Technical Specifications for the MassHealth Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (CQEIP)

Performance Years 2-5 (Calendar Years 2025-2028)

Version: June 2026

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A. Introduction

This document outlines the Performance Years (PYs) 2-5 Measure Technical Specifications for all CBHCs participating in the CBHC Quality and Equity Incentive Program (CQEIP) component of the overarching CBHC Incentive Program.

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 the reporting requirements for the measure in a timely, complete, and responsive manner to be eligible to qualify for CQEIP incentive payments.

MassHealth reserves the right to request additional documentation related to the CQEIP measures for the purpose of auditing. While certain CQEIP measures are expected and identified as audit targets in the Performance Assessment Methodology Manual, MassHealth reserves the right to implement audits or request additional documentation for any measure or any aspect of the CQEIP.

B. RELDSOGI Data Completeness

B.i. Race Data Completeness

OVERVIEW

Measure Name	Rate of Race Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Denominator sources: MassHealth claims and encounter data, Demographics Data File (as part of the CBHC VDDF Submission)
Measure Status: PY2-5	Reporting as a Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	In PY2, the percentage of MassHealth members with self-reported race data that was collected or verified by a CBHC in the measurement year. In PY3-5, the percentage of MassHealth members with self-reported race data that was collected or verified by a CBHC within the past 3 years.
Numerator	In PY2, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported race data that was collected or verified by a CBHC during the measurement year. In PY3-5, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC during the measurement year and self-reported race data that was collected or verified by a CBHC within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	MassHealth members of any age
Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 with any combination of HA, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site

	CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Race Data	Complete race data is defined as: At least one (1) valid race value (valid race values are listed in Attachment 1). • If value is "UNK" it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Data Elements for Reporting: CBHC Demographics Data	File Name: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Description: Member-level file sent by the CBHC to MassHealth. MassHealth will provide a separate VDDF Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan. Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Rate of Race Data Completeness	One rate will be reported for this measure: Rate: (Numerator Population/ Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy). Self-reported race data that has been rolled-up or transformed for reporting purposes may be included. For example, if a CBHC's data systems include races that are included in HHS' data collection standards and an individual self-reports their race as "Samoan", then the CBHC can report the value of "Native Hawaiian or Other Pacific Islander" since the value of Samoan is not a valid value in Attachment 1.

ADMINISTRATIVE SPECIFICATION

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

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide • At least one (1) race value, as defined under "Complete Race Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide
Data Collection	For the purposes of this measure, race data must be self-reported. Race data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported race data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report race (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 1.
Completeness Calculations	Completeness is calculated for each individual CBHC TIN-billing entity.

Attachment 1. Race: Accepted Values

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

B.ii. Hispanic Ethnicity Data Completeness

OVERVIEW	
Measure Name	Rate of Hispanic Ethnicity Data Completeness – CBHC
Steward	MassHealth

Data Source	Numerator source: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Denominator sources: MassHealth claims and encounter data, Demographics Data File (as part of the CBHC VDDF Submission)
Measure Status: PY2-5	Reporting as a Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	In PY2, the percentage of MassHealth members with self-reported Hispanic ethnicity data that was collected or verified by a CBHC in the measurement year. In PY3-5, the percentage of MassHealth members with self-reported Hispanic ethnicity data that was collected or verified by a CBHC within the past 3 years.
Numerator	In PY2, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported Hispanic ethnicity data that was collected or verified by a CBHC during the measurement year. In PY3-5, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC during the measurement year and self-reported Hispanic Ethnicity data that was collected or verified by a CBHC within the past 3 years.
Denominator	The eligible population.

ELIGIBLE POPULATION

Age	MassHealth members of any age
Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 with any combination of HA, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Hispanic Ethnicity Data	Complete Hispanic ethnicity data is defined as: One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU it will count toward the numerator. • If value is "DONTKNOW" it will count toward the numerator. Each value must be self-reported.
Data Elements for Reporting: CBHC Demographics Data	File Name: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Description: Member-level file sent by the CBHC to MassHealth. MassHealth will provide a separate VDDF Submission Guide detailing the submission process and the elements that will be used to calculate the measure.

Measurement Year	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Rate of Hispanic Ethnicity Data Completeness	One rate will be reported for this measure. Rate: (Numerator Population / Denominator Population) * 100
Self-Reported Data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy). Self-reported Hispanic ethnicity data that has been rolled-up or transformed for reporting purposes may be included. For example, if a CBHC's data systems include ethnicities that are included in HHS' data collection standards (i.e., Mexican; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish origin) and an individual self-reports their ethnicity as "Puerto Rican", then the CBHC can report the value of "Hispanic" since the value of Puerto Rican is not a valid value in Attachment 2.

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population
Numerator	For members in denominator, identify those with complete Hispanic ethnicity data, defined as: One (1) valid Hispanic ethnicity value (valid Hispanic ethnicity values are listed in Attachment 2). ○ If value is "UNK," it will not count toward the numerator. ○ If value is "ASKU," it will count toward the numerator. ○ If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide

	• One (1) Hispanic ethnicity value, as defined under "Complete Hispanic Ethnicity Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide
Data Collection	For the purposes of this measure, Hispanic ethnicity data must be self-reported. Hispanic ethnicity data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported Hispanic ethnicity data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report Hispanic ethnicity (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 2.
Completeness Calculations	Completeness is calculated for each individual CBHC TIN-billing entity.

Attachment 2. Hispanic Ethnicity: Accepted Values

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

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

B.iii. Preferred Language Data Completeness

OVERVIEW

Measure Name	Rate of Language Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Denominator sources: MassHealth claims and encounter data, Demographics Data File (as part of the CBHC VDDF Submission)
Measure Status: PY2-5	Reporting as a Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	In PY2, the percentage of MassHealth members with self-reported language data that was collected or verified by a CBHC in the measurement year. In PY3-5, the percentage of MassHealth members with self-reported language data that was collected or verified by a CBHC within the past 3 years. Rates are calculated separately for preferred spoken language and preferred written language.

Numerator	In PY2, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported language data that was collected or verified by a CBHC during the measurement year. In PY3-5, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC during the measurement year and self-reported language data that was collected or verified by a CBHC within the past 3 years.
Denominator	The eligible population.

