



MassHealth Quality and Equity Incentive Program (QEIP)

Program:	Hospital QEIP
Performance Year:	4
Deliverable:	Corrective Action Plan (CAP) Proposal and End of Year (EOY) Report
Submission Portal:	OnBase
Proposal Submission Due Date:	January 30, 2026
EOY Report Due Date:	December 15, 2026
Proposal Submission File Naming Convention:	HospitalAbbreviation_PY4CAPPROPOSAL_MMDDYYYY
EOY Report Submission File Naming Convention	HospitalAbbreviation_PY4CAPEOYREPORT_MMDDYYYY

Summary

To support performance in the Hospital Quality and Equity Incentive Program (HQEIP), MassHealth is offering hospitals an opportunity to improve performance through a Corrective Action Plan (CAP) process.

In Performance Year 4 (PY4), hospitals may earn up to 8 health equity score “bonus points”, to be added to their health equity scores for the PY during which the CAP intervention was conducted. For example, a CAP intervention conducted in PY4 may add up to 8 percentage points to the hospital’s PY4 health equity score. This CAP process offers hospitals an opportunity to increase their HQEIP health equity scores for the performance year through implementation of a rapid-cycle intervention, structured after the Plan-Do-Study-Act (PDSA) method of quality improvement, targeting areas of lower HQEIP performance. To identify areas for improvement related to HQEIP, hospitals will develop a proposed intervention that directly addresses an area for improvement, identify 3 key performance indicators (KPIs), implement that intervention, and report on outcomes.

Unless directed by MassHealth, CAPs conducted in PY4 are voluntary for hospitals. MassHealth may require lower-performing hospitals to participate in the CAP process in future Performance Years. Requirement of a CAP may be based on performance of the most recent PY for which data is available.

The CAP Proposal must be, at least in part, informed by inputs from the Health Quality and Equity Committee (HQEC) and MassHealth members and/or caregivers.

System-wide CAP interventions that are the same/similar as other hospitals within a system are permitted, although interventions must be independently implemented at each hospital location conducting a CAP. The Intervention Proposal and the End of Year (EOY) Report must include hospital-specific data for each hospital submitting a CAP, even if interventions are implemented system-wide.

PY4 CAP Document Overview

This document includes three attachments, two reporting templates and one scoring template, specifically: 1) Attachment A, the PY4 CAP Proposal Reporting Template; 2) Attachment B, the PY4 CAP End of Year Report Template; and 3) Attachment C, the PY4 CAP Scoring Methodology.

Attachment A: PY4 CAP Proposal Reporting Template contains three sections:

- Section 1: CAP Intervention Areas Options
- Section 2: CAP Intervention Planning & Implementation
- Section 3: Progress Reporting & Metrics

The CAP Proposal is subject to MassHealth approval. Attachment A, with Sections 1-3 completed, must be submitted to EOHHS by 1/30/26 via OnBase.

Attachment B: PY4 CAP End of Year Report Contains one section:

- EOY Report

MassHealth will evaluate the CAP EOY Report to determine performance and final points earned. Attachment B, with all fields completed, should be submitted to EOHHS by 12/15/26 via OnBase.

Attachment C: PY4 CAP Scoring Methodology contains one section:

- Scoring Methodology

This document provides a description of how MassHealth anticipates scoring each PY4 CAP Proposal and EOY Report.

Please send any questions to the MassHealth Health Equity Team at Health.Equity@mass.gov.

Attachment A: CAP Proposal Reporting Template

Hospital Contact Information

Point of Contact Name:	Add text
Organization Name:	Add text
Point of Contact Email Address:	Add text

Section 1: CAP Intervention Area Options

MassHealth is offering hospitals an array of focus areas from the Hospital Quality and Equity Incentive Program (HQEIP) slate on which to focus the Corrective Action Plan (CAP) project. Final CAP focus area selection is subject to MassHealth approval.

In PY4, hospitals may choose one of the following HQEIP measures and identify a new intervention targeted towards addressing at least one identified driver of underperformance. This measure should be an area needing improvement that the hospital has identified and is supported by its Health Quality and Equity Committee (HQEC).

- Health-Related Social Needs (HRSN) Screening
- Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English
- Disability Accommodation Needs

A hospital may conduct their PY4 CAP in the same focus area chosen in PY3, as long as justification is provided in Section 2 to explain (a) why the PY3 CAP was successful and should be expanded in PY4, or (b) why the PY3 CAP was unsuccessful and how the hospital plans to alter the intervention in PY4 to deliver positive results. If your PY4 CAP focus area is the same as your PY3 CAP focus area, each PY4 KPI must differ from PY3.

