MassHealth Cambridge Health Alliance Quality and Equity Incentive Program (CHA-QEIP)

Program:	**Cambridge Health Alliance Hospital QEIP (CHA-HQEIP)**
Performance Year:	4
Deliverable:	Health Quality and Equity Strategic Plan
Submission Portal:	OnBase
Submission Due Date:	December 31, 2026
File Naming Convention:	EntityAbbreviation_HQEStrategicPlan_YYYYMMDD
Suggested Page Limit:	10 pages

Introduction

The QEIP requires, among other things, that individual Hospitals complete and submit to MassHealth this Health Quality and Equity Strategic Plan (hereinafter, the "Strategic Plan"), which connects to important components of the QEIP. This Strategic Plan serves as an opportunity for individual Hospitals to create and update a plan that guides their implementation and continuous quality improvement of health quality and equity activities throughout the waiver demonstration period. To ensure an equitable and community-driven plan, Entities should collaborate with their Health Quality and Equity Committee to develop their Strategic Plan.

MassHealth encourages Hospitals to consider doing the following activities as part of the planning process: key planning sessions and meetings with the Health Quality and Equity Committee, the Patient and Family Advisory Committee (PFAC), other methods of soliciting patient input, and providers representing the population served by the organization such as other community hospitals, other community-based providers, members, and members' families.

The Performance Year (PY) 4 Reconciliation Payment is contingent upon completion and submission of the Strategic Plan.

Instructions

Each Hospital will submit a Health Quality & Equity Strategic Plan deliverable annually. While some overlap amongst entities in a hospital system is expected and acceptable, each individual organization must respond to the Strategic Plan prompts included in this Strategic Plan Update template (the "Template") at the individual Hospital level, unless otherwise indicated. Hospitals may cite relevant information from existing strategic plans or other relevant sources that directly pertain to prompts in this Template. Additionally, information submitted can be broader than activities within the QEIP; however, the information should explicitly consider the MassHealth population.

There are 5 sections that will need to be completed, as well as two appendices. Your response to each individual question **must not exceed 500 words**. See below for breakdown of sections.

- Section 1: Needs Assessment
- Section 2: Health Equity Strategic Goals
    - Section 2A: Health Equity Strategic Goals: Served Uninsured Population
- Section 3: Commitment to Equity
- Section 4: MassHealth Member and Community Engagement

Appendix A: HRSN Referral Annual Plans (and HRSN Services Plans)
Appendix B: HRSN Screening

This Strategic Plan Update is to be completed, in accordance with this Template, by each individual Hospital and submitted to MassHealth by December 31, 2026. Please do not change the template format or numbering of questions. **All completed Strategic Plans must be submitted via OnBase.**

Contact Information

Table 1: Contact Information

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

Section 1: Needs Assessment

Please remember that your response to each individual question must not exceed 500 words.

1. Please describe how you continue to assess the health care and health equity needs of your MassHealth patients served by the individual hospital named in this Strategic Plan and include the date and year you carried out a Population and Community Needs Assessment (PCNA) or any other needs assessments. *Note: this answer must be tailored to the individual hospital named on this Strategic Plan. If a systematic approach was taken, please include that in the answer.*

2. Over the past year, what have you learned about the MassHealth population you serve at the hospital named in this Strategic Plan and the communities in which they live? **System responses are not permitted**.

   To illustrate this:

   - Please provide clear, concise, and readable MassHealth data in charts or tables that summarize and stratify your organization's population served by Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity (RELD SOGI). We **DO NOT** want member level data or data that could inadvertently identify someone.
   - Please stratify, where possible, your organization's population served by town or zip code level population data.
   - Please ensure that you explain how the data supports your response.
   - Please also include a brief description of the significant health needs of your MassHealth patients, inclusive of physical, social and behavioral health needs.

   To be considered a complete response, all components of the above question 3 must be addressed.

3. In the past year, in what ways have you designed and implemented new services or adapted existing services to address the inequities you've identified through the data summarized above? Your response may reference PIP related activities and services, but you do not need to replicate content that is captured in PIP deliverables.

Section 2: Health Equity Strategic Goals

Please remember that your response to each individual question must not exceed 500 words. Overlap in goals across hospital systems is appropriate; however, at least one goal must be tailored to the entity for which this Strategic Plan applies.

4. Have any of your system goals been modified from PY3?

☐Yes
☐No

5. Have any of your individual entity goals been modified from PY3?

☐Yes
☐No

1. If your individual entity goals have been modified from PY3, please specify how the goal(s) changed and provide the rationale.

6. Based on milestones identified in PY3, please share successes made at your individual entity for each high-level strategic goal included in your individual entity's PY3 Strategic Plan. Should these goals relate to your PIPs, you do not need to replicate content that is captured in the PIP deliverables.

Table 2: Goals and Successes

High-Level Goals	Success(es) at the individual entity based on milestones identified in PY3
1. Enter Goal #1 Here	
2. Enter Goal #2 Here	
3. Enter Goal #3 Here	

7. Please complete the table below with updates on your entity's barriers and solutions from your entity's PY3 Strategic Plan. What progress did the entity make in implementing the solutions?

