



# MassHealth Quality and Equity Incentive Program

|                                |                                                     |
|--------------------------------|-----------------------------------------------------|
| <b>Program:</b>                | Hospital QEIP                                       |
| <b>Performance Year:</b>       | PY3                                                 |
| <b>Metric:</b>                 | Quality Performance Disparities Reduction           |
| <b>Deliverable:</b>            | Measure Assessment Report                           |
| <b>Submission Portal:</b>      | OnBase                                              |
| <b>Submission Due Date:</b>    | November 17, 2025                                   |
| <b>File Naming Convention:</b> | EntityAbbreviation_MeasureAssessmentReport_YYYYMMDD |
| <b>Suggested Page Limit:</b>   | 1-2 Pages                                           |

# Reporting Template

## Contact Information

|                                        |          |
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## Introduction and Statewide Quality Measure Results

Through submission of this Measure Assessment Report, Hospitals will review and assess both statewide and entity-specific stratified quality measure results to identify opportunities for disparities reduction. Hospitals will propose which measures they plan to focus on for disparities reduction efforts in PY4 and PY5.

Below is a table of the eligible quality measures and subpopulations with statistically significant differences observed at the statewide level.

The Appendix in this document includes stratified statewide data, and Attachment 1 includes stratified entity-level data for the listed measures for reference in completing this deliverable.

| Eligible Measures                                                       | Statistically Significant Disparities                                                                                                                                                                                                               |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cesarean Birth, NTSV (MAT-4)                                            | <ul style="list-style-type: none"><li>Asian (reference group) and African American</li></ul>                                                                                                                                                        |
| AIM Severe Maternal Morbidity (SMM)                                     | <ul style="list-style-type: none"><li>White (reference group) and African American</li></ul>                                                                                                                                                        |
| Follow-up After ED Visit for Substance Use (FUA) – 7 and 30 Day         | <ul style="list-style-type: none"><li>Non-Hispanic (reference group) and Hispanic</li><li>White (reference group) and African American</li><li>White (reference group) and Asian</li></ul> <i>(equal weighting on 7-day and 30-day sub-measure)</i> |
| Follow-up After Hospitalization for Mental Illness (FUH) – 7 and 30 Day | <ul style="list-style-type: none"><li>White (reference group) and African American</li><li>White (reference group) and Asian</li></ul> <i>(equal weighting on 7-day and 30-day sub-measure)</i>                                                     |
| Alcohol Use – Brief Intervention Provided or Offered (SUB-2)            | <ul style="list-style-type: none"><li>Non-Hispanic (reference group) and Hispanic</li><li>White (reference group) and African American</li><li>White (reference group) and Asian</li></ul>                                                          |

## Section 1: Assessment of Measure-level Disparities

- 1) **Question:** For each eligible measure, review the MassHealth-provided statewide and entity-level stratified data. Identify which measures and patient subpopulations demonstrate an opportunity for disparities reduction at your hospital or where your hospital may contribute to improvements at the statewide level. Provide a rationale for each determination.

Please be specific when providing the rationale for why a measure demonstrates an opportunity for disparities reduction. Discussion items may include, but are not limited to:

- a. Observed disparities between racial or ethnic groups;
- b. Additional evidence, such as historical data from your entity demonstrating disparities between racial or ethnic groups;
- c. Alignment with the Hospital's Equity Improvement Interventions ("PIPs") and/or your Hospital's key priorities for disparities reduction;
- d. Sufficient denominator size for subpopulations to allow meaningful comparison (minimum n=30); and/or
- e. Other relevant factors.

| Measure | Subpopulation(s) | Rationale |
|---------|------------------|-----------|
|         |                  |           |
|         |                  |           |
|         |                  |           |
|         |                  |           |

- 2) **Question:** Please indicate **two** eligible quality measures that your hospital plans to focus on for disparities reduction efforts, along with the rationale, in the table below. Please note that if your hospital is a birthing hospital, SMM or MAT-4 must be one of your measures of focus. For non-birthing hospitals, FUH, if applicable, must be one of the measures of focus.

| Measure | Rationale |
|---------|-----------|
|         |           |
|         |           |

## Appendix A. Statewide Stratified Data

**Table 1. Stratification by Ethnicity**

| Eligible Measures                                               | Sub-population Comparison Groups                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Follow-up After ED Visit for Substance Use (FUA) – 7 and 30 Day | <p><b>7-Day</b></p> <ul style="list-style-type: none"> <li>Non-Hispanic (reference group): 37.0% (2690/7272)</li> <li>Hispanic: 29.0% (695/2398)</li> <li><b>Gap (statistically significant): 8.0%</b></li> </ul> <p><b>30-Day</b></p> <ul style="list-style-type: none"> <li>Non-Hispanic (reference group): 50.0% (3634/7272)</li> <li>Hispanic: 40.8% (978/2398)</li> <li><b>Gap (statistically significant): 9.2%</b></li> </ul> |
| Alcohol Use – Brief Intervention Provided or Offered (SUB-2)    | <ul style="list-style-type: none"> <li>Non-Hispanic (reference group): 36.9% (3010/8160)</li> <li>Hispanic: 19.0% (320/1686)</li> <li><b>Gap (statistically significant): 17.9%</b></li> </ul>                                                                                                                                                                                                                                       |