ELIGIBLE POPULATION

Age	Members age 6 and older as of December 31st of the measurement year
Continuous Enrollment	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 with any combination of HA, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB

	The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Preferred Written Language Data	Complete Preferred Written Language (PWL) data is defined as: One (1) valid Preferred Written Language value (valid Preferred Written Language values are listed in Attachment 3). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. • Each value must be self-reported.
Complete Preferred Spoken Language Data	Complete Preferred Spoken Language (PSL) data is defined as: One (1) valid Preferred Spoken Language value (valid Preferred Spoken Language values are listed in Attachment 3). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. • Each value must be self-reported.
Data Elements for Reporting: CBHC Demographics Data	File Name: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Description: Member-level file sent by the CBHC to MassHealth. MassHealth will provide a separate VDDF Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Rate of Preferred Written and Spoken Language Data Completeness	Two rates will be reported for this measure: Rate 1: (Numerator (PWL) Population / Denominator Population) * 100 Rate 2: (Numerator (PSL) Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data are defined as self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population.
Numerator	For members in denominator, identify those with complete language data, (defined above under “Complete Preferred Written Language Data” and “Complete Preferred Spoken Language Data”) for the question below: • QMAT Language Q1: In which language would you feel most comfortable reading medical or health care instructions? (or similar phrasing to elicit written language preference). • QMAT Language Q2: What language do you feel most comfortable speaking with your doctor or nurse? (or similar phrasing to elicit spoken language preference).
Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide • At least one (1) Preferred Written and Spoken Language value per question, as defined under “Complete Preferred Written Language Data” and “Complete Preferred Spoken Language Data” above Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide
Data Collection	For the purposes of this measure, Preferred Written and Spoken Language data must be self-reported. Preferred Written and Spoken Language data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported Preferred Written and Spoken Language data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient’s behalf, such as a parent or legal guardian) to self-report preferred written and spoken languages (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff);

	• Must include one or more values in Attachment 3; ○ If a CBHC submits a value that is not included in Attachment 3 but allowable per the CBHC Demographics Data File, the value will be mapped to Other Preferred Written Language (OTH).
Completeness Calculations	Completeness is calculated per language per individual CBHC TIN-billing entity: for each individual CBHC: For CBHC x, the percentage of members with self-reported preferred written language data for question 1 that was collected or verified by CBHC x in the measurement year for PY2 and within the past 3 years for PY3-5. For CBHC x, the percentage of members with self-reported preferred spoken language data for question 2 that was collected or verified by CBHC x in the measurement year for PY2 and within the past 3 years for PY3-5.

Attachment 3. Preferred Written and Spoken Language: Accepted Values

Preferred Written Language

Description	Valid Values	Notes
English	en	
Spanish	es	
Portuguese	pt	
Chinese – Traditional	zh-Hant	
Chinese Simplified	zh-Hans	
Haitian Creole	ht	
French	fr	
Vietnamese	vi	
Russian	ru	
Arabic	ar	
Other Preferred Written Language	OTH	If a CBHC submits a value that is not included in Attachment 3 but allowable per CBHC Visit and Demographics Data Submission Guide, the value will be mapped to Other Preferred Written Language (OTH).

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

Preferred Spoken Language

Description	Valid Values	Notes
English	en	-
Spanish	es	-
Portuguese	pt	-

Chinese	zh	If a CBHC submits Cantonese (yue), Mandarin (cmn), or Min Nan Chinese (nan) it will be mapped to Chinese for the purposes of data completeness.
Haitian Creole	ht	
Sign Languages	sgn	If a CBHC submits American Sign Language (ase) or Sign Languages (sgn), it will be mapped to Sign Languages for the purpose of data completeness.
French	fr	
Vietnamese	vi	
Russian	ru	
Arabic	ar	
Other Preferred Spoken Language	OTH	If a CBHC submits a value that is not included in Attachment 3 but allowable per CBHC Visit and Demographics Data Submission Guide, the value will be mapped to Other Preferred Spoken Language (OTH).
Choose not to answer	ASKU	Member was asked to provide their Preferred Spoken Language, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked to provide their Preferred Spoken Language, and the member actively selected or indicated that they did not know their Preferred Spoken Language.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	The Preferred Spoken Language of the member is unknown since either:

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

B.iv. Disability Data Completeness

OVERVIEW

Measure Name	Rate of Disability Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Denominator sources: MassHealth claims and encounter data, Demographics Data File (as part of the CBHC VDDF Submission)
Measure Status: PY2-5	Reporting as a Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	In PY2, the percentage of MassHealth members with self-reported disability data that was collected or verified by a CBHC in the measurement year. In PY3-5, the percentage of MassHealth members with self-reported disability data that was collected or verified by a CBHC within the past 3 years. Rates are calculated separately for 6 disability questions.
Numerator	In PY2, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported disability data that was collected or verified by a CBHC during the measurement year.

	In PY3-5, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC during the measurement year and self-reported disability data that was collected or verified by a CBHC within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	Age varies by disability question: • Disability Questions 1 and 2: no age specified; • Disability Questions 3 – 5: age 6 or older as of December 31st of the measurement year; • Disability Question 6: age 16 or older as of December 31st of the measurement year.
Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 with any combination of HA, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site CBHC Bundle Services are behavioral health outpatient services and are defined as follows:

	• CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Disability Data	Complete Disability data is defined as: One (1) valid disability value for each Disability Question (listed in Attachment 4). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. • Each value must be self-reported.
Data Elements for Reporting: CBHC Demographics Data	File Name: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Description: Member-level file sent by the CBHC to MassHealth. MassHealth will provide a separate VDDF Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, the PCC Plan Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Rate of Disability Data Completeness	Rate: (Numerator Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

Denominator	The eligible population.
Numerator Set	For members in the denominator, identify those with complete disability data, (defined above under "Complete Disability Data") for each question below: Disability Q1 (all ages): Are you deaf or do you have serious difficulty

	hearing? Disability Disability Q2 (all ages): Are you blind or do you have serious difficulty seeing, even when wearing glasses? Disability Q3 (age 6or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? Disability Q4 (age 6 or older as of December 31 of the measurement year): Do you have serious difficulty walking or climbing stairs? Disability Q5 (age 6 or older as of December 31 of the measurement year): Do you have difficulty dressing or bathing? Disability Q6 (age 16 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Exclusions	If value is UTC, the (Bundled Services or MCI) encounter or visit is excluded from the denominator.

ADDITIONAL MEASURE INFORMATION

Required Reporting	For a given disability question, the following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide • One (1) valid disability value per question, as defined under "Complete Disability Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide
Data Collection	For the purposes of this measure, disability data must be self-reported. Disability data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported disability data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent

	or legal guardian) to self-report disability (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 4.
Completeness Calculations	Completeness is calculated per disability question per CBHC TIN-billing entity, as described below for questions 1 and 2, as an example: For each individual CBHC: Example 1: For CBHC x, the percentage of MassHealth members with self-reported disability data for question 1 that was collected or verified by CBHC x in the measurement year for PY2 and within the past 3 years for PY3-5. Example 2: For CBHC x, the percentage of MassHealth members with self-reported disability data for question 2 that was collected or verified by CBHC x in the measurement year for PY2 and within the past 3 years for PY3-5.

Attachment 4. Disability: Accepted Values

Disability Q1: Are you deaf or do you have serious difficulty hearing?		
Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they are deaf or have difficulty hearing, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they are deaf or have difficulty hearing, and the member actively selected or indicated that they did not know if they are deaf or have difficulty hearing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.

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

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

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

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

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

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

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

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

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have difficulty walking or climbing stairs, and the member actively selected or indicated that they "choose not to answer."
Don't know	DONTKNOW	Member was asked whether they have difficulty walking or climbing stairs, and the member actively selected or indicated that they did not know whether they have difficulty walking or climbing stairs.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member has difficulty walking or climbing stairs is unknown since either: (a) the member was not asked whether they have difficulty walking or climbing stairs, or (b) the member was asked whether they have difficulty walking or climbing stairs, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK.

Disability Q5: Do you have difficulty dressing or bathing?