Table 3: Goals, Barriers, and Solutions

High-Level Goals	Barriers at the individual entity	Solutions at the individual entity	Progress with implementing solutions
1. Enter Goal #1 Here			
2. Enter Goal #2 Here			
3. Enter Goal #3 Here			

Section 2A: Health Equity Strategic Goals for the Served Uninsured Population

Please remember that your response to each individual question must not exceed 500 words. Overlap in goals across hospital systems is appropriate; however, at least one goal must be tailored to the entity for which this Strategic Plan applies.

2. Have any of your system goals for the served uninsured population been modified from PY3?

☐Yes
☐No

3. Have any of your individual entity goals for the served uninsured population been modified from PY3?

   ☐Yes
   ☐No

4. If your individual entity goals have been modified from PY3, please specify how the goal(s) changed and provide the rationale.

5. Based on milestones identified in PY3, please share successes made at your individual entity for each high-level strategic goal for the served uninsured population included in your individual entity's PY3 Strategic Plan. Should these goals relate to your PIPs, you do not need to replicate content that is captured in the PIP deliverables.

Table 4: Goals and Successes for the Served Uninsured Population

High-Level Goals	Success(es) at the individual entity based on milestones identified in PY3
1. Enter Goal #1 Here	
2. Enter Goal #2 Here	
3. Enter Goal #3 Here	

6. Please complete the table below with updates on your entity's barriers and solutions from your entity's PY3 Strategic Plan. What progress did the entity make in implementing the solutions?

Table 5: Goals, Barriers, and Solutions for the Served Uninsured Population

High-Level Goals	Barriers at the individual entity	Solutions at the individual entity	Progress with implementing solutions
1. Enter Goal #1 Here			
2. Enter Goal #2 Here			
3. Enter Goal #3 Here			

Section 3: Commitment to Equity

This purpose of this section is to understand your hospital's efforts in integrating health equity into your policies, procedures, day-to-day practices and overall organizational structure. Examples of integrating health equity into your work may include, but are not limited to, new marketing policies, performance reviews, hiring processes, forming a centralized health equity team, establishing health equity-specific positions, etc.

Please remember that your response to each individual question must not exceed 500 words.

8. Do you have a health equity lead?

   ☐No
   ☐Yes

   If yes, what is their title/role?

9. At your individual Hospital, how has your organizational structure related to implementing QEIP changed since PY3? Please describe any staffing challenges that have impacted your organizational structure in PY4. **System responses are not permitted.**

10. Across your hospital system, have you integrated health equity into new **internal** organizational policies and procedures?

    ☐ No
    ☐ Yes

    If yes, please describe.

11. Across your hospital system, have you integrated health equity into new **external** organizational policies and procedures?

    ☐ No
    ☐ Yes

    If yes, please describe.

12. In addition to any hospital system changes, has your individual hospital implemented any health equity policies and procedures unique to your hospital?

    ☐ No
    ☐ Yes

    If yes, please describe.

Section 4: MassHealth Member and Community Engagement

Please remember that your response to each individual question must not exceed 500 words.

MassHealth Member/Patient Engagement

13. How do you currently solicit feedback from MassHealth members, patients, and family members of MassHealth members/patients?

14. How have you adapted the implementation of your health equity strategy based on MassHealth member/patient feedback? Please provide <u>at least two</u> specific examples from PY4.

15. What has been the most challenging aspect of soliciting MassHealth member/patient feedback?

16. Please identify and describe any best practices for engaging MassHealth members/patients.

Health Quality & Equity Committee (HQEC)

17. Do you have a combined HQEC across health system/hospital system or is it separate?

☐Separate
☐Combined

If selected "Combined", complete questions 18-22 **only once** for your system. Please indicate below which hospital is submitting the completed section.

Table 6: Hospital Submitting on Behalf of System

Hospital submitting on behalf of system:	Enter hospital system here

18. HQEC Membership

We are interested in learning more about your HQEC structure and membership. Please fill out the table below with the information requested. If you selected "combined" above, please list all hospitals taking this approach in the table below by adding additional rows as needed

Table 7: HQEC Membership

Hospital Names	**How many total participants currently serve on the HQEC?**	**How many of the participants are MassHealth members or family members of a MassHealth member?**	**How many of the participants are front-line staff members?**	**Please list any other types of HQEC participants such as advocates, providers, and other stakeholders.**
Enter hospital system here	Enter numerical value here	Enter numerical value here	Enter numerical value here	Enter text here
Enter hospital name here	Enter numerical value here	Enter numerical value here	Enter numerical value here	Enter text here

Add additional rows if selected "combined" HQEC approach above

a. If you do not have, or do not know the number of, MassHealth members or family members of a MassHealth member on the HQEC, why not?

b. What is your plan to meet this requirement?

c. In the interim, how are you ensuring MassHealth member perspectives are substantively and meaningfully included in the work of the HQEC?

d. What types of support, technical assistance or other consumer engagement resources have you sought out to help inform or otherwise strengthen these efforts?

e. Have you discussed these issues (lack of MassHealth member/family member participation, plans to meet the requirement, and how to engage members in the interim) with other HQEC participants?

f. What was their feedback, and how was it incorporated into your identified mitigation strategies? If not, why not?