1. Based on the need informed and supported by MassHealth members/caregivers and the HQEC, please select the HQEIP focus area from the list below that will be your CAP area of focus.

- ☐ HRSN Screening
- ☐ Meaningful Access to Healthcare Services for Individuals with a Preferred Language other than English
- ☐ Disability Accommodation Needs

2. Is your hospital's intervention part of a system-wide CAP intervention?

☐ Yes

☐ No

If yes, your intervention must be independently implemented by your hospital, and you must use data that is specific to your hospital and reflective of the community it serves.

Section 2: CAP Intervention Planning & Implementation

For your proposed CAP focus area, answer the following questions. As a reminder, if you select the same topic area for PY4 as you worked in the PY3 CAP, please ensure your responses include justification around a) why the PY3 CAP was successful and should be expanded in PY4, or (b) why the PY3 CAP was unsuccessful and how the hospital plans to alter the intervention in PY4 to deliver positive results.

3. What are you trying to accomplish (aim)?
4. Define processes currently in place to drive performance.
5. Identify at least three opportunities for improvement that exist. For each opportunity, describe the inputs that informed your understanding of the opportunity (e.g. clinical data, provider surveys, patient experience data, etc.)

Opportunity 1	<i>Enter opportunity here</i>
Input	<i>Enter input here</i>
Opportunity 2	<i>Enter opportunity here</i>
Input	<i>Enter input here</i>
Opportunity 3	<i>Enter opportunity here</i>
Input	<i>Enter input here</i>

6. Identify one proposed intervention that addresses at least one opportunity for improvement described in your response to question 5. Please note that this intervention must be implemented, measured, and evaluated within PY4. For your proposed intervention, complete the following prompts:
 - a) Describe the intervention.
 - b) Describe why you think the intervention will lead to improvement.
 - c) Describe who will carry out the intervention.

d) Describe the timeline for the intervention broken down by anticipated activities per quarter.

7. Stakeholder Input to inform CAP Proposal

- a. Describe how your hospital's HQEC reviewed and informed this CAP Proposal.
- b. Your CAP Proposal must be informed by MassHealth member and/or caregiver inputs. Describe at least one MassHealth member and/or caregiver input (e.g. data collected through interviews with members, input from an advisory body on which members participate) that was used to inform this CAP proposal.

Section 3: Progress Reporting & Metrics

In the table below, describe three CAP Key Performance Indicators (KPIs) you've identified to track progress on the intervention described in question 6. At least one KPI must be a quantifiable measure of eliciting direct member input to inform improvement on the CAP intervention. These key performance indicators should be interim markers of success anticipated to impact performance on the selected focus area; they must be designed to allow for frequent monitoring throughout the duration of the CAP intervention. If your PY4 CAP focus area is the same as your PY3 CAP focus area, each PY4 KPI must differ from the previous year. Please note, you will report on progress made in these KPIs in your End of Year (EOY) Report in the fourth quarter of calendar year 2026.

Key Performance Indicator 1	
<i>Description</i> <i>This KPI must be a quantifiable measure of eliciting direct member input to inform improvement on the CAP intervention</i>	<i>Describe KPI 1</i>
<i>Data Source(s)</i>	<i>Describe hospital data source(s) that will be used to assess performance on the KPI, and how data will be collected.</i>
<i>KPI Performance Baseline</i>	<i>Describe baseline KPI performance at the time of the CAP Proposal. If this is a new process, please indicate with a 0 value. Otherwise, please indicate with a quantitative value. Your baseline must include units of measurement.</i>
<i>Performance Target</i>	<i>Describe target KPI performance at the conclusion of the CAP intervention period with a quantitative value. Your performance target must include units of measurement.</i>

Key Performance Indicator 2	
<i>Description</i>	<i>Describe KPI 2</i>
<i>Data Source(s)</i>	<i>Describe hospital data source(s) that will be used to assess performance on the KPI, and how data will be collected</i>
<i>KPI Performance Baseline</i>	<i>Describe baseline KPI performance at the time of the CAP Proposal. If this is a new process, please indicate with a 0 value. Otherwise, please indicate with a quantitative value. Your baseline must include units of measurement.</i>
<i>Performance Target</i>	<i>Describe target KPI performance at the conclusion of the CAP intervention period with a quantitative value. Your performance target must include units of measurement.</i>
Key Performance Indicator 3	
<i>Description</i>	<i>Describe KPI 3</i>
<i>Data Source(s)</i>	<i>Describe hospital data source(s) that will be used to assess performance on the KPI, and how data will be collected</i>
<i>Performance Baseline</i>	<i>Describe baseline KPI performance at the time of the CAP Proposal. If this is a new process, please indicate with a 0 value. Otherwise, please indicate with a quantitative value. Your baseline must include units of measurement.</i>
<i>Performance Target</i>	<i>Describe target KPI performance at the conclusion of the CAP intervention period with a quantitative value. Your performance target must include units of measurement.</i>