Description	Valid Values	Notes
Yes	LA33-6	
No	LA32-8	
Choose not to Answer	ASKU	Member was asked whether they have difficulty dressing or bathing, and the member actively selected or indicated that they “choose not to answer.”
Don’t know	DONTKNOW	Member was asked whether they have difficulty dressing or bathing, and the member actively selected or indicated that they did not know whether they have difficulty dressing or bathing.
Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness)	UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond.
Unknown	UNK	Whether the member has difficulty dressing or bathing is unknown since either: (a) the member was not asked whether they have difficulty dressing or bathing, or (b) the member was asked whether they have difficulty dressing or bathing, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.

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

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

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

B.v. Sexual Orientation Data Completeness

OVERVIEW

Measure Name	Rate of Sexual Orientation Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Denominator sources: MassHealth claims and encounter data, Demographics Data File (as part of the CBHC VDDF Submission)
Measure Status: PY2-5	Reporting as a Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	In PY2, the percentage of MassHealth members with self-reported sexual orientation data that was collected or verified by a CBHC in the measurement year. In PY3-5, the percentage of MassHealth members with self-reported sexual orientation data that was collected or verified by a CBHC within the past 3 years.
Numerator	In PY2, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported sexual orientation data that was collected or verified by a CBHC during the measurement year. In PY3-5, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC during the measurement year and self-reported sexual orientation data that was collected or verified by a CBHC within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	MassHealth members age 19 and older as of December 31 of the measurement year
Continuous Enrollment Date	None
Anchor Date	None
Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 with any combination of HA, HE, or U1

	The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Sexual Orientation Data	Complete sexual orientation data is defined as: At least one (1) valid sexual orientation value (listed in Attachment 5). • If value is "UNK," it will not count toward the numerator. • If value is "ASKU," it will count toward the numerator. • If value is "DONTKNOW," it will count toward the numerator. Each value must be self-reported.
Data Elements for Reporting: CBHC Visit and Demographics Data	File Name: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Description: Member-level file sent by the CBHC to MassHealth. MassHealth will provide a separate VDDF Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, the PCC Plan Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Rate of Sexual Orientation Data Completeness	One rate will be reported for this measure. Rate: (Numerator Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf

	(e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

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

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide • At least one (1) valid sexual orientation value, as defined under "Complete Sexual Orientation Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide
Data Collection	For the purposes of this measure, sexual orientation data must be self-reported. Sexual orientation data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported sexual orientation data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report sexual orientation (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 5.
Completeness Calculations	Completeness is calculated for: each individual CBHC TIN-billing entity.

Attachment 5. Sexual Orientation: Accepted Values

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

B.vi. Gender Identity Data Completeness

OVERVIEW

Measure Name	Rate of Gender Identity Data Completeness – CBHC
Steward	MassHealth
Data Source	Numerator source: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Denominator sources: MassHealth claims and encounter data, Demographics Data File (as part of the CBHC VDDF Submission)
Measure Status: PY2-5	Reporting as a Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	In PY2, the percentage of MassHealth members with self-reported gender identity data that was collected or verified by a CBHC in the measurement year. In PY3-5, the percentage of MassHealth members with self-reported gender identity data that was collected or verified by a CBHC within the past 3 years.
Numerator	In PY2, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC and self-reported gender identity data that was collected or verified by a CBHC during the measurement year. In PY3-5, members with a Bundle Services and/or Mobile Crisis Intervention (MCI) evaluation through a CBHC during the measurement year and self-reported gender identity data that was collected or verified by a CBHC within the past 3 years.
Denominator	The eligible population

ELIGIBLE POPULATION

Age	MassHealth members age 19 and older as of December 31 of the measurement year
Continuous Enrollment Date	None
Anchor Date	None

Event/Diagnosis	At least one CBHC Bundle Services and/or MCI evaluation through the CBHC between January 1 and December 31 of the measurement year.

DEFINITIONS

CBHC TIN	CBHC Tax ID Number (TIN)
CBHC TIN-Billing Entity	The entity representing the overall CBHC organization encompassed under a CBHC TIN as reported in claims. In the case of multiple CBHC sites, all respective sites fall under a single TIN-billing entity.
MCI Evaluation and CBHC Bundle Services	Mobile Crisis Intervention (MCI) services are a diversionary level of care falling under outpatient services defined by the following service code: • MCI Evaluations (per diem): S9485 with any combination of HA, HE, or U1 The following modifiers are optional (not required) for MCI per diem codes: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site CBHC Bundle Services are behavioral health outpatient services and are defined as follows: • CBHC Bundle Services: T1040 HA or HB The modifier codes attached to the T1040 code are defined as follows: • HA = Youth modifier (youth client seen) • HB = Adult modifier (adult client seen)
Complete Gender Identity Data	Complete gender identity data is defined as: At least one (1) valid gender identity value (listed in Attachment 6). • If value is “UNK,” it will not count toward the numerator. • If value is “ASKU,” it will count toward the numerator. • If value is “DONTKNOW,” it will count toward the numerator. Each value must be self-reported.
Data Elements for Reporting: CBHC Visit and Demographics Data	File Name: Demographics Data File (as part of the CBHC Visit and Demographics Data File (VDDF) Submission) Description: Member-level file sent by the CBHC to MassHealth.

	MassHealth will provide a separate VDDF Submission Guide detailing the submission process and the elements that will be used to calculate the measure.
Measurement Year	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5.
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, the PCC Plan Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Rate of Gender Identity Data Completeness	One rate will be reported for this measure. Rate: (Numerator Population / Denominator Population) * 100
Self-Reported data	For the purposes of this measure specification, data is considered to be self-reported if it has been provided by either: (a) the individual, or (b) a person who can act on the individual's behalf (e.g., parent, spouse, authorized representative, guardian, conservator, holder of power of attorney, or health-care proxy).

ADMINISTRATIVE SPECIFICATION

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

ADDITIONAL MEASURE INFORMATION

Required Reporting	The following information is required: • A valid MassHealth Member ID Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide

	• At least one (1) valid gender identity value, as defined under "Complete Gender Identity Data" above Format: Refer to MassHealth CBHC Visit and Demographics Data Files Submission Guide
Data Collection	For the purposes of this measure, gender identity data must be self-reported. Gender identity data that are derived using an imputation methodology do not contribute to completeness for this measure. Self-reported gender identity data may be collected: • By any modality that allows the patient (or a person legally authorized to respond on the patient's behalf, such as a parent or legal guardian) to self-report gender identity (e.g. over the phone, electronically (e.g. a patient portal), in person, by mail, etc.); • By any entity interacting with the member (e.g. health plan, ACO, provider, staff); • Must include one or more values in Attachment 6.
Completeness Calculations	Completeness is calculated for: each individual CBHC TIN-billing entity.

Attachment 6. Gender Identity: Accepted Values

Description	Valid Values	Notes
Male	446151000124109	
Female	446141000124107	
Genderqueer/gender nonconforming/non-binary; neither exclusively male nor female	446131000124102	
Transgender man/trans man	407376001	
Transgender woman/trans woman	407377005	
Additional gender category or other	OTH	
Choose not to answer	ASKU	Member was asked to provide their gender identity, and the member actively selected or indicated that they "choose not to answer".