19. HQEC Recruitment

    a. Describe how members find out about the opportunity to participate in the HQEC. i.e., how does your hospital advertise the opportunity to join?

    b. Are there any supports or incentives offered to participants? If yes, select all that apply.
    ☐ Stipend
    ☐ Gift card
    ☐ Interpreter services
    ☐ Transportation to/from meetings
    ☐ Free parking
    ☐ Meals/snacks
    ☐ Other – please describe.

    c. What recruitment strategies have been **most** successful to recruit MassHealth members, family members, and caregivers?

    d. What recruitment strategies have been **least** successful to recruit MassHealth members, family members, and caregivers?

20. Outside of recruitment, what have been the biggest (1) successes and (2) challenges with respect to participant engagement in your HQEC?

    a. What is your plan to address these challenges?

21. How have you adapted the implementation of your health equity strategy based on HQEC feedback? Please provide <u>at least two</u> specific examples from PY4.

External Community Engagement

Please remember that your response to each individual question must not exceed 500 words.

22. How are you engaging with community-based organizations and neighboring areas separate from the PCNA, PFAC, and HQEC? Please list any relevant organizations you are working with.

Appendix A: HRSN Referral Annual Plans

One of MassHealth's Key goals in this demonstration period is to improve health for underserved communities by focusing on initiatives that address the Health-Related Social Needs (HRSN) of members. Hospitals will annually submit to MassHealth a detailed "HRSN Referral" plan for how they intend to refer beneficiaries to services to address unmet HRSNs, inclusive of connecting eligible members with HRSN Services (including the Specialized Community Supports Program (CSP) programs and HRSN Supplemental Services), other benefits/entitlements that address unmet HRSNs and other relevant supports. The HRSN Referral plans must also describe how hospitals will be able to report, upon MassHealth request, on HRSN referrals by their staff, contractors, or partners. In these HRSN Referral plans, hospitals must ensure that the HRSN services are provided to members in ways that are culturally appropriate, and trauma-informed.

1. Please describe any updates or changes to your acute hospital's HRSN Referral Plan since last year. If no changes have been made, please indicate that your existing plan remains in effect. The Plan should continue to address:

    a. how beneficiaries will be referred to services to address unmet HRSNs;

    b. how you will utilize existing MassHealth HRSN Services (including Specialized CSP and HRSN Supplemental Services) as well as other entitlement programs to address unmet HRSNs; and

    c. how you will ensure that HRSN services are provided to members in a way that is culturally appropriate and trauma-informed.

2. Please describe any changes made since last year to how your hospital is able to track and report upon HRSN referrals conducted by your staff, contractors, and other partners. If no changes have been made, please indicate that your existing processes remain in effect.

    a. Have there been any changes to the methods (e.g., electronic referral platforms, case management tools, spreadsheets) that your hospital uses to manage and track HRSN referrals? If using an electronic referral platform, please identify the specific system currently utilized by your hospital and describe any changes since last year.

Appendix B: HRSN Screening

MassHealth and hospitals participating in the QEIP are incentivized to meaningfully improve rates of health-related social needs (HRSN) screening of its beneficiaries and establish the capacity to track and report on screenings and referrals.

The questions in this section assess your organization's capacity and plans to systematically capture HRSN screening in **performance year 5 (PY5 2027)** of the QEIP. Please note that utilization of HCPCS codes is not required as part of the QEIP.

1. Will your organization have the capacity to **track** HRSN screenings using any of the following **HCPCS administrative codes**[1]? *Please answer "yes" or "no" for each item*.

Table 8: Tracking HRSN Screenings with HCPCS Codes

	Yes	No
a. HCPCS M1207		
b. HCPCS M1208		
c. HCPCS M1237		

2. Will your organization have the capacity to **report** HRSN screenings using any of the following **HCPCS administrative codes**? *Please answer "yes" or "no" for each item*.

Table 9: Reporting HRSN Screenings with HCPCS Codes

	Yes	No
a. HCPCS M1207		
b. HCPCS M1208		
c. HCPCS M1237		

3. Will your organization have the capacity to **track** HRSN screenings **using ICD-10 codes**[2]?
    a. Yes
    b. No

4. Will your organization have the capacity to **report** HRSN screenings **using ICD-10 codes**[2]?
    c. Yes
    d. No

5. Please describe any **challenges** your organization is encountering related to your capacity to track and report **administrative codes** for HRSN screenings in PY5.

6. How do you **plan to address** challenges related to your capacity to track and report **administrative codes** for HRSN screenings in PY5?

1. HCPCS codes are the administrative data utilized to calculate rate 1 of the QEIP HRSN screening measure.
2. ICD-10 codes are the administrative data utilized to calculate rate 2 of the QEIP HRSN screening measure. A complete list of ICD-10 codes is provided in the QEIP HRSN screening measure specifications.