



Massachusetts Executive Office of Health and Human Services Quality Measure Alignment Taskforce

Massachusetts Aligned Measure Set for Global Budget-Based Risk Contracts 2026 Measures June 16, 2025

I. Introduction

In 2017, the Executive Office of Health and Human Services (EOHHS) convened a Quality Alignment Taskforce (Taskforce) to recommend to the Secretary an aligned measure set for use in global budget-based risk contracts. Global budget-based risk contracts are defined as follows:

Contracts between payers (commercial and Medicaid) and provider organization where budgets for health care spending are set either prospectively or retrospectively, according to a prospectively known formula, for a comprehensive set of services¹ for a broadly defined population, and for which there is a financial incentive for achieving a budget. The contract includes incentives based on a provider organization's performance on a set of measures of health care quality or there is a standalone quality incentive applied to the same patient population. Global budget-based risk contracts should be amended annually to reflect modifications to the Aligned Measure Set that reflect changes to underlying national clinical guidelines.

At the outset of its work, EOHHS' objectives were to a) reduce the administrative burden on provider organizations associated with operating under multiple, non-aligned contractual measure sets, including the burden associated with resources dedicated to varied quality improvement initiatives and to measure reporting, and b) focus provider quality improvement efforts on state health and health care improvement opportunities and priorities.

The Taskforce has developed an aligned measure set for voluntary adoption by private and public payers and by providers in global budget-based risk contracts. By doing so, the Taskforce strives to advance progress on state health priorities and reduce use of measures that don't add value. This document reviews the measures in the 2026 Massachusetts Aligned Measure Set as recommended by the Taskforce and endorsed by EOHHS.

II. Massachusetts Aligned Measure Set

For payers that voluntarily choose to adopt the measures, payers and providers will select measures for use in their contracts from two main categories of measures – the Core Set and the Menu Set. Additional details on the measures included in the Massachusetts Aligned Measure Set can be found in a separate “Measure Specifications” document, which is available upon request. **Appendix A** displays the measure steward for each Core, Menu and Monitoring measure in the 2026 Aligned Measure Set. **Appendix B** highlights the changes to the 2026 Aligned Measure Set, as well as the rationale for the changes.

¹ Contracts must include, at a minimum, physician services and inpatient and outpatient hospital services. Contracts could also include services that are not traditionally billed for, such as care management, addressing social determinants of health, behavioral health integration, etc.

The Core Set includes measures that payers and providers are expected to always use in their global budget-based risk contracts.

1. CG-CAHPS² (MHQP³ version)⁴
2. Childhood Immunization Status (Combo 10)
3. Controlling High Blood Pressure
4. Glycemic Status Assessment for Patients with Diabetes: HbA1c Poor Control (>9.0%)

The Menu Set includes all other measures from which payers and providers may choose to supplement the Core measures in their global budget-based risk contracts (with the possible Innovation measure exceptions described further below).

1. Adult Immunization Status (Influenza)
2. Behavioral Risk Assessment (for Pregnant Women)
3. Blood Pressure Control for Patients with Diabetes
4. Breast Cancer Screening
5. Cervical Cancer Screening
6. Child and Adolescent Well-Care Visits
7. Chlamydia Screening
8. Colorectal Cancer Screening⁵
9. Developmental Screening in the First Three Years of Life
10. Depression Screening and Follow-Up for Adolescents and Adults OR Screening for Clinical Depression and Follow-Up Plan
11. Eye Exam for Patients with Diabetes
12. Health-Related Social Needs Screening (adapted from CMS' Screening for Social Drivers of Health)⁶
13. Immunizations for Adolescents (Combo 2)
14. Initiation and Engagement of Substance Use Treatment (either the Initiation or Engagement Phase)
15. Kidney Health Evaluation for Patients with Diabetes
16. Lead Screening in Children
17. Pharmacotherapy for Opioid Use Disorder
18. Prenatal and Postpartum Care
19. Race, Ethnicity, Language and Disability Data Collection⁷
20. Race, Ethnicity, and Language Stratification
21. Well-Child Visits in the First 30 Months of Life

² Clinician and Group Consumer Assessment of Healthcare Providers and Systems. See www.ahrq.gov/cahps/surveys-guidance/cg/index.html (Accessed June 16, 2025).