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

B.vii. Reporting Requirements (Applicable to all subcomponents of the RELDSOGI Data Completeness Measure)

CONDITIONS OF PARTICIPATION, PERFORMANCE REQUIREMENTS, AND PERFORMANCE ASSESSMENT	
Conditions of Participation: PY2-5	1. Timely (as specified by MassHealth) submission of RELDSOGI data as described in the "CBHC Visit and Demographics Data File (VDDF) Submission Guide." 2. Complete, responsive and timely submission to MassHealth, anticipated by **September 30 of the Performance Year** (e.g., September 30, 2025 for PY2)), of a RELDSOGI mapping and verification deliverable which may include descriptions of member-reported demographic data collection efforts, in a form and format to be specified by MassHealth.
Performance Requirements: PY2-5	Not Applicable

Performance Assessment: PY2-5	Not Applicable

C. Health-Related Social Needs Screening

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

OVERVIEW

Measure Name	Health-Related Social Needs (HRSN) Screening
Steward	MassHealth
Data Source	Supplemental Data, Administrative Data, Encounter Data
Measure Status: PY2-5	Rate 1. Pay-for-Performance (P4P) Rate 2. Reporting as a Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	Percentage of **core outpatient services encounters** during the measurement period where patients were screened for health-related social needs (HRSNs). Two rates are reported: 1. **Rate 1. HRSN Screening Rate:** Percentage of core outpatient services encounters where patients were screened using a standardized HRSN screening instrument for food, housing, transportation, and/or utility needs. 2. **Rate 2. HRSN Screen Positive Rate:** Rate of HRSN identified (i.e., screen positive) among cases in Rate 1 numerator. Four

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

	sub-rates are reported for each of the following domains of HRSN: food, housing, transportation, and utility.

ELIGIBLE POPULATION

Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Age	Members of any age
Anchor Date	None
Measurement Period	PY2: July 1, 2025 – December 31, 2025 PY3: January 1, 2026 – December 31, 2026 PY4: January 1, 2027 – December 31, 2027 PY5: January 1, 2028 – December 31, 2028
Event/Diagnosis	A core outpatient services encounter (encounter bundle) To identify core outpatient services encounters (encounter bundle), identify encounters with the following encounter bundle code and modifiers: • CBHC Encounter Bundle: T1040 HA or T1040 HB.

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5
Health-Related Social Needs	The immediate daily necessities that arise from the inequities caused by the social determinants of health, such as a lack of access to basic resources like stable housing, an environment free of life-threatening toxins, healthy food, utilities including heating and internet access, transportation, physical and mental health care, safety from violence, education and employment, and social connection
Standardized HRSN Screening Instruments	A standardized health-related social needs screening instrument is defined as a standardized assessment, survey, tool or questionnaire that is used to evaluate social needs. HRSN screening tools used for the purpose of performance on this measure must include at least one screening question in each of the four required domains. Examples of eligible screening tools include, but are not limited to: • Accountable Health Communities Health-Related Social Needs

	Screening Tool • The Protocol for Responding to and Assessing Patients' Risk and Experiences (PRAPARE) Tool • American Academy of Family Physicians (AAFP) Screening Tool CBHCs are not required to use the example screening tools listed above; CBHCs may choose to use other screening instruments, or combinations of screening instruments, that include at least one screening question in each of the four required domains. MassHealth may require CBHCs to report to MassHealth the screening tool(s) used for the purpose of performance on this measure.
Supplemental Data	Data supplementary to administrative claims data that documents at the patient-level 1) when a health-related social needs screen was performed, and/or 2) whether health-related social needs were identified (and if so, in which domain needs were identified). Such supplemental data may be derived from clinical records (such as electronic health records and case management records) or other databases available to entities. Such supplemental data may document screenings conducted by billing providers and/or non-billing providers (such as community health workers, medical assistants, and social workers).
CBHC Core Outpatient Services Encounter (Encounter Bundle)	CBHC core outpatient services encounters (encounter bundle) are behavioral health outpatient services and are defined as follows: • CBHC Encounter Bundle: T1040 HA or HB The modifier codes attached to the T1040 encounter bundle code are required and defined as follows: • HA = Youth modifier (youth client seen), or • HB = Adult modifier (adult client seen) Services that are non-patient facing (i.e., case consultations) are excluded.

ADMINISTRATIVE SPECIFICATION

Rate 1: HRSN Screening Rate

Description	Percentage of core outpatient services encounters (encounter bundle) where patients were screened using a standardized HRSN screening instrument for food, housing, transportation, and/or utility needs.
Denominator	The eligible population
Numerator	Eligible encounters where, as documented in the CBHC medical record, patients were screened using a standardized HRSN screening instrument for food, housing, transportation, and/or utility needs. Includes eligible encounters where documentation in the CBHC medical record indicates that: • Patient was offered HRSN screening during encounter by CBHC staff/provider and responded to one or more screening questions; OR • Patient was offered HRSN screening during encounter by CBHC staff/provider and actively opted out of screening (i.e. chose not to answer any questions); OR • Patient was screened for HRSN in any setting (CBHC or otherwise) within 180 days prior to date of encounter. This includes screenings rendered by any staff or provider not limited to the CBHC (e.g., ACO clinical provider, hospital clinical provider), non-clinical staff (e.g., patient navigator), health plan staff and/or Community Partner staff.
Unit of measurement	Screens should be performed at the individual patient level for adults and, as determined to be clinically appropriate by individuals performing HRSN screening, for children and youth. Screening may be performed at the household level on behalf of dependents residing in one household; if screening is performed at the household level, then results must be documented in the respondent's medical record and in each dependent's medical record in order for the screen to be counted in the numerator for each individual.
Exclusions	Eligible events where: • Patients were not screened for food insecurity, housing instability, transportation needs, and utility difficulties because patient was unable to complete the screening and have no legal guardian or caregiver able to do so on their behalf. This should be documented in the medical record.

RATE 2: HRSN Screen Positive Rate

Description	Rate of HRSN identified (i.e. screen positive) among cases in the numerator for Rate 1. Four sub-rates are reported for each of the following domains of HRSN: food, housing, transportation, and utility.
Denominator	Encounters that meet the numerator criteria for Rate 1
Numerator 2a – Food insecurity	Encounters where, as documented in the CBHC medical record, a patient screened positive for one or more food need(s).
Numerator 2b – Housing instability	Encounters where, as documented in the CBHC medical record, a patient screened positive for one or more housing need(s).
Numerator 2c – Transportation needs	Encounters where, as documented in the CBHC medical record, a patient screened positive for one or more transportation need(s).
Numerator 2d – Utility difficulties	Encounters where, as documented in the CBHC medical record, a patient screened positive for one or more utility need(s).
Exclusions	None

REPORTING REQUIREMENTS

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

ADMINISTRATIVE DATA REPORTING REQUIREMENTS

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

Code System	Code	Meaning
HCPCS	M1207	Member screened for food insecurity, housing instability, transportation needs, utility difficulties [*and interpersonal safety*[2]].
HCPCS	M1208	Member not screened for food insecurity, housing instability, transportation needs, utility difficulties [*and interpersonal safety*[3]].