Attachment B: PY4 CAP End of Year Report

Contact Information

Point of Contact Name:	Add text
Organization Name:	Add text
Point of Contact Email Address:	Add text

In the table below, please include the three approved Key Performance Indicators (KPIs), their corresponding performance baseline and performance target as indicated in your CAP proposal, and the actual performance measured at the end of your CAP intervention period.

Key Performance Indicator 1	
<i>KPI Performance Baseline (from your CAP Proposal)</i>	
<i>KPI Performance Target (from your CAP Proposal)</i>	
<i>KPI Performance at the end of the CAP Intervention Period</i>	
Key Performance Indicator 2	
<i>KPI Performance Baseline (from your CAP Proposal)</i>	
<i>KPI Performance Target (from your CAP Proposal)</i>	
<i>KPI Performance at the end of the CAP Intervention Period</i>	
Key Performance Indicator 3	
<i>KPI Performance Baseline (from your CAP Proposal)</i>	

<i>KPI Performance Target (from your CAP Proposal)</i>	
<i>KPI Performance at the end of the CAP Intervention Period</i>	

1. Please then describe the progress towards the performance target for each KPI (word limit: 150 words per KPI).
 - a. KPI 1 Progress:
 - b. KPI 2 Progress:
 - c. KPI 3 Progress:
2. Did the CAP intervention lead to expected changes on your KPIs?
 - a. If not, why not?
3. Drawing on what was learned from this CAP, what could be done differently in the future to improve performance on the HQEIP measure?
4. Through discussions with your HQEC (or another advisory body on which members and/or caregivers participate), describe how this CAP has improved care for MassHealth members specifically?

Appendix C: PY4 CAP Scoring Methodology

Each hospital participating in a Corrective Action Plan (CAP) is eligible for up to 8 maximum additional percentage points to be added to its health equity score for the year in which the CAP occurs. However, in no event will these bonus points result in a hospital's health equity score exceeding 100% for the PY. For example, a hospital with a starting health equity score of 90% that successfully completes each scoring element (as described in the table below) of its CAP will receive a final health equity score of 98%, however a hospital with a starting health equity score of 92% or greater that successfully completes each scoring element of its CAP will receive a final health equity score of 100%.

Partial credit for the CAP is possible. For example, a hospital may successfully complete 5 out of the 8 scoring elements and receive 5 additional percentage points to be added to its final health equity score, up to 100%. However, there will be no partial credit awarded for partial performance on any particular scoring element; a hospital may earn either 1 point for successfully completing a CAP scoring element or 0 points for such scoring element.

CAP Element	Scoring Element	Eligible Points (no partial credit)
CAP Proposal	Hospital's CAP Proposal included a description of how the hospital's Health Quality and Equity Committee (HQEC) reviewed and provided input to inform the CAP Proposal. The HQEC must have reviewed and provided input to inform the CAP Proposal to earn credit for this element.	1
	Hospital's CAP Proposal included a description of at least one MassHealth member and/or caregiver input (e.g. data collected through interviews with members, data from patient experience surveys, input from an advisory body on which members participate) that was used to inform this CAP Proposal.	1
CAP End of Year Report	Hospital CAP Key Performance Indicator (KPI) 1 performance improved a minimum of 50% from baseline to target (as established in the hospital's approved CAP Proposal) by the end of the CAP intervention period.	1
	Hospital CAP KPI 1 performance achieved its target (as established in the hospital's approved CAP Proposal) by the end of the CAP intervention period.	1
	Hospital CAP KPI 2 performance improved a minimum of 50% from baseline to target (as established in the hospital's approved CAP Proposal) by the end of the CAP intervention period.	1
	Hospital CAP KPI 2 performance achieved its target (as established in the hospital's approved CAP Proposal) by the end of the CAP intervention period.	1
	Hospital CAP KPI 3 performance improved a minimum of 50% from baseline to target (as established in the hospital's approved CAP Proposal) by the end of the CAP intervention period.	1

	Hospital CAP KPI 3 performance achieved its target (as established in the hospital's approved CAP Proposal) by the end of the CAP intervention period.	1
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