³ Massachusetts Health Quality Partners. See <http://mhqp.org> (Accessed June 16, 2025).

⁴ There is no requirement to use all measure domains or to weight domains equally in contracts. The Taskforce encourages a focus on domains where there is the greatest opportunity for ACO improvement.

⁵ eCQM reporting only.

⁶ Providers should not be held accountable for the rate at which health-related social needs are identified.

⁷ Payer and provider dyads may optionally also include collection of sexual orientation, gender identity, and/or sex data.

In addition, the Taskforce identified four categories of measures to supplement the Core and Menu Sets.

The **Monitoring Set** includes measures that the Taskforce identified as representing a priority area of interest, but because recent health plan performance has been high, or data are not currently available, were not endorsed for Core or Menu Set use. Monitoring Set measures are intended to be used for performance tracking to ensure performance does not decline. If performance does decline, the Monitoring Set measures may be reconsidered by the Taskforce for future inclusion in the Core and Menu Sets.

1. Follow-Up After Emergency Department Visit for Mental Illness (30-day)

The **On Deck Set** includes measure(s) that the Taskforce has endorsed for the Core or Menu Set, and which the Taskforce will move into those sets in the two or three years following endorsement to give providers time to prepare for reporting. There are no On Deck measures for 2026.

The **Developmental Set** includes measures with defined specifications that have been validated⁸, tested, and/or are in use in other states that the Taskforce has elected to track. The lone 2026 Developmental Set measure is:

1. Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services

The Taskforce also identifies measure topics of priority interest for which it has not been able to identify suitable candidate measures. These are referred to as “Developmental Set measure topics.” The Taskforce will continue to look for measures within each of these topical areas for potential future inclusion in the Aligned Measure Set. The 2026 Developmental Set measure topics include:

1. Care coordination
2. Weight management
3. Disability data standard for young children
4. Health equity composite measure(s)
5. Stratification of measures according to intersectional identities
6. Tobacco use measure that includes vaping, assesses for provision of effective interventions, and potentially includes marijuana use

The **Innovation** measure category includes measures which address a) clinical topics or clinical outcomes in the Core or Menu Sets utilizing a novel approach or b) clinical topics that are not addressed in the Core or Menu Sets. Innovation measures are well-defined, and have been validated and tested for implementation. Innovation measures are intended to advance

⁸ For this purpose, the former National Quality Forum definition of validity is used: “Validity refers to the correctness of measurement: that the measure is, in fact, measuring what it intends to measure and that the results of the measurement allow users to make the correct conclusions about the quality of care that is provided.”

<https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86453> (Accessed June 16, 2025).

measure development and therefore cannot include measures that have been previously considered and rejected by the Taskforce as potential Core or Menu measures.

Developmental and Innovation measures cannot replace Core measures for those payers and providers voluntarily adopting the Aligned Measure Set. Innovation measures can be used on a pay-for-performance or pay-for-reporting basis at the mutual agreement of the payer and providers. For payers choosing to voluntarily adopt the Massachusetts Aligned Measure Set and its associated parameters, use of Innovation measures is not currently limited in number. The Taskforce will monitor and revisit use of Innovation measures. The Taskforce will evaluate Innovation measures, once developed and tested, for inclusion in the Menu or On Deck Sets.