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

HCPCS	M1237	Member reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, [*and interpersonal safety*[3]] (e.g., member declined or other member reasons)
HCPCS	G0136[3]	Administration of a standardized, evidence-based social determinants of health risk assessments tool, 5-15 minutes

- Notes:
  - Patients in the denominator where M1207 is coded will count towards the numerator.
  - Patients in the denominator where M1237 is coded will count towards the numerator.
  - Patients in the denominator where M1208 is coded will not count towards the numerator.
  - Patients in the denominator where M1207, M1237, or M1208 are not coded will not count towards the numerator.
  - Patients in the denominator where HCPCS G0136 is coded will count towards the numerator. This code will no longer be applicable beginning January 1, 2026

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

Food Insecurity

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
E63.9	Nutritional deficiency, unspecified
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z91.11	Patient's noncompliance with dietary regimen
Z91.110	Patient's noncompliance with dietary regimen due to financial hardship
Z91.A10	Caregiver's noncompliance with patient's dietary regimen due to financial hardship

Housing Instability

Homelessness

[3] Code no longer applicable beginning January 1, 2026.

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

Housing Instability

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

Inadequate Housing

ICD-10 Code Contributing to Rate 2 Numerators	Meaning
Z58.6	Inadequate drinking-water supply
Z59.1	Inadequate housing, unspecified
Z59.11	Inadequate housing environmental temperature
Z59.12	Inadequate housing utilities
Z59.19	Other Inadequate housing

Transportation Needs

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

Utility Difficulties

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

SUPPLEMENTAL DATA REPORTING REQUIREMENTS

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

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

1. **For Rate 1:** Supplemental data indicating any of the following may be submitted:
    a) a patient was screened for food insecurity, housing instability, transportation needs, and utility difficulties during the measurement period (corresponding to the meaning of administrative HCPCS code M1207 and/or HCPCS code G0136).
    b) a patient was not screened for food insecurity, housing instability, transportation needs, utility difficulties (corresponding to the meaning of the administrative HCPCS code M1208)
    c) there is a patient reason for not screening for food insecurity, housing instability, transportation needs, and utility difficulties (e.g., patient declined or other patient reasons.) (corresponding to the meaning of CPT code M1237)
2. **For Rate 2:** Supplemental data indicating identified needs, corresponding to the meaning of the ICD-10 codes provided in the "Administrative Data Reporting Requirement" section above, may be submitted. Data may be captured using the ICD-10 codes or other clinical record data (e.g., electronic health record data corresponding to these codes).

CONDITIONS OF PARTICIPATION, PERFORMANCE REQUIREMENTS, AND PERFORMANCE ASSESSMENT

Conditions of Participation: PY2-5	Rate 1 and Rate 2 of this measure will be calculated by MassHealth using administrative and/or, as applicable, supplemental data submitted to MassHealth by CBHCs. Data must be submitted to MassHealth by **5pm on June 30 following each Performance Year** (e.g., June 30, 2026 for PY2) in the supplemental file format specified by MassHealth. Reporting on Rate 2 will be a Condition of Participation component of the measure. CBHCs are required to submit the supplemental file with data completed for the eligible population, as defined by the Eligible Population definitions provided in this Technical Specification.
Performance Requirements: PY2-5	Rate 1 and Rate 2 of this measure will be calculated by MassHealth using administrative and/or, as applicable, supplemental data submitted to MassHealth by CBHCs. Data must be submitted to MassHealth by **5pm on June 30 following each Performance Year** (e.g., June 30, 2026 for PY2) in a form and format to be further specified by MassHealth.

	Rate 1 will be the Pay-for-Performance component of the measure.
Performance Assessment: PY2-5	Performance Assessment for PY2-5 will be detailed in the CBHC Quality and Equity Incentives Program (CQEIP) Performance Assessment Methodology Manual. MassHealth expects to audit the data submitted for Rates 1 and 2 by the CBHC.

D. Equity Improvement Interventions

OVERVIEW

Measure Name	Equity Improvement Interventions
Steward	MassHealth
Data Source	Supplemental Data
Measure Status: PY2-5	Condition of Participation

POPULATION HEALTH IMPACT

Rigorous, collaborative, equity-focused performance improvement projects will support CBHCs to expand access to quality and equitable care.

MEASURE SUMMARY

Description	CBHCs will design and implement a health equity-focused Performance Improvement Project (PIP) in priority areas identified by MassHealth. CBHCs will implement PIPs designed to: • Support collaboration and information sharing, • Address equity goals, • Achieve significant and sustained improvement in equity outcomes, and • Promote program-wide impact. PIP design and implementation will use a standard quality improvement framework and reporting templates developed by MassHealth and will require four key elements: • Performance measurement • Implementation of interventions

	• Evaluation of interventions' impact using performance measures and; • Activities to increase/sustain improvement.

ELIGIBLE POPULATION

The eligible population for the equity-focused PIP is defined in the PIP Topic Selection and Planning Report. The denominator for the PIP must include MassHealth patients. Additional information about eligible population selection may be provided by EOHHS.

DEFINITIONS

Measurement Period	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5.

ADMINISTRATIVE SPECIFICATION

One Equity-focused PIP must be completed over PY2-5. CBHCs will be required to submit at least five reports to MassHealth over the PIP's duration as follows:

- Disparities Reduction Narrative Report: Describe efforts to identify and understand disparities in outcome data.
- PIP Topic Selection and Planning Report: Identify topic, target population, PIP aim, and data sources.
- PIP Baseline Report: Barrier analysis and identification, a comprehensive plan that may include baseline performance data, proposed intervention, and intervention tracking measures.
- PIP Progress Report: Assessment of PIP methodology and progress towards implementing interventions, including identifying any updates made to the proposed PIP plan from PY3
- PIP Closure Report: a comprehensive report focused on finalizing project, analyzing the impacts of interventions, assessing performance between baseline and closure, identification of any successes and/or challenges, and plans for continuation and potential expansion of interventions beyond the PIP.

Additional detail about requirements for each report will be provided in forthcoming deliverable templates.

CONDITIONS OF PARTICIPATION, PERFORMANCE REQUIREMENTS, AND PERFORMANCE ASSESSMENT

Condition of Participation: PY2-5	Timely, complete, and responsive submission to MassHealth of five required reports (Disparities Reduction Narrative Report, Topic Selection and Planning Report, Baseline Report, Progress Report, and Closure Report) is required. Submission dates are specified below.

	Performance Year 2 (2025): • PIP Topic Selection and Planning Report, due **October 31, 2025**. • Disparities Reduction Narrative Report, due **December 1, 2025**. Performance Year 3 (2026): • PIP Baseline Report, due **August 31, 2026**. Performance Year 4 (2027): • PIP Progress Report, due **October 31, 2027**. Performance Year 5 (2028): • PIP Closure Report, due **September 30, 2028**.
Performance Requirements: PY2-5	Not applicable.
Performance Assessment: PY2-5	Not applicable.

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

OVERVIEW

Measure Name	Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English
Steward	MassHealth
Data Source	Supplemental Data
Measure Status: PY2	Component 1. Reporting as a Condition of Participation Component 2. Pay-for-Performance (P4P)
Measure Status: PY3-5	Component 1. Not Applicable (PY2 Requirement Only) Component 2. Pay-for-Performance (P4P)

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	This measure focuses on the provision of quality language assistance services through two components: 1. **Language Access Self-Assessment Survey**: Self-assessment of language access services.

