will receive 50% of their **individual maximum eligible incentive amount** as described in section 4.3.1 above. This amount will be paid out to each CBHC by the Managed Care Entity (MCE) plans, proportional to the unique MCE MassHealth members served by each CBHC during the previous performance year (2024).
2. Final Reconciliation/Recoupment Payment: When the Health Equity performance score is calculated for each CBHC for the performance year, CBHCs will either be paid, or required to return, the difference between the interim payment and the final calculated **earned incentive amount**. If CBHCs do not earn an amount equal to or greater than their interim estimated payments, the payment will be recouped based on final performance. The final reconciliation payment or recoupment to each CBHC TIN-Billing Entity will be completed by each of the MCE plans, proportional to the unique MCE MassHealth members served by each CBHC during the previous performance year (2024).

CQEIP Performance Years 3-5 Payment Schedule

In PY3-5 for the CQEIP, each Performance Year, CBHCs will receive one final earned incentive payment based on their Health Equity performance score.

1. Final Heath Equity Payment: The Health Equity performance score will be calculated and applied to the CBHC's individual maximum eligible incentive amount, as described in Section 4.3.1 above, to determine the final **earned incentive amount**. The final payment to each CBHC TIN-Billing Entity will be completed by each of the MCE plans, proportional to the unique MCE MassHealth members served by each CBHC during the previous performance year.

4.4. CQEIP Performance Assessment Methodology Framework for PY2-5

Table 8. CQEIP Measure Weights for Performance Years 2-5

Domains and Measure Name*	Measure Weight PY2	Measure Weight PY3	Measure Weight PY4	Measure Weight PY5	Domain Weight
Domain 1. DHRSN					30%
Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELDSOGI) Data Completeness	CoP	CoP	CoP	CoP	
Health-Related Social Needs Screening	30%	30%	30%	30%	
Domain 2: EQA					70%
Equity Improvement Interventions	CoP	CoP	CoP	CoP	
Meaningful Access to Healthcare Services for Individuals with a Preferred Language Other than English	35%	35%	35%	35%	
Disability Competent Care	CoP	CoP	CoP	CoP	
Disability Accommodation Needs	35%	35%	35%	35%	
Domain 3: CC					0
Patient Experience: Communication, Courtesy, and Respect	CoP	CoP	CoP	CoP	
Total	100%	100%	100%	100%	100%

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

MassHealth will hold each CBHC individually accountable for its performance on the CQEIP pay-for-performance measures. MassHealth's framework for the CQEIP Performance Assessment Methodology (PAM), which may be adjusted annually as needed (for example, to transition measures from pay-for-reporting to pay-for-performance, accommodate new contextual inputs, address extenuating circumstances impacting performance, etc.), is described below. Measure-specific PAM,

including benchmarks, improvement targets, and measure score calculation approach, will be described in forthcoming measure specifications.

1. **Benchmarking**:
    a. Benchmarks for quantitative measures will include an attainment threshold and goal benchmark and will be set to apply to the full applicable performance period.
    b. Establishment of benchmarks will be informed by inputs such as initial CQEIP performance data, historical CBHC data/performance, external data/trends, and/or predetermined performance targets determined by MassHealth.
2. **Improvement Targets:**
    a. Specific improvement targets and the approach for each measure will be set to apply to the full applicable performance period.
    b. The approaches and actual improvement targets may differ by measure based on factors such as performance trends or type of measure; approaches may include year-over-year self-improvement, gap-to-goal percentage point increase, absolute percentage point increases, set milestones and/or goals for improvement.
3. **Pay-for-Performance Measure Score Calculation:** The pay-for-performance measure scoring approach will be consistent, as applicable, with other MassHealth incentive programs or other incentive program practices. MassHealth will establish a methodology for performance measure scoring for each measure, to be specified in technical specifications.
    a. Measure scoring will include the following components for each measure:
        i. Attainment points ranging from 0-10 points.
        ii. Improvement points ranging from 0-10 points.
        iii. Potential bonus points (with a cap) to ensure all CBHCs have incentive to improve, including high-performing CBHCs.
        iv. Performance measure scores for each measure will be defined as a ratio between 0-1. Scores will be calculated by the sum of the points earned for each measure divided by the maximum number of points allowable for the measure. The maximum number of points allowable for the measure is the sum of the attainment, improvement and potential bonus points with a determined cap. The score will be calculated as follows:

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

        v. Some performance measures may have identified sub-measures for which sub-measure performance scores will be calculated in the same manner, but then typically equally weighted to calculate a composite performance measure score. For sub-measures the score is calculated as follows:

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

4. **Health Equity Score Calculation:** The overall Health Equity Scoring approach will, as applicable, be consistent with other MassHealth incentive programs or other incentive program

practices. Using the predetermined weights specified in Table 5 above, a health equity score will be calculated by taking each measure score and calculating the sum of each measure score multiplied by its respective measure weight:

Health Equity Score = Sum of each (Measure Score * Measure Weight) * 100

The final Health Equity Score will be used to calculate the CBHC's final earned incentive payment for the CQEIP each performance year.

Appendix A. List of CBHC TIN-billing Entities

#	CBHC TIN-Billing Entity Name
1	Advocates Community Counseling
2	Aspire Health Alliance
3	Bay Cove Human Services
4	Behavioral Health Network
5	Beth Israel Lahey Health Behavioral Services
6	Boston Medical Center
7	Cambridge Health Alliance
8	Center for Human Development
9	Child and Family Services
10	Clinical and Support Options
11	Community Counseling of Bristol County
12	Community HealthLink
13	Eliot Community Human Services
14	Fairwinds Nantucket Counseling Center
15	High Point Treatment Center
16	North Suffolk Mental Health Association
17	Riverside Community Care
18	The Brien Center for Mental Health and Substance Use
19	Vinfen Behavioral Health
20	Martha's Vineyard Community Services