1. Sexual Orientation and Gender Identity Data Collection (MassHealth)
2. Pediatric Composite Measure (BCBSMA)

**Appendix A:
Core, Menu, and Monitoring Measures**

Set	Measure Name	Steward
Core	CG-CAHPS (MHQP Version)	MHQP
Core	Childhood Immunization Status (Combo 10)	NCQA
Core	Controlling High Blood Pressure	NCQA
Core	Glycemic Status Assessment for Patients with Diabetes: HbA1c Poor Control (>9.0%)	NCQA
Menu	Adult Immunization Status (Influenza)	NCQA
Menu	Behavioral Health Risk Assessment (for Pregnant Women)	American Medical Association Physician Consortium for Performance Improvement
Menu	Blood Pressure Control for Patients with Diabetes	NCQA
Menu	Breast Cancer Screening	NCQA
Menu	Cervical Cancer Screening	NCQA
Menu	Chlamydia Screening	NCQA
Menu	Child and Adolescent Well-Care Visits	NCQA
Menu	Colorectal Cancer Screening	NCQA
Menu	Depression Screening and Follow-Up for Adolescents and Adults [OR] Screening for Depression and Follow-Up Plan	NCQA / CMS
Menu	Developmental Screening in the First Three Years of Life	Oregon Health & Science University
Menu	Eye Exam for Patients with Diabetes	NCQA
Menu	Health-Related Social Needs Screening (adapted from CMS' Screening for Social Drivers of Health)	MassHealth
Menu	Immunizations for Adolescents (Combo 2)	NCQA
Menu	Initiation and Engagement of Substance Use Treatment	NCQA
Menu	Kidney Health Evaluation for Patients with Diabetes	NCQA
Menu	Lead Screening in Children	NCQA
Menu	Pharmacotherapy for Opioid Use Disorder	NCQA
Menu	Prenatal & Postpartum Care	NCQA
Menu	Race, Ethnicity, Language and Disability Data Collection	MassHealth
Menu	Race, Ethnicity, and Language Stratification	Massachusetts Quality Measure Alignment Taskforce
Menu	Well-Child Visits in the First 30 Months of Life	NCQA
Monitoring	Follow-Up After Emergency Department Visit for Mental Illness (30-Day)	NCQA

Appendix B:
Summary of Changes to the 2026 Aligned Measure Set

Recommended Change	Rationale
1. Remove <i>Substance Use Assessment in Primary Care</i> from the Aligned Measure Set.	After several years in the Core Set, only one payer was using the measure in contracts, and the one payer found it to be a challenging measure to implement.
2. Remove <i>Asthma Medication Ratio</i> from the Aligned Measure Set.	The Taskforce has repeatedly identified issues with the measure over the years but retained the measure due to the lack of a better asthma measure. However, the measure steward, NCQA, has conveyed a plan to retire the measure for 2026 and replace it with a new asthma follow-up measure.
3. Move <i>Screening for Depression and Follow-Up Plan</i> from the Core Set to the Menu Set and allow payer/provider dyads to alternatively elect to use this measure or <i>Depression Screening and Follow-Up for Adolescents and Adults</i> .	Members recommended transitioning from CMS' <i>Screening for Depression and Follow-Up Plan</i> to NCQA's <i>Depression Screening and Follow-Up for Adolescents and Adult</i> because the latter focuses on follow-up care rather than a follow-up plan. The Taskforce recommended allowing either measure to be used as a Menu measure for one year (in 2026) before making <i>Depression Screening and Follow-Up for Adolescents and Adult</i> a Core Measure in 2027.
4. Add <i>Adult Immunization Status (Influenza)</i> to the Menu Set.	The Taskforce previously expressed interest in the measure. Benchmark data are now newly available from NCQA, and show room for improvement in both the Massachusetts commercial and Medicaid markets.
5. Add <i>Lead Screening in Children</i> to the Menu Set.	Members believed the measure was important, tied to socioeconomic status, and associated with disparities. In addition, the measure is in the Core Set in neighboring Rhode Island where the measure set is mandatory.
6. Modify <i>Race, Ethnicity and Language Data Collection</i> by adding assessment of disability data collection, thereby changing the measure to <i>Race, Ethnicity, Language, and Disability Data Collection</i> .	Members had previously recommended adding collection of disability, sexual orientation, and gender identity data to the measure for 2026. However, due to concerns about collecting sexual orientation and gender identity (SOGI) data in the current political climate, members recommended only adding collection of disability data for 2026 and reevaluating whether to add the collection of SOGI data for 2027.