	2. **Addressing Language Access Needs in Outpatient and Crisis Settings.** Percentage of **core outpatient services encounters, mobile crisis intervention (MCI) evaluation services encounters, and adult community crisis stabilization (CCS) stays** for patients who report a preferred spoken language other than English (including sign languages) during which language assistance services were utilized.

ELIGIBLE POPULATION

Component 1: Language Access Self-Assessment Survey

Not applicable

Component 2: Addressing Language Access Needs in Outpatient and Crisis Settings

Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Age	Members of any age
Anchor Date	None
Measurement Period	PY2: July 1, 2025 – December 31, 2025 PY3: January 1, 2026 – December 31, 2026 PY4: January 1, 2027 – December 31, 2027 PY5: January 1, 2028 – December 31, 2028

Event/Diagnosis	A two-step process must be used to identify eligible events:
	Step 1. Identify core outpatient services encounters (encounter bundle), MCI services encounters, and adult CCS stays during the measurement period.
	• To identify core outpatient services encounters (encounter bundle), identify encounters with the following encounter bundle code and modifiers:
	  ○ CBHC Encounter Bundle: T1040 HA or T1040 HB
	• To identify mobile crisis intervention evaluation services encounters, identify encounters with the following service codes and modifiers:
	  ○ MCI Initial Evaluation and first day crisis intervention: S9485 with any combination of modifiers HA, HE, or U1

	• To identify adult community crisis stabilization (CCS) stays, identify encounters with the following service codes and modifiers:
	  ○ ACCS: S9485-ET
	  ○ Note: CBHC TIN-Billing Entities that do not have an adult community crisis stabilization unit or sub-contracts with an external provider to provide adult CCS services will not report on ACCS services. As such, data on ACCS is not applicable and will not be included in the calculation of the measure rate.
	Step 2. For the events identified in Step 1, identify those where a patient reported a preferred spoken language other than English (including sign language) as documented in the medical record or language services documentation system (e.g. vendor logs).

DEFINITIONS

Measurement Year	Measurement Years 1-5 correspond to CQEIP Performance Years 1-5.
Language Assistance Services	For the purposes of the CQEIP: • Language assistance services are defined[4] as oral or sign language assistance, including interpretation in non-English language provided in-person or remotely by a qualified interpreter for an individual who prefer a language other than English, and the use of services of qualified bilingual or multilingual staff to communicate directly with individuals who prefer a language other than English for health care. • Language assistance services must be delivered by individuals employed or contracted by the CBHC who are determined by the CBHC to be competent. Technologies such as smartphones, Applications, portable interpretation devices, or Artificial intelligence may not be used to deliver language assistance services. • Competency may be specifically defined by the CBHC. It may be defined as possessing the skills and ethics of interpreting, and knowledge in both languages regarding the specialized terms (e.g., medical terminology) and concepts relevant to clinical and non-clinical encounters. • Language assistance services may be delivered using any delivery mode that meets communication needs (e.g., in-person, telephonic, video)

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

In-language Services	Services where a multilingual staff member or provider provides care in a non-English language preferred by the patient, without the use of an interpreter.
Preferred Spoken Language	Refers to a patient's preferred language other than English for health care. For the purpose of this measure, and in alignment with the Preferred Language Data Completeness measure, preferred spoken language may include visual languages expressed through physical movements, such as sign languages.
CBHC Core Outpatient Services Encounters, MCI Evaluation Services Encounters, and Adult CCS Stays	**CBHC core outpatient services encounters** (encounter bundle) are behavioral health outpatient services and defined as follows: • CBHC Encounter Bundle: T1040 HA or HB The modifiers attached to the T1040 encounter bundle code are required and defined as follows: • HA = Youth modifier (youth client seen), or • HB = Adult modifier (adult client seen) Services that are non-patient facing (i.e., case consultation) are excluded. **Mobile Crisis Intervention (MCI) evaluation service encounters** are a diversionary level of care defined by the following service codes: • MCI Initial Evaluation and First Day Crisis Intervention (per diem): S9485 with any combination of HA, HE, or U1 The following modifiers attached to the MCI service code are defined as follows: • HA = Youth modifier (youth client seen); may occur in combination with HE or U1 • HE = Services provided at CBHC site • U1 = Services provided at community-based sites of service outside of the CBHC site **Adult Community Crisis Stabilization (CCS) stays** are a 24-hour diversionary level of care defined by the following service code: • ACCS (per diem): S9485-ET The following modifier attached to the CCS service code are defined as follows:

	• ET = modifier indicating CCS service in conjunction with S9485 code; required for this service.

ADMINISTRATIVE SPECIFICATION

Component 1: Language Access Self-Assessment Survey

PY2 Only: CBHCs must complete the Language Access Self-Assessment Survey (to be provided by MassHealth), which assesses language service infrastructure and programming.

Component 2: Addressing Language Access Needs in Outpatient and Crisis Settings

Description	Percentage of core outpatient service encounters, MCI evaluation services encounters, and adult CCS stays serving patients who report a preferred spoken language other than English (including sign languages) during which language assistance services were utilized.
Denominator	The eligible population.
Numerator	Number of core outpatient services encounters (encounter bundle), MCI evaluation services encounters, and adult CCS stays serving patients who report a preferred spoken language other than English (including sign languages) during which language assistance services were utilized (for ACCS: at least once during the stay) as documented in the medical record, or language services documentation system (e.g., vendor logs).
Exclusions	Eligible events where: • Patient dies prior to discharge. • Documentation in the medical record that patient (or their caregiver, as applicable) refused interpreter services and/or in-language services. • Documentation in the medical record of a medical reason where the member cannot request interpreter services and/or in-language services (e.g., cognitive limitations) and there is no caregiver or legal guardian able to do so on the patient's behalf.

REPORTING REQUIREMENTS

Component 1: Language Access Self-Assessment Survey

PY2 Only: Completed Language Access Self-Assessment Surveys must be submitted to MassHealth via a Qualtrics survey as specified by MassHealth.

Component 2: Addressing Language Access Needs in Outpatient and Crisis Settings

CBHCs are required to report performance using one of the following approaches:

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

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

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

CONDITIONS OF PARTICIPATION, PERFORMANCE REQUIREMENTS, AND PERFORMANCE ASSESSMENT

Conditions of Participation: PY2	**Component 1. Language Access Self-Assessment Survey (applicable to PY2):** By **January 31, 2026**, complete, responsive, and timely submission of the Language Access Self-Assessment Survey via a Qualtrics survey as specified by MassHealth.
Performance Requirements: PY2-5	**Component 2: Addressing Language Access Needs in Outpatient and Crisis Settings** By **5 pm on June 30 following each Performance Year** (e.g. June 30, 2026, for PY2) CBHCs must submit to MassHealth required data for either a sample(s) or the full eligible population, as specified in the "Reporting Requirements" section above. CBHCs must submit data in and the supplemental file format specified by MassHealth.

	CBHCs are required to submit the supplemental file with data completed for the eligible population, as defined by the Eligible Population definitions provided in this Technical Specification.
Performance Assessment: PY2-5	**Component 1. Language Access Self-Assessment Survey** N/A **Component 2: Address Language Access Need in Outpatient and Crisis Settings** Performance Assessment for PY2-5 will be detailed in the CBHC Quality and Equity Incentives Program (CQEIP) Performance Assessment Methodology Manual. MassHealth expects to audit the data submitted for Component 2 by the CBHC.