**Table 2. Stratification by Race**

| Eligible Measures                                               | Sub-population Comparison Groups                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cesarean Birth, NTSV (MAT-4)                                    | <ul style="list-style-type: none"> <li>Asian (reference group): 20.0% (34/170)</li> <li>African American: 31.1% (214/687)</li> <li><b>Gap (statistically significant): 11.1%</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| AIM Severe Maternal Morbidity (SMM)                             | <ul style="list-style-type: none"> <li>White (reference group): 91.5 (57/6228)</li> <li>African American: 232.1 (77/3318)</li> <li><b>Gap (statistically significant): 140.5</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Follow-up After ED Visit for Substance Use (FUA) – 7 and 30 Day | <p><b>7-Day</b></p> <p><i>Disparity Gap 1</i></p> <ul style="list-style-type: none"> <li>White (reference group): 40.6% (2607/6427)</li> <li>African American: 24.9% (354/1422)</li> <li><b>Gap (statistically significant): 15.7%</b></li> </ul> <p><i>Disparity Gap 2</i></p> <ul style="list-style-type: none"> <li>White (reference group): 40.6% (2607/6427)</li> <li>Asian: 22.4% (32/143)</li> <li><b>Gap (statistically significant): 18.2%</b></li> </ul> <p><b>30-Day</b></p> <p><i>Disparity Gap 1</i></p> <ul style="list-style-type: none"> <li>White (reference group): 53.7% (3450/6427)</li> <li>African American: 37.6% (534/1422)</li> </ul> |

| Eligible Measures                                                       | Sub-population Comparison Groups                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                         | <p><b>Gap (statistically significant): 16.1%</b></p> <p><i>Disparity Gap 2</i></p> <ul style="list-style-type: none"> <li><u>White (reference group): 53.7% (3450/6427)</u></li> <li><u>Asian: 29.4% (42/143)</u></li> </ul> <p><b>Gap (statistically significant): 24.3%</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Follow-up After Hospitalization for Mental Illness (FUH) – 7 and 30 day | <p><b>7-Day</b></p> <p><i>Disparity Gap 1</i></p> <ul style="list-style-type: none"> <li><u>White (reference group): 0.35 (897/2531)</u></li> <li><u>African American: 0.27 (139/521)</u></li> </ul> <p><b>Gap (statistically significant): 8.8%</b></p> <p><i>Disparity Gap 2</i></p> <ul style="list-style-type: none"> <li><u>White (reference group): 0.35 (897/2531)</u></li> <li><u>Asian: 0.18 (13/74)</u></li> </ul> <p><b>Gap (statistically significant): 17.9%</b></p> <p><b>30-Day</b></p> <p><i>Disparity Gap 1</i></p> <ul style="list-style-type: none"> <li><u>White (reference group): 57.3% (1451/2531)</u></li> <li><u>African American: 49.7% (259/521)</u></li> </ul> <p><b>Gap (statistically significant): 7.6%</b></p> <p><i>Disparity Gap 2</i></p> <ul style="list-style-type: none"> <li><u>White (reference group): 57.3% (1451/2531)</u></li> <li><u>Asian: 43.2% (32/74)</u></li> </ul> <p><b>Gap (statistically significant): 14.1%</b></p> |
| Alcohol Use – Brief Intervention Provided or Offered (SUB-2)            | <p><i>Disparity Gap 1</i></p> <ul style="list-style-type: none"> <li><u>White (reference group): 40.5% (2,714/6,706)</u></li> <li><u>African American: 21.7% (282/1,300)</u></li> </ul> <p><b>Gap (statistically significant): 18.8%</b></p> <p><i>Disparity Gap 2</i></p> <ul style="list-style-type: none"> <li><u>White (reference group): 40.5% (2,714/6,706)</u></li> <li><u>Asian: 19.5% (30/154)</u></li> </ul> <p><b>Gap (statistically significant): 21.0%</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## Appendix B. Hospital Stratified Data

Please see Attachment 1 for your hospital-specific stratified data for the eligible measures (also listed on page 2 of this document).

Reference for interpreting the data in Attachment 1:

- Calendar Year (CY) 2023 data is included for the SMM, MAT-4, FUA, FUH measures, and CY 2024 data is included for the SUB-2 measure.
- Chart-based measures are stratified using self-reported data from the hospital's measure submission. Claims-based measures are stratified using the Golden Table.
- For claims-based measures, Numerator or Denominator Count is denoted as "--" if cell count was 12 or fewer for either or both counts.
  - For example, if numerator had cell count less than 12, but denominator was greater than 12, both counts were suppressed.
  - For reference when interpreting, rates are included for measures that have the '--' designation, but that notation indicates that the numerator or denominator was 12 or less.
- Numerator, Denominator Count, Rate, Gap, or p-value is denoted as "N/A" if no value is available.
- Under "Sub-population Comparisons," the racial category listed first is the reference group while the second category is the comparison group.
  - For example, Asian-AA, Asian is the reference group and AA is the comparison group.
- Gaps with p-values less than or equal to 0.05 are statistically significant.
- Abbreviations
  - AA = African American
  - AI/AN = American Indian/Alaska Native
  - NH/PI = Native Hawaiian/ Other Pacific Islander