F. Disability Competent Care

OVERVIEW

Measure Name	Disability Competent Care
Steward	MassHealth
Data Source	Supplemental Data
Measure Status PY2-5	Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	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).

ELIGIBLE POPULATION

CBHCs must describe how they will define applicable patient-facing staff for each disability competency training area in their DCC Training Plan report, which must be approved by MassHealth. The approved population of "applicable patient-facing staff" is the eligible population for this measure. Eligible populations for each training area may overlap such that some (or all) staff are targeted for training in more than one training area. The total eligible population for the measure includes staff in any of the eligible populations for each training area.

Anchor Date	December 31 of the measurement period
Measurement Period	PY2: July 1, 2025 – December 31, 2025 PY3: January 1, 2026 – December 31, 2026 PY4: January 1, 2027 – December 31, 2027 PY5: January 1, 2028 – December 31, 2028

DEFINITIONS

Patient-facing Staff	Patient-facing staff are employed CBHC staff whose role requires regular interaction with patients (and/or patients' caregivers). Patient-facing staff may be clinical (i.e., providing or supporting clinical services, such as clinical providers) or non-clinical (i.e., providing or supporting non-clinical services, such as food service staff, administrative staff, etc.). Contracted providers or staff are not included in this definition of patient-facing staff.
Demonstrated Competency	Demonstrated competency in a targeted disability competent care training area is defined as demonstrated ability to apply the knowledge and/or skills targeted for improvement through a disability competent care training exercise. For example, demonstrated competency may be achieved through satisfactory performance on post-test assessments of knowledge and/or skills.
Supplemental Data	Data drawn from organizational databases or otherwise related to staff training.

ADMINISTRATIVE SPECIFICATION

Rate 1: DCC Training and Competency Rate

Description	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).
Denominator	The total eligible population
Numerator	For patient-facing staff in the denominator, identify those that have, within the preceding 24 months: • completed any applicable disability competency training(s); and • demonstrated competency in each applicable training area.
Exclusions	Patient-facing staff that otherwise would fall into the denominator because of applicability of their roles to a targeted disability competency area who, as of the last day of the measurement period, have been employed with the organization less than 180 calendar days.
Other	If a CBHC wishes to change its targeted DCC training area (i.e., DCC training pillar) and/or targeted patient-facing staff population from its approved DCC Training Plan in PY1, the CBHC should submit an updated DCC Training Plan to MassHealth for review and approval.

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

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

DATA REPORTING REQUIREMENTS

Rate 1 will be calculated by CBHCs and results will be submitted by CBHCs to MassHealth in the Disability Competent Care Training Report.

For each disability competency training area, the report must include:

a. In PY2: The number of applicable patient-facing staff targeted for disability competency training, including a description of the targeted staff and how competency will be assessed;
b. The number of applicable patient-facing staff who completed and demonstrated competency in the training area.

CONDITIONS OF PARTICIPATION, PERFORMANCE REQUIREMENTS, AND PERFORMANCE ASSESSMENT

Condition of Participations: PY2-5	**Disability Competent Care Training Report** Timely, responsive and complete submission of the Disability Competent Care Training Report to MassHealth, in a form and format

	specified by MassHealth, by **March 31 of the following PY** (e.g., March 31, 2026 for PY2).
Performance Assessment: PY2-5	Not applicable.
Performance Assessment: PY2-5	Not applicable.

G. Disability Accommodation Needs

OVERVIEW

Measure Name	Disability Accommodation Needs
Steward	MassHealth
Data Source	Supplemental Data
Measure Status: PY2	Component 1: Reporting as a Condition of Participation Component 2: • Rate 1: Pay-for-Performance (P4P) • Rate 2: Reporting as a Condition of Participation (CoP)
Measure Status: PY3-5	Component 1: Not Applicable (PY2 Requirement Only) Component 2: • Rate 1: P4P • Rate 2: Reporting as a CoP

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	The percentage of **core outpatient services encounters and adult community crisis stabilization stays** 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. Two rates are calculated:

	Rate 1: Accommodation Needs Screening: Percentage of core outpatient services encounters and adult community crisis stabilization stays where patients with disability were screened for accommodation needs related to a disability and the results of the screen were documented electronically in the medical record. **Rate 2: Accommodation Needs Documented:** Percentage of core outpatient services encounters and adult community crisis stabilization stays where patients screened positive for accommodation needs related to a disability and for which patient-requested accommodation(s) related to a disability were documented electronically in the medical record.

ELIGIBLE POPULATION	
Members	Individuals enrolled in MassHealth including: Model A ACO, Model B ACO, MCO, the PCC Plan Note: Individuals with third-party liability and those enrolled in SCO, One Care, PACE, FFS, MassHealth Limited are not eligible for this measure.
Age	At least 6 years of age on the date of encounter or discharge
Anchor Date	None
Measurement Period	PY2: July 1, 2025 – December 31, 2025 PY3: January 1, 2026 – December 31, 2026 PY4: January 1, 2027 – December 31, 2027 PY5: January 1, 2028 – December 31, 2028

Event/Diagnosis	A two-step process must be used to identify eligible events:
	Step 1. Identify core outpatient services encounters (encounter bundle) and adult Community Crisis Stabilization (CCS) stays during the measurement period.
	• To identify core outpatient services encounters (encounter bundle), identify encounters with the following encounter bundle code and modifiers:
	  ○ CBHC Encounter Bundle: T1040 HA or T1040 HB
	• To identify adult community crisis stabilization (CCS) stays, identify encounters with the following service codes and modifiers:
	  ○ ACCS: S9485-ET
	  ○ Note: CBHC TIN-Billing Entities that do not have an adult community crisis stabilization unit or sub-contracts with an external provider to provide adult CCS services will not report on ACCS services. As such, data on ACCS is not applicable and will not be included in the calculation of the measure rates.

	Step 2. For all encounters identified in Step 1, identify those where a patient is identified as having a disability using at least one or both of the following criteria: • A patient has self-reported disability; • A patient is eligible for MassHealth on the basis of a disability per MassHealth administrative data records. *Note: Please note, CBHCs are responsible for identifying the eligible population in Step 1. MassHealth will draw from member enrollment and demographic data to identify only patients with a disability for the denominator in Step 2. The final rates will reflect the patients included in the supplemental file (Step 1) who have a self-reported disability (Step 2).* *MassHealth ID will be used to link member data from the supplemental file to identify patients with a disability. Records without a valid MH ID (e.g., use of "999999999999") will be excluded from rate calculations.*

DEFINITIONS

Patient with Self-reported Disability	Patients with self-reported disability are defined as patients that, as documented in the CBHC medical record, have responded "Yes" to one or more of the following six questions at any time prior to or during the event: • Disability Q1 (all ages): Are you deaf or do you have serious difficulty hearing? • Disability Q2 (all ages): Are you blind or do you have serious difficulty seeing, even when wearing glasses? • Disability Q3 (age 6 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? • Disability Q4 (age 6 or older as of December 31 of the measurement year): Do you have serious difficulty walking or climbing stairs? • Disability Q5 (age 6 or older as of December 31 of the measurement year): Do you have difficulty dressing or bathing? • Disability Q6 (age 16 or older as of December 31 of the measurement year): Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
Patient with Eligibility for MassHealth on the Basis of a Disability	Disability for the purpose of MassHealth eligibility determination is established by: (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB); (b) a determination of disability by the Social Security Administration (SSA); or

	(c) a determination of disability by the Disability Evaluation Services (DES).
Accommodation Needs Related to a Disability	Accommodations needs related to a disability (including physical, intellectual and/or behavioral health disabilities) that are necessary to facilitate equitable access to high quality health care. Medical record documentation of patient-requested accommodation needs for the purpose of calculating Rate 2 may be specific (e.g. member requests American Sign Language Interpreter) or categorical (e.g. member requests communication accommodations) at the discretion of the CBHC.
Accommodation Needs Screening	One or more questions posed to patients by CBHC providers or staff that are intended to identify whether patients with disability need any accommodation needs related to a disability to facilitate equitable access to high quality health care. • Screening question(s) may be broad (e.g. Is there anything you need help with today to access your care?) or more specific (e.g., Do you have a need for an assistive listening device, mobility assistance, longer appointment time, or other accommodation?). • Accommodation needs screening may be conducted at the point of service (e.g. during a live in-person encounter) or asynchronously (e.g. through a patient portal).
CBHC Core Outpatient Services Encounters and Adult CCS Stays	**CBHC core outpatient services encounters** (encounter bundle) are behavioral health outpatient services and defined as follows: • CBHC Encounter Bundle: T1040 HA or HB The modifiers attached to the T1040 encounter bundle code are required and defined as follows: • HA = Youth modifier (youth client seen), or • HB = Adult modifier (adult client seen) Services that are non-patient facing (i.e., case consultation) are excluded. **Adult Community Crisis Stabilization (CCS) stays** are a 24-hour diversionary level of care defined by the following service code: • ACCS (per diem): S9485-ET The following modifier attached to the CCS service code are defined as follows:

	• ET = modifier indicating CCS service in conjunction with S9485 code; required for this service.

ADMINISTRATIVE SPECIFICATION

RATE 1: Accommodation Needs Screening

Denominator	The eligible population
Numerator	Number of eligible events where, as documented in the CBHC medical record: • The patient was offered a disability accommodation needs screening and responded; OR • The patient was offered accommodation needs screening and actively opted out of screening (i.e. chose not to answer any questions). OR • The patient was screened for disability accommodation needs within 180 days prior to the date of the encounter. If the patient responded to the accommodation needs screening, documentation must include the result of the screening, including at a minimum the following results: • Positive: the patient indicated a need for accommodation related to a disability. • Negative: the patient did not indicate any accommodation need related to a disability. Screenings may be rendered by any CBHC provider or staff.
Exclusions	Eligible events where: • The patient dies prior to discharge. • The patient was not screened because patient was unable to complete the screening and had no caregiver able to do so on their behalf. This should be documented in the medical record.

RATE 2: Accommodation Needs Documented

Denominator	Cases in the eligible population with a positive accommodation needs screen.

Numerator	Denominator event where documentation in the CBHC's medical record describes: • Patient-requested accommodation(s) related to a disability documented either as a specific accommodation (e.g., member requests American Sign Language Interpreter) or categorical (e.g., member requests communication accommodations) at the discretion of the CBHC.

REPORTING REQUIREMENTS

This measure will be calculated by MassHealth using supplemental data submitted by CBHCs. CBHCs must report to MassHealth on all core outpatient services encounters (encounter bundle) and adult community crisis stabilization stays identified in Step 1 of the process to identify eligible events.

In addition to supplemental data, CBHCs must submit a Disability Accommodation Needs Report in Performance Year 2, further detailed in the "Conditions of Participation" section below.

CONDITIONS OF PARTICIPATION, PERFORMANCE REQUIREMENTS, AND PERFORMANCE ASSESSMENT

Conditions of Participation: PY2-5	**Component 1. Disability Accommodation Needs Screening Report (applicable to PY2 only)** By **February 27, 2026**, timely, complete, and responsive submission of a report to MassHealth on the following: • The accommodation needs screening question(s) used by the CBHC for the purpose of meeting performance requirements of this measure. • A description of how patient-requested accommodation needs are documented in the medical record including: i. entry mode (free text vs. fixed-field); ii. specific fixed field options (if used); and iii. where accommodation needs information is displayed (e.g. top or sidebar of electronic health record, problem list, etc.) Reporting on Rate 2 of Component 2 (described below) is a Condition of Participation throughout PY2-5.
Performance Requirements: PY2-5	**Component 2. Disability Accommodation Needs Screening** Data must be submitted to MassHealth by **5pm on June 30 following the PY** (e.g., June 30 2026 for PY2), in the supplemental file format specified by MassHealth.

	CBHCs are required to submit the supplemental file with data completed for the eligible population, as defined by the Eligible Population definitions provided in this Technical Specification.
Performance Assessment: PY2-5	Performance Assessment for PY2-5 will be detailed in the CBHC Quality and Equity Incentives Program (CQEIP) Performance Assessment Methodology Manual. MassHealth expects to audit the data submitted for Rates 1 and 2 by the CBHC.

H. Patient Experience: Communication, Courtesy, Respect

OVERVIEW

Measure Name	Patient Experience: Communication, Courtesy, Respect
Steward	MassHealth
Data Source	Supplemental Data
Measure Status: PY2-5	Condition of Participation

POPULATION HEALTH IMPACT

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

MEASURE SUMMARY

Description	This measure promotes and builds upon CBHC's existing patient experience survey practices. CBHCs will be encouraged to build on their current efforts to engage with patients, analyze findings, and translate them into meaningful insights about the populations served. MassHealth will facilitate shared learning among CBHCs to discuss successes, challenges, and best practices.

ELIGIBLE POPULATION

The eligible population must include MassHealth members.

ADMINISTRATIVE SPECIFICATION

Not applicable

CONDITIONS OF PARTICIPATION, PERFORMANCE REQUIREMENTS, AND PERFORMANCE ASSESSMENT

Conditions of Participation: PY2-5	**1. Patient Experience Survey Practice Questionnaire** Timely, complete, and responsive submission of an annual questionnaire on patient experience survey activities and results, in a form and format specified by MassHealth, by **February 27 of the following PY** (e.g. February 27, 2026 for PY2). Questionnaire may include topics such as: • Analysis of patient experience survey results • Key Insights derived from findings as it relates to the overall population and, where available, to the MassHealth population • Challenges and barriers in collecting patient feedback on care experiences • Successes and Best Practices **2. Patient Experience Shared Learning Convening** Participation in at least one learning collaborative or office hours session during the performance year, focused on patient experience. MassHealth will facilitate shared learning amongst CBHCs, with the date to be specified by MassHealth. Activities may include: • Reviewing a summary of findings from the questionnaire • Sharing best practices • Problem-solving and addressing obstacles • Identifying and addressing areas for improvement
Performance Requirements: PY2-5	Not applicable
Performance Assessment: PY2-5	Not applicable